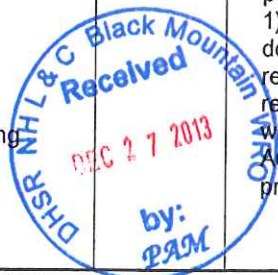


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F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff and resident interviews, the facility failed to follow their abuse policy and procedures by not reporting an allegation of abuse for 1 of 1 resident that reported abuse (Resident #25).</p> <p>Findings included:</p> <p>Review of the facility's "Patient Protection Policy" dated 08/03/11 stated "There is a "zero tolerance" for mistreatment, abuse, neglect, misappropriation of property, or for any crime against the patient while in the "facility". It is the responsibility of every employee to immediately report any incidents of such acts or suspicion of such acts to the Administrator." It was documented in the "Investigation & Reporting Protocols" dated 10/10/08 the following procedure: "The licensed nurse will assure patient safety and will initiate established nursing procedures. All staff members are trained that any incident of alleged abuse/neglect must be reported to the Administrator, or in his/her</p>	F 226	<p>F226</p> <p>How the corrective action will be accomplished for the resident(s) affected. The statement made by the resident #25 was investigated by the Administrator and reported to DHHS Personnel Registry.</p> <p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. All staff was in-serviced on Abuse and Neglect Policy and reporting requirements, by the Staff Development Coordinator on 11/5/2013. Monthly All-Staff Meeting dated 11/26/13 reiterated the subject matter. Weekly assigned staff (Bridge Builders) visited each occupied room and allowed resident time to air any grievances or address any concerns.</p> <p>Measures in place to ensure practices will not occur. DON or designee will audit 5 staff members a week to include staff from all departments and all shifts for a period of 4 weeks x1 month, then 5 staff members a week bi-weekly for a period of 2 months. The audit will include 1) asking the 5 types of abuse, 2) when do staff report abuse?, 3) who do you report abuse allegations to?, 4) if a resident states they have been abused what is the first thing you should do? Audit will indicate if education was provided to staff member.</p>	<p>11/5/13</p> <p>11/5/13</p> <p>12/2/13</p>



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shereen Syed, MHA</i>	TITLE Administrator	(X6) DATE 11/27/13
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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 226	<p>Continued From page 1 absence the top leadership of the center."</p> <p>Resident #25 was admitted to the facility on 10/17/13 with diagnoses that included fracture of humerus, difficulty walking and osteoporosis. The Minimum Data Set (MDS) dated 10/24/13 indicated Resident #25 had no short or long term memory deficits. The MDS also documented Resident #25 required assistance with transfers, extensive 2 person assistance with dressing, personal hygiene and toilet use.</p> <p>On 11/04/13 at 11:26 AM during an interview Resident #25 revealed one night the previous week Nurse Aide #2 (NA#2) had taken her to the bathroom and as she returned her to her bedside in her wheelchair NA #2 had pulled her shoulder "on her bad side". Resident #25 then stated: "I screamed and told her I am sick and 80 years old and that was my broke arm and that hurt." Resident #25 noted NA#2 then left the room while she remained up in her wheelchair at bedside. On continued interview Resident #25 confirmed she rang her bell and when Nurse #5 answered her bell reported to her that NA#2 had been rough with her bad shoulder. Resident #25 further revealed Nurse #5 requested a different nurse aide to assist her to bed and told her she had made a note of the incident but she should also report what had happened to her to someone else. Resident #25 stated she had not reported the incident to anyone else and that NA#2 had not been back on duty since 11/04/13.</p> <p>On 11/04/13 at 4:30 PM an interview with the Administrator revealed there were no current investigations of abuse in process.</p> <p>On 11/05/13 at 9:10 AM an interview with</p>	F 226	<p>How the facility plans to monitor and ensure correction is achieved and sustained. The DON will report results of the audit to the QA committee for three months and reviewed for compliance and revision as needed.</p>	

