

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

PRINTED: 09/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/31/2019
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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	
E 000	Initial Comments An unannounced Recertification Survey was conducted on 7/28/19-7/31/19. The facility was found in compliance with requirement CRF 483.73, Emergency Preparedness. Event ID L22O11.	E 000			
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for	F 604		8/28/19	

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

TITLE

(X6) DATE

Electronically Signed

08/22/2019

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 604	<p>Continued From page 1 restraints. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide medical justification for the use of a geo mattress that restricted resident movement in bed for 1 of 1 sampled resident for restraints (Resident #4).</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on 3/31/16. The diagnosis included dementia, failure to thrive, quadriplegia, peripheral vascular disease and chronic kidney disease. The significant change Minimum Data Set (MDS) dated 1/22/19 and quarterly MDS dated 4/19/19, indicated Resident #4 was cognitively impaired and required total assistance with activities of daily living.</p> <p>Review of the care plan dated 5/14/19, identified the problem as resident dependent upon staff for activities of daily living and at risk for falls. The goal included continue periodic rounds and to offer resident to use the bathroom. Interventions included re-educate resident to ask for help when needed. Staff would always keep resident 's bed in lowest position. Staff would keep the resident's call light is within reach and encourage the resident to use it for assistance as needed. DEVICES: Assist Bars x 2, wander guard and fall mats.</p> <p>Review of the grievance form dated 6/19/19, documented family member had concerns of Resident #4 was wet and had a stool on her at 5:15pm and Resident #4 was at the edge of bed and needed help. Unit Manager would check</p>	F 604	<p>The statements included are not an admission and do not constitute agreement with the allege deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F604</p> <ol style="list-style-type: none"> How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #4 mattress was removed on Thursday, July 30 and replaced with extended mattress that does not restrict movement in bed. How the facility will identify other residents having the potential to be affected by the same deficient practice: 100% of residents' mattresses were assessed for restricting movement in bed and corrected as needed. Completed on August 9, 2019 by unit managers and unit coordinators. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Unit managers, unit coordinators, and ADON 		

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F 604	<p>Continued From page 2</p> <p>resident periodically resident during shift change 1st and second. Staff education provided on the importance of making rounds with the oncoming shift. The conclusion of the investigation revealed an in-service was done on 6/21/19 which included continuous monitoring of residents, ensuring residents were clean and dry at the end of 1st before Resident #4 was returned to bed.</p> <p>Review of the Incident report dated 6/21/19, documented the nurse aide reported Resident#4 was on the floor, unit manager helped NA assist with transferring resident from floor to bed. No injuries observed at the time. There was no indication of what happened or if there was a fall, no assessment of resident condition.</p> <p>Review of the device assessment dated 6/21/19 coded the use of assist bars and low bed with mats. Restraint identification was not checked. Device was not considered to be restrictive was coded. Purpose of the device was documented as turn and reposition to identify perimeter of bed to prevent serious injury from fall.</p> <p>During an observation on 07/29/19 10:39 AM, Resident#4 was observed in a fetal position in without any repetitive movements in a blue full enclosed padded mattress in the bed. The bed was not in the lowest position as care plan. There were floor mats available on both sides of the bed. There was a wedge cushion behind the curtain of the bed.</p> <p>Review of the record did not reveal any medical symptoms being treated when device in place. No monitoring system in place. No physician orders in place for the use of the mattress.</p> <p>During an observation on 7/29/19 at 1:50 PM with</p>	F 604	<p>were in-serviced on assessing mattresses that may cause restricting movement in bed needing medical justification, physician orders, and monitoring system in place by Director of Nursing on August 9, 2019. Any new Unit Managers, Unit Coordinators, and ADON will be in-serviced in orientation by Staff Development Nurse on mattresses that cause a restriction in movement in bed needing medical justification, physician orders, and monitoring system in place.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained: DON, ADON, RN unit manager, unit coordinator, will conduct an audit of mattresses on each resident weekly X 4 weeks, biweekly X 2 weeks, and monthly X 1. Results of audits will be reviewed at Quarterly Quality Assurance meeting X 1 for further problem resolution if needed.</p> <p>Completion Date August 28, 2019</p>		

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F 604	<p>Continued From page 3</p> <p>Nurse Consultant, Resident #4 remained in fetal position surrounded by the fully enclosed mattress. There was no aggressive or repetitive movement from the resident. The bed position was not at the lowest position as care planned, floor mats remain in place and the wedge cushion remained behind the curtain. The Nurse Consultant identified the mattress as a Geo Mattress with wings and confirmed Resident #4 had limited/some restriction of movement on either side of the bed with inclusion of the Geo Mattress.</p> <p>During an interview on 7/29/19 at 1:55 PM, the Nurse Consultant stated Resident #4 did not have the cognitive ability to determine own her perimeters of the bed, totally dependent upon staff for all activities of daily living and was non-ambulatory. The Nurse Consultant indicated the resident had one incident where she was found on the floor in front of the bed. The Geo Mattress with wings was implemented on 6/21/19 to help Resident #4 with identifying the perimeters of the bed and a preventive measure for falls and serious injuries due to resident scooting down to the bottom of the bed. The Nurse Consultant confirmed there was no medical justification/system or treatment being address for the use of the Geo Mattress.</p> <p>During an interview on 7/29/19 at 3:00 PM, Nurse Aide (NA) #1 stated Resident #4 did not move down all the way in the bed, she would wiggle slightly to the middle of the bed only. Resident #4 was unable to scoot down to the bottom of the bed. The resident would wiggle self to mid part of the bed when she was wet, then staff would be change and repositioned. She was unaware of the resident being able to swing legs over the</p>	F 604			

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F 604	<p>Continued From page 4</p> <p>bed. She was not aware of the resident falling out of bed on a regular basis. NA#1 stated that the resident did not have any repetitive movements or aggressive movement in arms/legs. She pretty much stayed in one position unless she slid down in bed. NA#1 stated bed should be low to the floor.</p> <p>During an observation on 3:34 PM, Resident #4 remain bed lying in a fetal position in the Geo Mattress, no excessive or repetitive movements.</p> <p>During an interview on 7/29/19 at 3:34 PM, Nurse Aide (NA) #6 stated Resident #4 currently did not have a lot of physical movements and when she did move, she would slide down to the middle section of the bed, she was unable to scoot to the bottom of the bed or swing legs to any direction of the bed. Resident primarily slept in a fetal position. Staff would have to come an reposition resident in bed when she slid down to middle of bed. NA #6 further stated Resident #4 does not try to get out of bed, the cushion was added to prevent the resident from falling out of bed onto the fall mats. Prior to the full cushion the resident would only slide down to the middle of the bed. She was unaware of the resident ever sliding to the foot of the bed. NA#6 added that prior to the full cushion if resident was near the sides of the bed she would slide to middle and staff would have to reposition resident, if she did slide to the edge of the bed the floor mats were in place. NA#6 further stated staff knew when Resident #96 was incontinent she would slide down in the bed which let staff know she needed to be change.</p> <p>During an observation on 7/30/19 at 9:24 AM with the Assistant Director of Nursing (ADON),</p>	F 604			

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F 604	<p>Continued From page 5</p> <p>Resident #4 was lying in bed on the right side in the fetal position in full enclosed Geo Mattress. Resident #4 did not have any excessive/aggressive physical movements. She was positioned at the top portion of the bed with knees slightly pulled to the chest. ADON confirmed the position of the resident and limited range of movement with the GEO mattress in place to move in any side to side direction.</p> <p>During an interview on 9/24/19 at 9:24 AM, the Assistant Director of Nursing (ADON) stated she was responsible for doing the device assessments and evaluations for the use of restraints. ADON stated Resident #4 was totally dependent upon staff for activities of daily living and the resident did not have a lot of movement or the cognitive ability to determine her perimeters. The ADON further stated based on her review and assessment of the incident report on 6/21/19, the use of the GEO mattress was added as a preventative measure for falls and the least restrictive device to prevent the resident from falling out of bed. When asked what medical justification for the use of the mattress, the response was for the resident safety and prevention of falls. ADON reviewed the incident report and confirmed the report had incomplete information of actual cause of the fall, position of bed at time or whether previous identified device (wedge cushion) was in place. The ADON confirmed there was no physician order for the use of the device and the device was limiting Resident #4 ' s movement.</p> <p>During an interview on 7/30/19 at 9:46 AM, the Director of Nursing stated one day the responsible person came to her and showed her how the resident had slid down in bed and had</p>	F 604			

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F 604	Continued From page 6 her legs over the side of the bed. The team felt the addition of the geo mattress was a protective and preventive measure from the resident sliding/falling out of the bed. When discussed about the incident report/nursing note or whether it was an actual fall there was no response. DON confirmed Resident #96 did not have the ability to get out of bed unassisted, excessive amount of physical movements, prior/current episode of Resident #96 scooting or sliding out of bed. She stated she did not feel the mattress was a restraint. DON reviewed Resident#96 ' s current medical condition and confirmed there was no medical condition that was being treated for the use of the mattress. The resident had not been assessed for a medical change following the observation of resident sitting on the floor. Review of the incident report did not indicate the resident had a fall or there was an assessment for a fall. The device assessment was done 6/21/19, following the observation of Resident #96 being found sitting on the floor and the geo mattress was added at the time. DON confirmed there was no confirmed concerns or documentation with Resident #96 that supported any behaviors of aggressive movements, scooting/sliding in any of the nurse notes.	F 604			
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 interviews and record reviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect a	F 641	F641 How corrective action will be	8/28/19	

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F 641	<p>Continued From page 7</p> <p>significant weight loss for 1 of 9 residents (Resident #101) reviewed for Nutrition.</p> <p>The findings included:</p> <p>Resident #101 was admitted to the facility on 7/30/13 with re-entry from a hospital on 7/10/19. Her cumulative diagnoses included dysphagia (difficulty swallowing) and placement of a gastrostomy tube (a feeding tube that is inserted into the stomach through the abdomen).</p> <p>A review of the resident ' s weight history included a weight obtained on 1/21/19 which was reported to be 126.8 pounds (#). On 7/15/19, her weight was reported to be 108.5#.</p> <p>A review of Resident #101 ' s most recent quarterly Minimum Data Set (MDS) assessment dated 7/17/19 was conducted. Section K of the MDS reported the resident ' s weight at the time of the assessment was 109#. The assessment indicated the resident did not have a significant weight loss of 5 percent (%) or more in the last month or a loss of 10% or more in the last 6 months.</p> <p>An interview was conducted on 7/31/19 at 10:47 AM with MDS Nurse #1 and MDS Nurse #2. Upon request, the MDS nurses reviewed Section K of Resident #101 ' s MDS assessment dated 7/17/19. After reviewing the resident ' s weight history, MDS Nurse #2 reported her calculations indicated the resident had a weight loss of 14% within the last 180 days. The nurses acknowledged the 7/17/19 MDS assessment should have been coded to reflect a significant weight loss for Resident #101. The nurses reported Section K of the 7/17/19 MDS</p>	F 641	<p>accomplished for those residents found to have been affected by the deficit practice: Residents # 10 7/17/19 ARD Quarterly MDS was modified on July 31, 2019 to correctly code Yes to both weight loss of 5% in the last month or loss of 10% or more in the last 6 months</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice: All current residents <input type="checkbox"/> weights in the last 30 days, as of August 28, 2019, will be reviewed by Regional Dietician to determine if their current MDS is coded correctly for question K0300 in Section K, weight loss of 5% in the last month or loss of 10% of more in the last 6 months, according to the documentation from the residents <input type="checkbox"/> medical records by Compliance date of August 28, 2019. Any issues identified as being coded incorrectly, will be modified by the MDSC/Dietician/Dietary Manager.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Education was provided to Dietician and Dietary Manager on July 30, 2019 by the Regional Dietician on the RAI requirements for coding weight loss in Section K. All new employees responsible for completing the MDS will be educated during orientation on proper coding of Weight Loss in Section K by Regional Dietician.</p> <p>How the facility plans to monitor its</p>		