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F 226	<p>Continued From page 2</p> <p>Resident #25 revealed NA#2 had worked the night before and there had been no problems with care. Resident #25 further revealed she had told NA#2 she needed to be careful with her "broke shoulder" as she had hurt her the other evening. Resident #25 noted NA#2 told her it had been her first night of work and she was nervous and did not remember that anything happened but was sorry if she had done anything.</p> <p>On 11/05/13 at 3:20 PM interview with Nurse #5 revealed Resident #25 reported to her that NA #2 pushed her and was rough with her. Nurse #5 stated I told her to let me know if it happened again. On further interview Nurse #5 confirmed she had not documented the incident anywhere and thought she might have passed the information on to the next shift nurse, Nurse #7. Nurse #5 noted she had not mentioned it to NA #2 but now stated she should have taken NA #2 off duty, documented the incident and reported it to her Unit Manager. At the completion of the interview Nurse #5 indicated she would report the incident to the Administrator.</p> <p>On 11/06/13 at 3:10 PM interview with NA #2 confirmed she assisted Resident #25 on her first night of work at the facility and indicated she tried to help resident #25 out of bed by using a gait belt. On continued interview NA #2 noted Resident #25 seemed satisfied with her work and did not complain to her. NA #2 revealed when she worked with Resident #25 on 11/04/13, Resident #25 told her, "you tugged my shoulder" when you worked with me last week. NA #2 stated "I don't remember doing that and if I bumped her arm it was not intentional."</p> <p>On 11/07/13 at 11:05 AM interview with the</p>	F 226			

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F 226	Continued From page 3 Administrator revealed her expectations of staff are to immediately report any allegations of abuse with no exceptions. The Administrator noted there were no gray area regardless of what staff may think, they must report immediately and let us conduct the investigation on any allegations of abuse made against a staff member.	F 226			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review the facility failed to allow residents the choice of amount of baths/showers they wanted each week for 3 of 3 residents, (Residents #146, 276, and 121), failed to provide residents with the choice of what time to get up in the morning for 2 of 3 residents (Residents #276 and 121), and failed to allow residents the choice of time to go to bed in the evening for 1 of 3 residents sampled for choices (Resident #276). 1. Resident #146 was admitted to the facility on 09/24/13 with diagnoses including chronic kidney disease, coronary artery disease, anemia, psoriatic arthritis, and depression. An admission Minimum Data Set (MDS) dated 10/01/13 revealed Resident #146 had moderately impaired	F 242	F242 How the corrective action will be accomplished for the resident(s) affected. All members of the administrative team divided the current resident roster and interviewed all in-house residents to determine preferences regarding shower times/frequency/mode, get up times and bed times. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. For all new residents, an assigned staff member will interview for resident preferences and provide a review of our facility's practices to ensure understanding and to determine if the residents personal preferences should be altered to allow for individual choices to be honored. At that time, the resident will be advised of their future right to alter these preferences.	12/2/13 12/2/13	

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F 242	<p>Continued From page 4</p> <p>cognition and required extensive assistance with personal hygiene and bathing. The Care Area Assessment (CAA) Summary for activities of daily living (ADL) noted Resident #146 had required the assistance of one to two person(s) for the completion of ADL during the 7 day assessment period.</p> <p>Review of a care plan dated 09/26/13 noted Resident #146 had a decline in ADL function due to a recent hospitalization and toe amputation. The goal stated Resident #146 would be well groomed and dressed appropriately and ADL tasks would be addressed with improved self performance noted. Interventions included to assist Resident #146 to shower twice a week.</p> <p>A family interview on 11/04/13 at 11:07 AM revealed Resident #146 preferred to shower and shave daily at home and was scheduled for two showers a week at the facility.</p> <p>During a follow up interview on 11/06/13 at 3:00 PM Resident #146's family member stated he had always been very attentive to his cleanliness and grooming and knew he would feel better if he had at least three showers a week. The interview further revealed the facility had not assessed Resident #146's preference for frequency of showers at any time since his admission to the facility.</p> <p>Interview with Nurse #1 on 11/06/13 at 2:19 PM revealed the shower schedule is a facility-wide schedule that is set by the administrative staff. Nurse #1 stated each hall had their own shower schedule; one hall had showers on Mondays and Thursdays, another hall had showers on Tuesdays and Fridays, and the third hall had</p>	F 242	<p>Measures in place to ensure practices will not occur. Assigned staff members will report any needed preference changes immediately to the affected department, and will report those findings to the Administrator and Department Heads the next morning at our morning meeting Monday through Friday to ensure follow-through. The MDS Coordinator's will verify this information during the initial assessment interview and ensure that preferences are being honored.</p> <p>How the facility plans to monitor and ensure correction is achieved and sustained. The Administrator or DON will report results of the audit to the QA committee for three months and reviewed for compliance and revision as needed.</p>	12/13	