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F 641	Continued From page 8 assessment was completed by the facility ' s Registered Dietitian (RD). An interview was conducted on 7/31/19 at 11:48 AM with the facility ' s RD. During the interview, the RD reported she had been made aware Section K did not report the resident had a significant weight loss. Upon inquiry, the RD stated the 7/17/19 MDS should have been coded to indicate Resident #101 had a significant weight loss of more than 10% in the last 180 days. An interview was conducted with the facility ' s Director of Nursing (DON) on 7/31/19 at 12:45 PM. During the interview, failure to accurately code Section K on Resident #101 ' s 7/17/19 MDS to reflect a significant weight loss was discussed. The DON reported she would expect the residents ' MDS assessments to be coded correctly.	F 641	performance to make sure that solutions are sustained: The Regional Dietician will review of current residents with weight loss of 5% in the last month or loss of 10% of more in the last 6 months to be used in auditing 5 residents <input type="checkbox"/> MDS to ensure weight loss is correctly coded in Section K once weekly for 4 weeks, twice a month for X 1 month, monthly x 1. All audit results will be taken to Quarterly Quality Assurance meeting X 1 for review and further problem resolution if needed. Completion date August 28, 2019		
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §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 review, the facility failed to provide an	F 679	F679 How corrective action will be	8/28/19	

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F 679	<p>Continued From page 9</p> <p>ongoing activity program that met the individual interests and needs to enhance the quality of life for 5 of 7 dependent sampled residents reviewed for activities (Resident #1, Resident #149, Resident # 43, Resident #23 and Resident # 96).</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 11/9/18 with diagnoses that included Type 2 diabetes mellitus, heart failure and major depression disorder. Resident #1 ' s quarterly Minimum Data Set (MDS) assessment dated 7/17/19, revealed Resident #1 was assessed as cognitively intact. Assessment indicated the resident needed supervision with one-person assistance for activities of daily living (ADL).</p> <p>Resident #1 ' s admission activity evaluation dated 11/13/18, revealed resident ' s activity preferences were listening to music, enjoying socialization with others and activities like word finder and checkers. The assessment read in part "the resident expressed interest in participating in group and independent activities 2-4 times per week to promote an active leisure lifestyle".</p> <p>Review of activity assessment dated 4/6/19 revealed the resident participated in group and independent activities and socialized with residents and staff.</p> <p>Review of Resident # 1 ' s care plan dated 5/5/19, indicated the resident will attend independent activities of choice 2 - 3 times a week. The interventions were to provide a program of independent activities that was of interest and empowered the resident by encouraging and allowing choice, self-expression and social</p>	F 679	<p>accomplished for those residents found to have been affected:</p> <p>The Activity Director or designee will interview resident #1, resident #149, resident #43, resident #23, and resident #96 for appropriate activities that support their choice of activities, facility sponsored group and individual, and provide an ongoing activity program that meets the individual interests and needs to enhance the quality of life by August 28, 2019. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>The Activity Director or designee will review all current residents for appropriate activities that support their choice of activities, facility sponsored group and individual, and provide an ongoing activity program that meets the individual interests and needs to enhance the quality of life by August 28, 2019.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Activity Director or designee will maintain a list of residents who engage in self-directed, independent activities and a list or residents who require scheduled individual 1:1 activities. Activity Director or designee will update the individual and independent activity lists weekly as needed to facilitate the provision of activities meeting the interests and needs to enhance the quality of life of each resident.</p> <p>The Activity Director or designee will document the scope of each resident's</p>		

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F 679	<p>Continued From page 10 interaction.</p> <p>Review of the facility ' s activity calendar for 7/28/19 revealed Television church services at 11:00 AM in day room and "Spell it Out" activity at 1:00 PM in front day room.</p> <p>Observation on 7/28/19 revealed the scheduled activity for the day included Television Church Service and "Spell it Out" activity did not occur. There was no volunteers or activity staff in the facility to conduct the activity.</p> <p>During an interview with Resident # 1 on 7/29/19 at 8:12 AM, the resident indicated he liked socializing with other residents. Resident #1 stated the weekends were sloppy and there were no activities on the weekend.</p> <p>During an interview on 7/31/19 at 2:18 PM, the activity assistant stated on Saturdays an activity staff was available to conduct activities for the residents, however on Sunday the activity material for planned activity was available in the day room and nursing staff were responsible to conduct the activity. She stated the activity department depended on the facility staff to conduct the planned activity. The activity assistant was unsure if the scheduled activities were conducted on 7/28/19.</p> <p>During an interview on 7/31/19 at 3:38 PM, the Director of Nursing (DON) stated she was unaware that activities were not conducted by activity staff on the weekend.</p> <p>During an interview on 7/31/19 at 4:36 PM, the Administrator stated the activities should be conducted on weekends as scheduled and the</p>	F 679	<p>participation in resident participation record and progress notes.</p> <p>Training was provided by the Activities Director to the Activities Assistant on appropriate activities that support their choice of activities, facility sponsored group and individual, and provide an ongoing activity program that meets the individual interests and needs to enhance the quality of life, and facility sponsored group and individual activities will be provided as scheduled by the activities department on August 21, 2019.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained Lists of residents who engage in self-directed, independent activities and a list or residents who require scheduled individual 1:1 activities and their scope of participation records/progress notes; and facility sponsored group and individual activities will be provided as scheduled by the activities department will be audited weekly X 4weeks, bi-weekly X 2, and monthly X1 by the Administrator or designee. Results of all audits will be reviewed at Quarterly Quality Assurance meeting X 1 for further problem resolution if needed.</p> <p>Completion date August 28, 2019</p>		

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F 679	<p>Continued From page 11</p> <p>residents should be encouraged to participate in them.</p> <p>2. Resident #149 was admitted to the facility on 3/20/15 with diagnoses that included congestive heart failure, chronic obstructive pulmonary disease, morbid obesity, adjustment disorder, and major depression.</p> <p>Review of Resident # 149 ' s care plan dated 6/18/19 revealed the resident will engage in independent activities 2-4 times a week to promote an active leisure lifestyle. The intervention was to provide resident with materials for individual activities as desired.</p> <p>Review of the quarterly activity assessment dated 7/11/19, revealed Resident#149 engaged in independent activities 2-4 times per week to promote an active leisure lifestyle.</p> <p>Resident #149 ' s quarterly Minimum Data Set (MDS) assessment dated 7/15/19, revealed Resident #149 was assessed as cognitively intact. Assessment indicated the resident was extensive to total dependent with one-two person assistance for activities of daily living (ADL).</p> <p>Review of the activity participation document for June 2019 revealed Resident # 149 was actively engaged in social visits on 6/3, 6/5, 6/6, 6/18, 6/19, 6/20, 6/24, 6/27, 6/28 and 6/29/19. There were no activity notes to support Resident #149 ' s level of participation in the identified activities.</p> <p>Review of the activity participation document for July 2019 revealed Resident # 149 was actively engaged in social visits on 7/1, 7/4, 7/8, 7/9, 7/13, 7/15, 7/16, 7/17, 7/18, 7/19, 7/26 and on 7/29/19.</p>	F 679			

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F 679	<p>Continued From page 12</p> <p>On 7/30/19 the resident was actively engaged in exercise activity. There were no activity notes to support Resident #149 ' s level of participation in the identified activities.</p> <p>Observations on 7/28/19 at 10:07 AM, on 7/29/19 at 2:08 PM and 3:30 PM, on 7/30/19 at 11:05 AM revealed Resident # 149 in her room and lying in her bed.</p> <p>During an interview on 7/30/19 at 10:12 AM, Nurse #3, who regularly cared for Resident #149, stated Resident #149 was total dependent on staff for activities of daily living. Nurse #3 further stated, she had not noticed staff conducting any one on one activities with the resident except for nail care that was provided once in a while. Nurse # 3 indicated the resident was provided some stimulation when care was provided as staff would talk to the resident while providing care.</p> <p>During an interview on 7/31/19 at 10:20 AM, Nurse aide (NA) # 3, who regularly cared for Resident #149, stated, he had not observed Resident # 149 taken to any activities or activity staff conducting any one on one activities with the resident.</p> <p>During an interview on 7/31/19 at 2:25 PM, the activity assistant stated Resident #149 did not participate group activities. The resident was provided 1:1 activity that included nail painting every Wednesday. Resident #149 was also provided with magazines as she likes to look at them. She further stated she does not have a tracking system in place for activities being conducted on the weekends. The activity assistant stated family and visitors ' visits were considered as social activity.</p>	F 679			

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F 679	<p>Continued From page 13</p> <p>During an interview on 7/31/19 at 4:36 PM, the Administrator stated the expectation was for the activity staff to include resident ' s preferences in the activity assessment and care planned for activities accordingly. The Administrator also stated the activity participation records and care plan should be utilized to accurately reflect the resident ' s level of participation and the one to one activities should be planned as needed.</p> <p>3. Resident #43 was readmitted to the facility on 5/2/19 with diagnoses that included fracture to the neck of right femur, hemiplegia affecting left dominate side, dementia, anxiety disorder, depression disorder and mood disorder.</p> <p>Review of Resident# 43"s care plan dated 5/3/19 indicated the resident will participate in 1:1 activities 1-2 times a week to promote cognitive/sensory stimulation. The intervention was for staff to provide 1:1 visits for sensory stimulation and socialization.</p> <p>Resident #43 ' s comprehensive Minimum Data Set (MDS) assessment dated 5/9/19 for significant change revealed Resident #43 was assessed as moderately cognitive impaired. Resident preferred to listen to music and go outside to get fresh air weather permitting. Resident # 43 ' s assessment indicated the resident was extensive with one-person assistance for activities of daily living (ADL).</p> <p>Review of the activity participation document for June 2019 revealed Resident # 43 was actively engaged in social visits on 6/4, 6/5, 6/10, 6/11, 6/12, 6/28, and 6/29/19. On 6/13/19 was passively engaged in music. On 6/17/19 was</p>	F 679			

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F 679	<p>Continued From page 14</p> <p>passively engaged in puzzles and on 6/19/19 was actively engaged in spa/manicure activity. There were no activity notes to support Resident #43 ' s level of participation in the identified activities. Review of the activity participation document for July 2019 revealed Resident # 43 was actively engaged in social visits on 7/10, 7/13, 7/19, 7/23, and 7/29/19. On 7/17/19 the resident was passively engaged in music and on 7/23/19 was passively engaged in craft activity. There were no activity notes to support Resident #149 ' s level of participation in the identified activities.</p> <p>The activity calendar for July 2019, does not specify one to one activity that were scheduled.</p> <p>Observations on 7/29/19 at 9:12 AM, Resident #43 was lying in bed in her room. The television was playing in the room. The resident appeared not interested in the television.</p> <p>Observation on 7/30/19 at 2:30 PM, Resident #43 was resident asleep in her bed. The television was switched on.</p> <p>Observation on 7/31/19 at 9:48 AM, Resident was in bed and television was on, but the resident was not watching it and seemed disinterested in the program on the television.</p> <p>During an interview on 7/30/19 at 10:12 AM, Nurse #43 who regularly cared for Resident #43, stated Resident #43 was total dependent on staff for activities of daily living. Nurse #4 further stated, she had not noticed staff conducting any one on one activities with the resident. Nurse #43 indicated the resident was taken out to the day room once in a while.</p>	F 679			

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F 679	<p>Continued From page 15</p> <p>During an interview on 7/31/19 at 2:25 PM, the activity assistant stated the resident does not participate in group activities. The resident was provided 1:1 activity that included socializing with the resident by talking to her and showing her some videos on the phone. Resident was taken to the day room once in a while by staff. She further stated she did not have a tracking system in place on the weekend that activities were being done on the weekends. Activity assistant stated family and visitors ' visits were considered as social activity.</p> <p>During an interview on 7/31/19 at 4:36 PM, the Administrator stated it was the expectation that the activity staff include resident ' s preferences in the activity assessment and residents be care planned for activities accordingly. The Administrator stated the activity participation records should be utilized to accurately reflect the resident ' s participation and the one to one activities should be planned as needed.</p> <p>4. Resident #23 was admitted to the facility on 4/30/19 with diagnoses that included cancer, diabetes mellitus type 2, dementia with lewy bodies, schizophrenia, anxiety disorder, and major depression.</p> <p>Resident #23 ' s comprehensive admission Minimum Data Set (MDS) assessment dated 5/7/19 revealed Resident #23 was assessed as cognitively intact. Resident preferred to listen to music, go outside to get fresh air weather permitting and participate in religious activity. Resident # 43 ' s assessment indicated the resident was extensive with one-person assistance for activities of daily living (ADL).</p>	F 679			