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F 242	<p>Continued From page 5</p> <p>showers on Wednesdays and Saturdays. Nurse #1 stated when she heard of residents asking for a change in their shower schedule, she and the NAs explained to the resident that it was a requirement for each resident to have 2 showers per week. Nurse #1 stated residents were taught about their hall's schedule by the hall nurse when they were admitted.</p> <p>Interview with NA #4 on 11/06/13 at 3:15 PM revealed shower schedules were kept on a shower sheet at the nurse's station. NA #4 stated each bed was assigned 2 showers per week, depending on the room's location.</p> <p>Interview with NA #3 on 11/07/13 at 10:53 AM revealed showers were scheduled by the room numbers and were recorded in a shower book, which was kept at the nursing station. NA #3 stated each resident received 2 showers a week. NA #3 stated she did not ask residents about their shower preferences because they were already scheduled 2 showers per week based on their room number.</p> <p>Interview with Nurse #4 on 11/07/13 at 12:01 PM revealed that NAs offered 2 showers each week to each resident on the shower days that were assigned to the resident's room number. Nurse #4 stated when residents asked about showers on their non-shower days, NAs and nurses were to remind residents which days were the assigned shower days for their room.</p> <p>Interview with Unit Manager (UM) on 11/07/13 at 12:15 PM revealed showers for residents were scheduled twice weekly based on room numbers. The UM stated during the admission assessment she told the new resident and family that</p>	F 242			

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F 242	<p>Continued From page 6</p> <p>residents were given 2 showers per week. The UM also stated when a resident changed rooms, their shower days were changed to coincide with their new room's shower schedule.</p> <p>Interview with the Admissions Director (AD) on 11/07/13 at 2:24 PM revealed upon admission, residents were placed on a 2-day-a-week shower schedule that was based on their room number. AD stated that assessing resident preferences was a shared responsibility between herself, the UM, and the Social Worker (SW), but she did not ask residents or families about their preferences regarding shower frequency, time to get up in the morning or time to go to bed.</p> <p>Interview with the SW on 11/07/13 at 2:33 PM revealed a life preference assessment, included in the admissions packet, was completed on admission to the facility but this assessment did not assess preference for frequency of showers. The SW stated she did not ask residents about their preferences regarding frequency of showers.</p> <p>2. Resident #276 was admitted to the facility on 10/26/13 with diagnoses that included atrial fibrillation, generalized muscle weakness, and difficulty in walking. Although Resident #276 had not yet have an admission minimum data set (MDS) completed due to recent admission, facility administration staff included Resident #276 on the list of cognitively intact residents they supplied to surveyors on 11/04/13.</p> <p>Interview with Resident #276 on 11/04/13 at 2:14 PM revealed nurse aides (NAs) came into her room each morning between 6:00 AM and 6:30 AM and told her it was time to get up. Resident #276 stated she preferred to sleep later each morning, at least until 7:30 AM or 8:00 AM, but</p>	F 242			