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F 679	<p>Continued From page 16</p> <p>Review of Resident # 23 ' s care plan dated 5/13/19 indicated the resident will participate in 1:1 activities 1-3 times a week. The intervention included need for 1:1 bedside/in-room visits and activities if unable to attend out of room events.</p> <p>Review of the activity participation document for June 2019 revealed Resident #23 was actively engaged in social visits on 6/19, 6/28 and on 6/29/19. On 6/18/19 was actively engaged in music. There were no activity notes to support Resident #23 ' s level of participation in the identified activities.</p> <p>Review of the activity participation document for July 2019 revealed Resident # 23 was actively engaged in social visits on 7/1, 7/2, 7/8, 7/10, 7/13, 7/22, 7/29 and 7/30/19. On 7/3/19 the resident was passively engaged in craft activity. There were no activity notes to support Resident #23 ' s level of participation in the identified activities.</p> <p>Review of the facility ' s activity calendar for 7/28/19, revealed the scheduled activity was Television Church Services at 11:00 AM in day room.</p> <p>Observation of the resident on 7/28/19 at 11:00 AM, Resident#23 was in his room and lying on his bed. The scheduled activity in the day room did not occur.</p> <p>Observation on 7/31/19 at 10:25 AM revealed resident was in his bed. Music playing beside his bed.</p> <p>During an interview on 7/30/19 at 10:12 AM, Nurse #3 who regularly cared for Resident #23, stated Resident #23 did not attend group</p>	F 679			

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F 679	<p>Continued From page 17</p> <p>activities and was unsure if staff conducted any one on one activities with the resident.</p> <p>During an interview on 7/31/19 at 10:00 AM, Nurse # 5 stated Resident # 23 ' s wife visited the resident once or twice a week and interacts with the resident. Nurse indicated staff interacted with the resident during care. Nurse # 5 stated Resident # 23 does not participate in group activities. Nurse#5 reported she was unsure if any 1:1 activities were conducted except for music constantly playing in the room.</p> <p>During an interview on 7/31/19 at 10:20 AM, Nurse aide (NA) # 3 who regularly cared for Resident #23 stated there was a radio constantly playing in his room. NA#3 was unsure if any 1:1 activity was conducted with the resident and stated Resident # 23 did not attend any group activities.</p> <p>During an interview on 7/31/19 at 2:25 PM, the activity assistant stated the resident does not participate in group activities and therefore was provided 1:1 activity. The activity assistant stated there was no consistent program in place for ensuring 1:1 activities were done, but every effort was made for performing these 1:1 activities. The activity assistant stated the resident liked music so a radio was constantly playing in his room. Activity assistant stated family and visitors ' visits were considered as social activity.</p> <p>During an interview on 7/31/19 at 4:36 PM, the Administrator stated it was the expectation that the activity staff include resident ' s preferences in the activity assessment and residents be care planned for activities accordingly. The Administrator stated the activity participation</p>	F 679			

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F 679	<p>Continued From page 18</p> <p>records should be utilized to accurately reflect the resident participation and the one to one activities should be planned as needed.</p> <p>5. Resident # 96 was admitted to the facility on 3/8/18 with diagnoses that included Alzheimer ' s, dementia, Parkinson and intellectual disabilities. The annual Minimum Data Set (MDS) dated 6/14/19, indicated Resident #96 was cognition was impaired and required total assistance with all activities of daily living. The MDS coding for activities of interest was blank. The MDS did not indicate any preferred activities.</p> <p>Review of the annual assessment dated 6/14/19, revealed there were no resident interest or participation level in activities. The assessment indicated activities would be to watch television, independent activities and 1:1 would be scheduled 1-3 visits per week. Resident #96 was confused and unable to determine interest.</p> <p>Review of Resident # 96 ' s care plan dated 6/25/19, identified the problem as Resident #96 has little to no interest in activities related to Alzheimer ' s dementia. The goal included Resident#96 would engage in independent and occasional 1:1 activities 1-3 times a week. The intervention included staff would honor resident's preference to spend time alone and introspectively. The resident has a communication problem, but resident was able to answer yes/no questions. The goal included Resident#96 would be able to make basic needs known on a daily basis through next review. The intervention included staff would anticipate and meet needs. Allow Resident#96 time to answer questions and to verbalize her feelings perceptions and fears. Encourage participation from resident who depends on others to make</p>	F 679			

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F 679	<p>Continued From page 19</p> <p>own decisions.</p> <p>Review of the May 2019, June 2019 and July 2019 did not reveal any scheduled time allotted for 1:1 activities for residents identified. Review of the activities attendance ledger revealed ON was for one to one activity, G indicated social activities, M was for music and y was for sensory stimulation activities.</p> <p>Review of the activity attendance record document for May 2019 revealed Resident #96 has 4 sensory stimulation activities, 8 social activities and 1 music activities. There was no documentation in the record to support Resident #96 ' s level of participation or interest in the activities listed on the activities attendance record.</p> <p>Review of the June 2019 activity participation document revealed Resident #96 had 2 sensory stimulation activities and 6 social activities. There was no documentation in the record to support Resident #96 ' s level of participation or interest in the activities listed on the activities attendance record.</p> <p>Review of the July 2019 activity participation document revealed Resident #96 had 4 social activities and 6 sensory stimulation activities. There was no documentation in the record to support Resident #96 ' s level of participation or interest in the activities listed on the activities attendance record.</p> <p>Observation on 07/28/19 at 11:35 AM, Resident #96 was staring into space, unable to answer any questions. Review of the facility ' s activity calendar for 7/28/19 revealed Television church services at 11:00 AM in day room and "Spell it Out" activity at 1:00 PM in front day room. There was no activities staff available to perform the scheduled activities. The facility staff did perform the scheduled activities for the day. In addition,</p>	F 679			

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F 679	<p>Continued From page 20</p> <p>there was were not done. The 1:1 activity was not provided.</p> <p>Observation on 7/28/19 at 2:30 PM revealed Resident# 96 in room staring into space. There was no Television on in the room. Activity staff or volunteers were not present in the facility.</p> <p>Observation on 7/30/19 at 9:00 AM, Resident #96 was lying in bed without the television on. At 10:00 AM, resident was observed in bed uninterested in the program on TV. The scheduled activity on 7/30/19 at 10:30 AM was a Bible study. Resident #96 was not taken or offered to be taken to the activity. Resident #96 was observed sitting in a geri-chair in room with no television or any other stimulatory activities.</p> <p>During an interview on 7/30/19 at 12:19 PM, the Activity Assistant stated Resident # 96 refused group activities, therefore 1:1 activities would be provided. The Activity Assistant stated when the resident doesn't want to participate in one on one on any particular day, another attempt would be done on a different day. The visits include sensory stimulation, music therapy, reading books, reading and outside activity. Activity Assistant stated there was no set schedule to get the 1:1 done. The aides were expected to assist with transporting and encouraging residents to participate in activities. If there was a cancellation of activities the residents would be informed of the change. There was no consistent program in place for ensuring 1:1 were done, but every effort was made to get them done. Independent activities would include exercise. The activity assistant confirmed the documented times on the activities attendance record only indicated when the activity staff completed the activity record.</p>	F 679			