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F 242	<p>Continued From page 7</p> <p>she had been told the schedule was set for her to get up between 6:00 AM and 6:30 AM. Resident #276 stated she had never been asked by staff about her preferences regarding time to get up in the morning, and she had assumed she had no choice. Resident #276 also stated she had been told when admitted that each resident received two showers each week, depending on their room number. Resident #276 stated it was her preference to shower at least 3 days per week with materials to give herself bed baths supplied on days without showers, but she had never been asked about her shower preferences by staff and had believed she had no choice. Resident #276 said she received a daily schedule that instructed her when she was to get up, when she was to have therapy, and when she was to eat. Resident #276 also stated NAs entered her room each night between 7:30 PM and 8:00 PM and said it was time to go to bed and assisted her into the bed. Resident #276 stated she never went to bed at home before 10:30 PM or 11:00 PM. Resident #276 said staff had never asked her about her preferences regarding time to go to bed, and she had believed she had to follow the facility's schedule.</p> <p>Interview with Nurse #1 on 11/06/13 at 2:19 PM revealed the shower schedule is a facility-wide schedule that is set by the administrative staff. Nurse #1 stated each hall had their own shower schedule; one hall had showers on Mondays and Thursdays, another hall had showers on Tuesdays and Fridays, and the third hall had showers on Wednesdays and Saturdays. Nurse #1 stated when she heard of residents asking for a change in their shower schedule, she and the NAs explained to the resident that it was a requirement for each resident to have 2 showers</p>	F 242			

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F 242	<p>Continued From page 8</p> <p>per week. Nurse #1 stated residents were taught about their hall's schedule by the hall nurse when they were admitted. Nurse #1 stated all residents were gotten up and put to bed according to schedule based on their daily appointments. Nurse #1 stated it was a very organized system that was developed so that each room number had consistent services and schedules.</p> <p>Interview with NA #4 on 11/06/13 at 3:15 PM revealed shower schedules were kept on a shower sheet at the nurse's station. NA #4 stated each bed was assigned 2 showers per week, depending on the room's location. NA #4 stated each resident on her hall was given a schedule to tell them when they were to get up, when they had therapy, when they had meals, and when they were to go to bed. NA #4 stated residents were given 2 showers a week. NA #4 stated on 11/04/13, each NA was given a sheet to sign stating if residents asked for an extra shower, NAs were to try to accommodate that request once their regular showers were finished. Regarding time residents got up in morning and went to bed at night, NA #4 stated all resident schedules were set according to their room number, therapy schedule, and the room's location.</p> <p>Interview with NA #3 on 11/07/13 at 10:53 AM revealed showers were scheduled by the room numbers and were recorded in a shower book, which was kept at the nursing station. NA #3 stated each resident received 2 showers a week. NA #3 stated she did not ask residents about their shower preferences because they were already scheduled 2 showers per week based on their room number. NA #3 stated the time for each resident to get up in the morning and go to</p>	F 242			

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F 242	<p>Continued From page 9</p> <p>bed at night was assessed by the social worker or the unit manager when room assignment was made. NA #3 stated if a resident complained about the time they were gotten up, they might be allowed a little more time but all residents had to be up by 7:30 AM because that was the time the trays came from the dining room. NA #3 stated she worked day shift but she believed residents chose their own bedtimes.</p> <p>Interview with Nurse #4 on 11/07/13 at 12:01 PM revealed that NAs offered 2 showers each week to each resident on the shower days that were assigned to the resident's room number. Nurse #4 stated when residents asked about showers on their non-shower days, NAs and nurses were to remind residents which days were the assigned shower days for their room. Nurse #4 stated he did not ask residents about their shower preferences or their preferences regarding what time to get up in the morning or what time to go to bed at night.</p> <p>Interview with Unit Manager (UM) on 11/07/13 at 12:15 PM revealed showers for residents were scheduled twice weekly based on room numbers. The UM stated during the admission assessment she told the new resident and family that residents were given 2 showers per week. The UM also stated when a resident changed rooms, their shower days were changed to coincide with their new room's shower schedule. The interview further revealed residents were gotten up in the morning and put to bed according to their meal, care, and therapy schedules.</p> <p>Interview with the Admissions Director (AD) on 11/07/13 at 2:24 PM revealed upon admission, residents were placed on a 2-day-a-week shower</p>	F 242			