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F 679	Continued From page 21 She confirmed there was no system in place to track or document 1:1 activities perform, resident level of participation/interest or involvement in the activities in the record. During an interview on 7/31/19 at 4:36 PM, the Administrator stated it was the expectation that the activity staff include resident ' s preferences in the activity assessment and residents be care planned for activities accordingly. The Administrator stated the activity participation records should be utilized to accurately reflect the resident participation and the one to one activities should be planned as needed.	F 679			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and record reviews, the facility failed to implement the use of fall mats as care planned to prevent injury in the event of a fall from bed for 2 of 2 residents (Resident #41 and Resident #306) reviewed for falls. The findings included: 1. Resident #41 was admitted to the facility 2/6/18 and re-entered the facility on 4/11/18.	F 689	F689 1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #41 fall mat was added to left side of bed and care plan updated on Thursday, July 30. Resident #306 fall mats were removed from bedside and from care plan on Thursday, July 30. 2. How the facility will identify other	8/28/19	

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F 689	<p>Continued From page 22</p> <p>An incident report dated 2/10/19 for Resident #41 read, in part, "Incident description: Noted resident lying on her left side on fall mat beside of her bed. Bed was in lowest positon." Immediate action taken read, in part, "Assisted x (times) 2 back to bed. Bed remains in low position and continue with fall mats to bedside."</p> <p>Review of a Quarterly MDS (Minimum Data Set-a tool used for resident assessment) dated 5/21/19 revealed Resident #41 was severely cognitively impaired and rarely understood. Resident #41 had no behaviors or rejection of care and required total assistance for bed mobility and transfers, extensive assistance for locomotion off the unit, personal hygiene, and dressing. Resident #41 had both lower limbs impaired and active diagnoses included, but were not limited to, non-Alzheimer ' s dementia, Parkinson ' s disease, and muscle weakness.</p> <p>A care plan dated 6/13/19, with interventions last updated 7/24/19 read, in part, "The resident actual and at risk for falls r/t (related to) gait/balance problems, Poor communication/comprehension. Resident likes to lay on floor." The goal read, "The resident will not sustain serious injury through the review date." An intervention dated 5/4/18 read, "Bilateral floor mats; reclining w/c (wheelchair) to prevent serious injury from falls." An intervention dated 6/16/18 read, "Bed in lowest position. Fall mats at bedside. Frequent nursing rounds made."</p> <p>An incident report dated 7/23/19 read, in part, "Incident description: I heard some crying. Went into resident ' s room and saw resident sitting on</p>	F 689	<p>residents having the potential to be affected by the same deficient practice: 100% of current residents care plans were reviewed and residents rooms to ensure accuracy in fall mats and corrected as needed by unit managers and unit coordinators. Completed on August 9, 2019</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Unit managers, unit coordinators, and ADON were in-serviced on updating the care plan and ensuring that the fall mats are in use per care plan by Director of Nursing on August 9, 2019. CNA's were in-serviced on following the Kardex starting August 20, 2019 and completed on August 28th by Staff Development nurse. Any C.N.A's not educated by August 28, 2019 will not be allowed to work until in-service completed. All new hired nurse management will be in serviced on updating care plan and ensuring fall mats are in use per care plan during orientation by Staff Development Nurse. CNA's will be educated in orientation by Staff Development Nurse on following the Kardex.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained: DON, ADON, RN unit manager, or unit coordinator, will conduct an audit of all fall mats in place per care plan weekly X 4 weeks, biweekly X 2 weeks, and monthly X 1. Results of audits will be reviewed at Quarterly Quality Assurance meeting X 1 for further problem resolution if needed.</p>		

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F 689	<p>Continued From page 23</p> <p>butt beside her bed holding onto bed rail." The immediate action taken read, in part, "No injuries noted. Myself and another nurse put resident back into bed."</p> <p>Review of a form titled "Device Assessment" dated 7/24/19 revealed the type of devices to be used included assist bars, low bed with mats, and reclining wheelchair. It was not coded a restraint. The purpose of the devices were "1. To assist resident with turning and repositioning within the bed. 2. To protect resident in the event of a fall or change in gravity while in the bed and 3. To assist the resident with safe and comfortable body positioning while seated in wheelchair. RP (Responsible Party) notified and devices added to care plan."</p> <p>Review of a form titled "Device Assessment" dated 7/30/19 revealed the types of devices to be used included assist bars, low bed with mats (fall mat x 1 on side of bed close to door), and reclining wheelchair. The devices were not considered restrictive. The purpose of the devices were "Assist bars to enable bed mobility. Low bed with 1 fall mat to prevent significant injury from fall to floor, or when she attempts to lie on floor. Reclining w/c to assist with positioning due to leaning and comfort. RP notified and devices added to care plan."</p> <p>An observation was made during initial tour on 7/28/19 at 8:15AM. Resident #41 was lying in a low bed without fall mats present.</p> <p>An observation was made on 7/29/19 at 8:30AM. Resident #41 was in bed. The bed was in the lowest position, and there were no fall mats at the bedside.</p>	F 689	<p>Director of Nursing is responsible for ensuring continued compliance. Completion Date August 28, 2019</p>		

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F 689	Continued From page 24 An observation was made on 7/30/19 at 8:35AM. Resident #41 was in bed. The bed was in the lowest position, and no fall mats were at the bedside. An interview was conducted with a Nursing Assistant (NA #1) on 7/30/19 at 9:05AM. She stated Resident #41 was a falls risk and interventions to prevent a fall included to get the resident out of bed as soon as possible in the morning. She also stated there were supposed to be fall mats besides both sides of the bed when Resident #41 was in bed, but the facility does not use them related to (r/t) a family member's request. She also stated the facility used pillows all around the resident to prevent her from falling out of bed. An interview was conducted on 7/30/19 at 9:10AM with Nurse #1. She stated Resident #41 was a falls risk because she tried to get out of bed and out of her chair without assistance. She believed the care plan had fall mats as an intervention. An interview was conducted with the director of Nursing (DON) on 7/30/19 at 10:15AM. She stated in the event of a fall the resident was assessed where they fell, vital signs, range of motion, a pain assessment and neurological checks were completed. The DON specified falls risk interventions for (Resident #41) included going to activities, diversions, repositioning her in her chair, frequent rounds and fall mats. An interview was conducted on 7/30/19 at 10:55AM with the ADON. She stated, "(Resident #41) tends to roll out of bed. When she first got	F 689			