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F 242	<p>Continued From page 10</p> <p>schedule that was based on their room number. AD stated that assessing resident preferences was a shared responsibility between herself, the UM, and the Social Worker (SW), but she did not ask residents or families about their preferences regarding shower frequency, time to get up in the morning or time to go to bed.</p> <p>Interview with the SW on 11/07/13 at 2:33 PM revealed a life preference assessment, included in the admissions packet, was completed on admission to the facility but this assessment did not assess preference for times to get up, go to bed, or frequency of showers. The SW stated she did not ask residents about their preferences regarding showers or times to get up or to go to bed.</p> <p>Follow up interview with Resident #276 on 11/7/13 at 3:10 PM revealed NAs were still coming into her room each night around 7:30 PM and saying it was time to go to bed. Resident #276 said she did not like to lie in bed for several hours each night with nothing to do. When asked if she requested to stay out of bed longer in the evening, Resident #276 stated when she made that request, the NA told her it was time for bed and she needed to rest to get stronger and better. Resident #276 stated she felt like a child being told what time to do everything. Resident #276 stated she had never had any staff member ask about her preferences regarding how often she took showers, what time she got up in the morning or what time she got in bed at night.</p> <p>3. Resident #121 was admitted to the facility on 05/14/12 with diagnosis that included atrial fibrillation, generalized muscle weakness, and osteoporosis. The most recent Minimum Data</p>	F 242			

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F 242	<p>Continued From page 11</p> <p>Set (MDS) dated 10/04/13 specified the resident had no impaired cognition and required extensive assistance with bathing.</p> <p>Resident #121's care plan dated 08/08/13 specified that she needed extensive assistance with bathing and she was to be bathed on a regular schedule.</p> <p>Interview with Resident #121 on 11/05/13 at 10:15 AM revealed she had always been told by staff each resident was given 2 showers each week. Resident #121 stated she had always wanted more frequent showers but understood she did not have that choice in this facility. Resident #121 stated she had never been asked by facility staff about her shower frequency preferences. Resident #121 also stated that she had always slept in the morning as long as she wanted to when living at home. Since she had been in the facility, Resident #121 stated staff had come into her room and gotten her up between 6:00 AM and 7:00 AM and told her she had to get up to have breakfast. Resident #121 stated she continued to want to sleep later each morning but understood she did not have that choice in this facility.</p> <p>Interview with Nurse #1 on 11/06/13 at 2:19 PM revealed the shower schedule is a facility-wide schedule that is set by the administrative staff. Nurse #1 stated each hall had their own shower schedule; one hall had showers on Mondays and Thursdays, another hall had showers on Tuesdays and Fridays, and the third hall had showers on Wednesdays and Saturdays. Nurse #1 stated when she heard of residents asking for a change in their shower schedule, she and the NAs explained to the resident that it was a</p>	F 242			

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F 242	<p>Continued From page 12</p> <p>requirement for each resident to have 2 showers per week. Nurse #1 stated residents were taught about their hall's schedule by the hall nurse when they were admitted. Nurse #1 stated all residents were gotten up and put to bed according to schedule based on their daily appointments. Nurse #1 stated it was a very organized system that was developed so that each room number had consistent services and schedules.</p> <p>Interview with NA #4 on 11/06/13 at 3:15 PM revealed shower schedules were kept on a shower sheet at the nurse's station. NA #4 stated each bed was assigned 2 showers per week, depending on the room's location. NA #4 stated each resident on her hall was given a schedule to tell them when they were to get up, when they had therapy, when they had meals, and when they were to go to bed. NA #4 stated residents were given 2 showers a week. NA #4 stated on 11/04/13, each NA was given a sheet to sign stating if residents asked for an extra shower, NAs were to try to accommodate that request once their regular showers were finished. Regarding time residents got up in morning and went to bed at night, NA #4 stated all resident schedules were set according to their room number, therapy schedule, and the room's location.</p> <p>Interview with NA #3 on 11/07/13 at 10:53 AM revealed showers were scheduled by the room numbers and were recorded in a shower book, which was kept at the nursing station. NA #3 stated each resident received 2 showers a week. NA #3 stated she did not ask residents about their shower preferences because they were already scheduled 2 showers per week based on their room number. NA #3 stated the time for</p>	F 242			

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F 242	<p>Continued From page 13</p> <p>each resident to get up in the morning and go to bed at night was assessed by the social worker or the unit manager when room assignment was made. NA #3 stated if a resident complained about the time they were gotten up, they might be allowed a little more time but all residents had to be up by 7:30 AM because that was the time the trays came from the dining room. NA #3 stated she worked day shift but she believed residents chose their own bedtimes.</p> <p>Interview with Nurse #4 on 11/07/13 at 12:01 PM revealed that NAs offered 2 showers each week to each resident on the shower days that were assigned to the resident's room number. Nurse #4 stated when residents asked about showers on their non-shower days, NAs and nurses were to remind residents which days were the assigned shower days for their room. Nurse #4 stated he did not ask residents about their shower preferences or their preferences regarding what time to get up in the morning or what time to go to bed at night.</p> <p>Interview with Unit Manager (UM) on 11/07/13 at 12:15 PM revealed showers for residents were scheduled twice weekly based on room numbers. The UM stated during the admission assessment she told the new resident and family that residents were given 2 showers per week. The UM also stated when a resident changed rooms, their shower days were changed to coincide with their new room's shower schedule. The interview further revealed residents were gotten up in the morning and put to bed according to their meal, care, and therapy schedules.</p> <p>Interview with the Admissions Director (AD) on 11/07/13 at 2:24 PM revealed upon admission,</p>	F 242			

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F 242	Continued From page 14 residents were placed on a 2-day-a-week shower schedule that was based on their room number. AD stated that assessing resident preferences was a shared responsibility between herself, the UM, and the Social Worker (SW), but she did not ask residents or families about their preferences regarding shower frequency, time to get up in the morning or time to go to bed. Interview with the SW on 11/07/13 at 2:33 PM revealed a life preference assessment, included in the admissions packet, was completed on admission to the facility but this assessment did not assess preference for daily routine or frequency of showers. The SW stated she did not ask residents about their preferences regarding showers or times to get up. Follow up interview with Resident #121 on 11/07/13 at 3:00 PM revealed she had taken a shower almost every day when she lived at home but in the facility she had been told on multiple occasions that she could only have 2 showers per week and that was the rule. Resident #121 said if she could choose her schedule, she would get up later in the morning, have therapy, and then have a later breakfast so she didn't have to get up so early. Resident #121 stated NAs came into her room each night about 7:00 or 7:30 PM and told her it was time to go to bed, but she had learned she could tell them she wanted to stay in her chair to watch television and they would come back after they had put everyone else in the hall to bed to put her to bed.	F 242			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of	F 431	F431 How the corrective action will be accomplished for the resident(s) affected. The facility immediately removed expired medication from the medication carts.	11/7/13	

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F 431	<p>Continued From page 15</p> <p>a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to discard one expired card of Omeprazole 20mg capsules, one expired card of Hydroxyzine HCL 25mg and one package of</p>	F 431	<p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice. The Staff Development Coordinator immediately audited all five medication carts and refrigerators for expired medications on 11/7/13, and all drugs expiring within 7 days were removed from the carts. Pharmacy Consultants provided monthly oversight of carts on 11/26 and reported findings to DON. On 11/27/13, nurses were educated regarding third shift audit process for removal of expired meds to begin on Mondays. On 12/2, third shift began weekly audit on Monday for expired meds on each cart and findings are turned in to DON on Tuesday morning and drugs are returned to the pharmacy.</p> <p>Measures in place to ensure practices will not occur. Full-time nurse on each unit was instructed to audit their carts on 11/11/13 and pull any expired meds. The Nursing Administration team in-serviced all licensed nursing staff on 11/27/13 to check medications for expiration dates and destroy/waste all drugs expiring in the next 7 days, and that third shift would begin auditing weekly on Mondays. On the night shift beginning 12/2/2013, third shift nurses begin a weekly audit of med carts to return all meds expiring within 7 days on Tuesday. Results of the third shift audits are turned in to DON or administrative designee on Tuesday mornings after drugs have been returned to pharmacy. Pharmacy Consultant will continue monthly monitoring for oversight.</p>	11/7/13 12/2/13	