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F 689	<p>Continued From page 25</p> <p>here she liked to sleep on the floor, but not anymore. When she first rolled out of bed (5/4/18) we put fall mats in place as an intervention. They should still be using fall mats. If a family member tells me they don't want fall mats used I'll take them up, and a new device assessment needs to be done. If any intervention was removed a new device assessment would be done. There's no device re-assessment for (Resident #41) so fall mats should still be used for (Resident #41).</p> <p>2. Resident #306 was admitted to the facility on 5/31/18 with re-entry from a hospital on 7/25/19. Her cumulative diagnoses included chronic obstructive pulmonary disease (COPD), acute and chronic respiratory failure, muscle weakness (generalized), and unspecified abnormalities of gait and mobility.</p> <p>A review of Resident #306 's most recent quarterly Minimum Data Set (MDS) dated 4/25/19 was conducted. The MDS revealed the resident had intact cognitive skills for daily decision making. The resident was assessed to be independent with walking in her room and corridor, for locomotion on and off the unit, eating, and personal hygiene. She required supervision for bed mobility, transfers, dressing and toileting. Section J of the MDS assessment revealed the resident had one fall with no injury reported since the last assessment.</p> <p>A review of a Fall/Incident Report dated 7/7/19 at 4:06 PM revealed Resident #306 had an unwitnessed fall. The Nursing Description of the incident indicated the resident was found on the floor next to her bed. The immediate action taken included getting her off the floor and assisting the resident to her chair. No injuries were observed</p>	F 689			

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F 689	<p>Continued From page 26 at the time of the incident.</p> <p>Review of Resident #306 ' s Interdisciplinary Team (IDT) notes included a Plan of Care entry dated 7/8/19 at 12:47 PM. The notation read, in part: "Resident discussed at fall committee meeting in regards to fall 7-7-19. Resident found on floor beside bed, trying to get out of bed. After meeting with IDT, the intervention was put in place, bilateral floor mats were place to prevent serious injury from fall. Resident had DX (diagnosis) of abnormal posture abnormalities of gait and mobility. Resident noncompliant with current interventions. Staff encourage independence while ensuring safety is maintained. Care plan reviewed and appropriate..."</p> <p>A review of the current care plan for Resident #306 included a focus area (created on 6/1/18) related to falls which read, "The resident had an actual fall with potential for further falls r/t (related to) deconditioning, history of fall with fracture." The goal for this area of focus read, "The resident will not sustain serious injury through the review date." An intervention dated 7/8/19 read, "Fall mats in place."</p> <p>A Device Assessment for Resident #306 dated 7/25/19 at 3:28 PM was reviewed. The Device Assessment indicated "Assist bars" and "Low bed with mats" were used for Resident #306. The purpose of the devices utilized were reported "to aid in bed mobility" and "to prevent serious injury from falls."</p> <p>An observation was conducted on 7/28/19 at 9:27 AM as Resident #306 was eating her breakfast in bed. No fall mats were observed to be in place</p>	F 689			

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F 689	<p>Continued From page 27 on either side of her bed.</p> <p>An observation was made on 7/28/19 at 1:54 AM as the resident was lying in bed. No fall mats were in place on either side of the bed at the time of the observation.</p> <p>An observation and made on 7/29/19 at 10:03 AM revealed the resident was lying in bed; no fall mats were observed to be in place.</p> <p>An observation and interview were conducted on 7/30/19 at 8:10 AM with Resident #306. The resident was lying in bed with the head of the bed raised. No fall mats were in place. Upon inquiry, the resident reported no fall mats had been used in recent weeks.</p> <p>An interview was conducted on 7/30/19 at 9:50 AM with Nursing Assistant (NA) #2 on 7/30/19 at 9:50 AM. NA #2 was assigned to care for Resident #306 on 1st shift. The NA reported this was her usual hall. During the interview, NA #2 reported she was aware the resident had falls in the past, but was not working when she had a fall. The NA stated that as far as she could recall, no fall mats had been used for this resident.</p> <p>An interview was conducted on 7/30/19 at 9:59 AM with Nurse #2. Nurse #2 was the hall nurse assigned to Resident #306 's hall. When asked if fall mats were used for the resident, Nurse #2 stated about a year ago when the resident broke her hip, the facility used fall mats for her. However, she recalled the resident tended to trip on the fall mats when they were used back then. She was not aware fall mats had been re-initiated for Resident #306.</p>	F 689			

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F 689	<p>Continued From page 28</p> <p>An interview was conducted on 7/30/19 at 10:21 AM with the facility ' s Director of Nursing (DON). During the interview, the concern regarding a care plan intervention (fall mats) not being implemented as planned for Resident #306 was discussed. The DON discussed the process that was employed after a resident had a fall. She reported an Incident/Fall Report would be completed by the nurse after the fall. The Assistant Director of Nursing (ADON) would review the fall information the following day and check to see if the charge nurse implemented intervention(s). If not, the interdisciplinary team (IDT) would discuss the fall at the next morning meeting and put appropriate interventions into place. If there was a new intervention put into place for the resident, she reported the ADON would put the intervention into the resident ' s care plan and communicate the change to nursing staff. This information would then be passed down among the nursing staff caring for the resident during shift change reports.</p> <p>An interview was conducted on 7/30/19 at 10:33 AM with the facility ' s ADON. During the interview, the ADON was asked to describe the facility's process employed to develop and implement a potential intervention after a resident had a fall. The ADON stated when she came into the facility each morning, she ran a Risk Management report to see if a resident has fallen. The ADON reported she would look at the circumstances of the fall and the person ' s cognition, then put interventions in place based on the individual ' s situation. During the morning meeting, the IDT would discuss the interventions to see if what she had proposed was appropriate. She stated interventions were typically put into a resident ' s care plan the day after the fall. The</p>	F 689			