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F 431	<p>Continued From page 16 stock Claritin tablets in 2 of 5 medication carts.</p> <p>The findings include:</p> <p>A. Observation of medication cart on 11/06/13 which serviced residents on the 100 hall revealed the following: At 2:40 PM Medication Cart 1 (one) contained one 30 capsule card with 20 capsules remaining of omeprazole (a medication that blocks acid production in the stomach) with an expiration date of 09/30/13 for Resident #41 and one 30 capsule card with 26 capsules remaining of Hydroxyzine HCL (an antihistamine) with an expiration date of 10/31/13 for Resident #125.</p> <p>An interview on 11/06/13 at 2:45 PM with Nurse #4 revealed he checked his cart daily for expired medications. Nurse #4 stated if he found an expired medication he removed it from his med cart and left it in the 100 hall medication storage room to be returned to the pharmacy. He further reported the Pharmacist checked the medication carts monthly for expired medications.</p> <p>B. Observation of medication cart on 11/06/13 which served residents on the 200 hall revealed the following: At 4:15 PM Medication Cart 2 (two) contained one box of 30 tablets with 10 tablets remaining of stock medication Claritin (an antihistamine used to treat allergies) with an expiration date of 10/2013.</p> <p>During an interview on 11/06/13 at 4:30 PM Nurse # 2 stated she checked the expiration dates on medications in her med cart daily. Nurse #2 stated any expired medication is left in the 200 hall medication storage room to be returned to the pharmacy. She reported the Pharmacist</p>	F 431	<p>How the facility plans to monitor and ensure correction is achieved and sustained.</p> <p>DON will review results of weekly third shift cart audit and assign further education/corrective action as needed to ensure compliance with audit process. Results of audits will be reported to QA Committee for three months and corrective action implemented until deficient practice is corrected.</p>		

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F 431	Continued From page 17 checked the medication rooms and carts monthly for expired medications. An interview with the Director of Nursing on 11/07/13 at 11:30 AM revealed it was her expectation that each nurse should check the expiration date of the medication before administering it to a resident and discard any expired medications.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441	F441 How the corrective action will be accomplished for the resident(s) affected. All accuchecks were suspended until the staff was re-in-serviced on the cleaning procedure for the accucheck machines. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Glucometer is cleaned after each patient use, Hypochlorite solution and maintained wet for a period of 3 minutes. An in-service held for Nursing, on the procedure for Glucometer cleaning completed on 11/6/2013. Measures in place to ensure practices will not occur. Nursing staff re-educated on policy and procedures on Infection Control in relation to equipment cleaning by nursing. This policy is included in new nurse orientation on Glucometer cleaning.	11/6/13 11/6/13 12/2/13	

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F 441	<p>Continued From page 18</p> <p>hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to disinfect/sanitize blood glucose meters (glucometers) per manufacture instructions on the cleaning agents after use, and prior to storage in medication carts during 2 observations of finger stick blood sugars (Resident # 83 and #282).</p> <p>The findings included:</p> <p>Review of a policy dated 06/01/13, provided by the facility titled, "Infection Control Policies and Procedures; Item 13 a. Glucometers" revealed "Clean in accordance with manufacturer's recommendation."</p> <p>1. A continuous observation was conducted on 11/05/13 at 4:15 PM of Nurse #2, (Unit 200) obtaining a finger stick blood sugar (FSBS) reading. Nurse #2 was observed to enter Resident #282's room and follow proper procedure for obtaining a FSBS reading. Upon completion, Nurse #2 secured the glucometer in her glove and returned to the medication cart. Nurse #2 under continued observation changed her gloves and wiped the glucometer for</p>	F 441	<p>How the facility plans to monitor and ensure correction is achieved and sustained. SDC/Infection Control Nurse to do weekly observations x4, bi-weekly x2, and monthly x4 with documentation of results of glucometer cleaning during infection control rounds. This documented information will be shared with the QA/QI committee and revisions to practice made if needed to ensure compliance.</p>		