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F 689	Continued From page 29 ADON reviewed Resident #306 ' s fall information. She reported floor mats were implemented as an intervention after the resident was found on the floor beside her bed on 7/7/19 and this intervention was still in place. During the interview, concern was expressed that no fall mats were observed to be in place at the time of the observations made over the past 3 days. The ADON stated she would have expected fall mats to have been placed on each side of Resident #306 ' s bed in accordance with her care plan.	F 689			
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 July of 2018. This was for two recited deficiencies, which were originally cited on 7/26/18 during the recertification survey and on the current recertification survey. The deficiencies were in the areas 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	F867 How corrective action will be accomplished for those residents found to have been affected by the deficit practice: Residents # 10 7/17/19 ARD Quarterly MDS was modified on July 31, 2019 to correctly code Yes to both weight loss of 5% in the last month or loss of 10% or more in the last 6 months How the facility will identify other residents having the potential to be affected by the same deficient practice: All current residents <input type="checkbox"/> weights in the last 30 days, as of August 29, 2019, will be reviewed by Regional Dietician to	8/28/19	

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F 867	<p>Continued From page 30</p> <p>The Findings included:</p> <p>This tag is cross-referred to:</p> <ol style="list-style-type: none"> F641 - Based on staff interviews and record reviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect a significant weight loss for 1 of 9 residents (Resident #101) reviewed for Nutrition. The facility was cited during the 7/26/18 recertification survey for failed to code the discharge MDS assessment to reflect accurately the discharge status for 1 of 8 residents, reviewed for assessment accuracy (Resident #164). 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 July of 2017. <p>On 7/31/19 at 1:10 PM, during an interview, the Administrator indicated that the Quality Assessment and Assurance (QAA) Committee worked constantly to correct multiple ongoing issues, as well as previously identified deficiencies. The QAA Committee discussed to update the system to improve the coding accuracy in MDS assessments. The QAA Committee tried to identify, prevent and correct all the deficiencies in the facility.</p>	F 867	<p>determine if their current MDS is coded correctly for question K0300 in Section K, weight loss of 5% in the last month or loss of 10% of more in the last 6 months, according to the documentation from the residents' medical. Any issues identified as being coded incorrectly, will be modified by the MDSC/Dietician/Dietary Manager.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Education was provided to Dietician and Dietary Manager on July 30, 2019 by the Regional Dietician on the RAI requirements for coding weight loss in Section K. All new employees responsible for completing the MDS will be educated during orientation on proper coding of Weight Loss in Section K by Regional Dietician.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained: The Regional Dietician will review current residents with weight loss of 5% in the last month or loss of 10% of more in the last 6 months to be used in auditing 5 residents' MDS to ensure weight loss is correctly coded in Section K once weekly for 4 weeks, twice a month for one month, and monthly x 10 months. All audit results will be taken to Quarterly Quality Assurance meeting X 4 for review and further problem resolution if needed.</p> <p>Completion date August 28, 2019</p>		

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F 908 SS=E	<p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain one of one walk-in refrigerator in safe operating conditions.</p> <p>Findings included:</p> <p>An observation of the kitchen's walk-in refrigerator on 07/28/19 at 08:40 AM, revealed a puddle of water inside the walk-in refrigerator. The puddle of water was inside the refrigerator near the door and was observed when the dietary cook opened the door. A white towel with brown stains was in the puddle of water. The cook removed the towel from the water puddle and placed it in the dirty laundry basket.</p> <p>During an interview on 7/28/19 at 8:42 AM, the dietary cook stated the water had accumulated inside the refrigerator due to condensation. He indicated that the issue with water accumulation has been happening for more than six months.</p> <p>During an interview on 7/29/19 at 8:40 AM, Director of Nursing (DON) stated she was aware of the excessive amount water near the refrigerator door. She indicated the walk -in refrigerator was repaired 6 months ago to resolve this issue. Condensation was reported as possible reason for water accumulation inside the refrigerator.</p> <p>During an interview on 7/30/19 at 9:00 AM, the</p>	F 908	<p>F 908</p> <p>How corrective action will be accomplished for those residents found to have been affected: The facility failed to maintain one of one walk-in refrigerator in safe operating conditions. An observation of the kitchen's walk-in refrigerator on 07/28/19 at 08:40 AM, revealed a puddle of water inside the walk-in refrigerator. A white towel with brown stains was in the puddle of water. Immediately upon observation, the dining services cook removed the white towel and placed it in the dirty laundry bin and mopped the floor of the walk-in to remove the water and clean the floor. In addition, the refrigerator repair service was called for immediate service on 7/29/19.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice: August 13, 2019 Regional Coordinator of Physical Plant Management and Environmental Services and Senior Corporate Maintenance Technician vacuumed the water out, put a piece of rubber under the threshold, and sealed it all with silicone. Administrator is in the process of receiving 3 quotes for repair or</p>	8/28/19	

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F 908	<p>Continued From page 32</p> <p>dietary manager stated she was aware of this issue and the refrigerator was repaired 6 months ago. Dietary manager stated the condensation was indicated as the reason water accumulating near the door of the refrigerator.</p> <p>During an interview on 7/30/19 at 1:20 PM, the maintenance assistant stated he was not aware of any water accumulation or condensation in the refrigerator until 7/29/18. He indicated he did not receive any work order.</p> <p>During an interview on 7/31/19 at 4:36 PM Administrator stated the accumulated water should be cleaned by dietary staff on regular basis to prevent any standing water. Administrator further stated the maintenance staff should be notified timely, so that appropriate repairs were done. All equipment in the kitchen should be maintained at safe working condition.</p>	F 908	<p>replacement of water cooler with expected completion of repair or replacement by November 28, 2019.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: All Dining Services employees were in-serviced regarding proper procedures for monitoring equipment to ensure that they are in safe operating condition as well as the procedure for completing a work order in the event that a piece of equipment is not found in safe operating condition by Dietary Manager with completion date of August 28, 2019. All new hires will receive in-service education by Dietary Services Manager on proper procedures for ensuring walk-in refrigerator is in safe working condition.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained A sanitation inspection will be conducted by Corporate Registered Dietician or designee weekly x 4 weeks, twice-monthly x 4 weeks, and monthly X 1 to ensure compliance with corrective actions and sanitation standards. Any deficient practice identified through the sanitation inspections will result in re-education or disciplinary action as indicated. Findings from sanitation inspections will be reviewed at the Quarterly Quality Assurance meeting x1 for any further problem resolution if needed.</p> <p>Completion date August 28, 2019</p>		