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F 441	<p>Continued From page 19</p> <p>approximately under 1 minute with a bleach germicidal wipe available on her medication cart and prepared to continue with the medication administration. Nurse #2 did not ensure the glucometer remained wet with bleach germicidal solution for a full 3 minutes as instructed on the label.</p> <p>On 11/05/13 at 4:20 PM a review of the instructions provided by the manufacturer of the bleach germicidal disposable wipes utilized by Nurse #2 was conducted. The manufacturer's instructions on the container of bleach germicidal wipes specified to accomplish disinfection of a hard surface; treated surface must remain visibly wet for the contact time listed on the label; noted as 3 minutes. Use enough wipes for treated surface to remain visibly wet for 3 minutes and let air dry.</p> <p>An interview with Nurse #2 on 11/05/13 at 4:25 PM revealed it was facility procedure after utilizing a glucometer to wipe the glucometer down with a germicidal wipe. She stated the glucometer was allowed to dry for 3 minutes or more before it was utilized again. Nurse #2 was unaware of the instruction to ensure the glucometer remained visably wet with germicidal solution for 3 minutes to complete the disinfecting process. Nurse #2 noted when she was oriented as a new employee approximately 1 month ago she was told to carry the used glucometer out of a resident's room in her glove, wipe it down for approximately a minute and then let it dry. Nurse #2 confirmed the nurse who oriented her on facility procedures had shown her this was the procedure to follow.</p> <p>2. On 11/05/13 at 4:30 PM a continuous</p>	F 441			

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F 441	<p>Continued From page 20</p> <p>observation was done of Nurse #3, (Unit 100), obtaining a finger stick blood sugar (FSBS) reading. Nurse #3 was observed to enter Resident #83's room and follow proper procedure for obtaining a FSBS reading. Nurse #3 under continued observation changed her gloves and wiped the glucometer for approximately under 1 minute with a wipe labeled as a hospital disinfectant available on her medication cart and prepared to continue with the medication administration. Nurse #3 did not ensure the glucometer remained wet with hospital disinfectant solution for 10 minutes as instructed on the label of the hospital disinfection wipes.</p> <p>On 11/05/13 at 4:35 PM a review of the instructions provided by the manufacturer of the hospital disinfection wipes utilized by Nurse #3 was conducted. The manufacturer's instructions on the container for the hospital disinfection wipes specified for disinfection of a hard surface; allow surfaces to remain wet for 10 minutes for bacteria disinfection.</p> <p>An interview with Nurse #3 on 11/05/13 at 4:40 PM revealed she had been a part time employee for about 9 months. Continued interview revealed her orientation on hiring was with staff no longer at the facility who had instructed her to carry the used glucometer out of a resident's room in her glove, wipe it off and let it dry. Nurse #3 confirmed no particular length of time had been mentioned and the brand of wipes on her cart, available for use, were not the wipes used during her orientation.</p> <p>On 11/05/13 at 4:50 PM a meeting was conducted with the Administrator, Director of Nurses (DON), Facility Consultant (FC) and</p>	F 441			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441	<p>Continued From page 21</p> <p>Infection Control Preventionist (ICP) all present. During the meeting they were notified of the 2 observations of the glucometer disinfection process and the use of 2 different types of wipes with 2 different sets of instructions by 2 nurses on different halls.</p> <p>On 11/05/13 at 4:53 PM the Administrator revealed the current DON and ICP had only been in their positions for 2 weeks and had not oriented any employees yet on the glucometer disinfection process. The Administrator confirmed that new hospital disinfection wipes had been introduced to staff about 3 weeks ago and she thought the last DON had put some out on the medication carts available for use. The Administrator stated she was not aware of any training done with the nursing staff on the use of the hospital disinfection wipes.</p> <p>On 11/05/13 at 5:30 PM the Administrator revealed she had determined the hospital disinfection wipes were for housekeeping to use and housekeeping staff had been in-serviced on the product. The Administrator confirmed they were not for use by nursing staff in the disinfection of glucometers.</p> <p>On 11/06/13 at 11:45 AM an interview with the Head of Housekeeping revealed the new hospital disinfection wipes came to the facility on 10/22/13 and she had in-serviced her staff to use the wipes for wiping surfaces. She confirmed she had issued a container to each housekeeper but had no idea how it had got on a medication cart.</p> <p>On 11/07/13 at 11:55 AM an interview with the current DON confirmed she expected her nursing staff to read the labels on the disinfection wipes</p>	F 441			

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

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F 441	Continued From page 22 available for use on the medication carts and to follow facility procedure.	F 441			