| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 242 SS=D | 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interview and record review the facility failed to honor resident's choices for showers for 3 of 3 residents reviewed for choices (Resident #245, #62, & #207).<br>The findings included:<br><br>1. Resident #245 (Res. #245) admission date was 6/13/14, at this time a Mini Mental Assessment was complete and showed that Res.#245 was alert and oriented to person, place and time with his cognition documented as minimally impaired. The Minimum Data Set (MDS) was in process and had not been completed. Res. #245 active diagnosis includes, in part, Quadriplegia & Quadraparesis, Left Lower Extremity Above the Knee Amputation, Chronic Pain and Pressure Ulcer. Res. #245 required total assistance 100% of the time for Activities of Daily Living (ADL's).<br><br>On 6/24/14 at 2:20 pm an observation revealed Res. #245 was sitting up in a special fit wheelchair in his room. He was dressed in clean pants, shirt undershirt & shoes. There were no odors present in the room. | F 242 | Residents #62, 207 and 245 received showers with regard to their preferences by the Nursing Assistants.<br><br>100% residents or responsible parties were interviewed by the DON, ADON and scheduler to determine shower preferences, frequency and time desired using an audit tool completed on 7/15/14. A new shower schedule was initiated on 7/15/14 to incorporate resident preferences into the shower schedule from the audit results on 7/15/14. The Admission's Coordinator will review shower preferences with all newly admitted residents upon admission and document the resident's preference on the shower preference sheet. The Admission's Coordinator will give the shower preference sheet to the Director of Nursing upon completion. The Director of Nursing will review the shower preference sheet and revise the shower sheet kept in the shower room according to the newly admitted resident's preference. | 7/24/14 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/23/2014

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| F 242 | Continued From page 1<br>On 6/24/14 at 3:20 pm an interview was conducted with Res. #245 who stated "The nurse aides here give me a bed bath every morning and I like to have mine at night. I have not had a shower or been in a tub since I have been here. I like a tub bath or shower, either one that will get me into the water. No one has asked me what I prefer, but I have told them that I would like a shower every night if I could. The nurse's tend to me if I ask them to, but they act like there is not enough of them to give showers or tub baths. I am going to ask them about a shower tonight."<br><br>On 06/25/14 at 9:30 am an interview was conducted with Res. #245 who indicated that he had talked to the 3p-11p nurse aid about getting a shower and was told that she would tell the nurse. Res. #245 stated "I did not get a shower. I got a bed bath this morning. I like a shower at night because it helps me to relax and sleep better."<br><br>On 6/25/14 at 10:28 am an interview conducted with Nurse #4 regarding wound care when a resident gets a shower, revealed Nurse #4 stated "If a patient has a shower it is okay, and we like for them to get a shower. The nurse or nurse assistant will notify us ahead of time if the patient is getting a shower, then we take the dressing off and reapply a new one after the shower." Nurse #4 indicated res. #245 had not been here long and she did not know if he had received a shower yet or not. "I was not here when he was admitted. I have only seen him two times."<br><br>On 06/26/14 at 10:40 am an interview was conducted with Res. #245 who stated "I have not had a shower yet."<br><br>On 6/26/14 at 11:00 am an interview was | F 242 | 100% nursing staff were in-serviced by the Staff Facilitator on the new shower schedule and procedure to follow in the event residents refused or missed their assigned shower to be completed by 7/24/14. The procedure for showers are as follows: The NA will know who is due for a shower by reviewing the shower sheet kept in the shower room daily during their assigned shift. The NA will document all showers given, missed and refused on the shower sheet during their assigned shift and give the shower sheets to the charge nurse prior to the end of their shift. The NA will also verbally notify the charge nurse of all refused or missed showers. The charge nurse will review the shower sheets and document all shower refusals in the progress notes. The charge nurse will turn in the completed shower sheets to the Director of Nursing prior to the end of their shift. The Director of Nursing, Assistant Director of Nursing or weekend supervisor will review the shower sheets daily for completion and to identify all residents that refused of missed a shower the previous day. The Director of Nursing, Assistant Director of Nursing and/or weekend supervisor will revise the shower sheet kept in the shower room to reflect any residents that missed or refused a shower the previous day to ensure a shower is offered the following day of refusal or missed. 100% Licensed nurses were in-serviced on the use of a QI audit tool used to report any shower refusals and/or missed showers by the Staff Facilitator by 7/24/14. | |

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| F 242 | Continued From page 2<br>conducted with Nurse #2 who was responsible for Res. #245's care. Nurse #2 indicated that she was not aware that Res. #245 wanted a shower, but she stated she would look into it and see what she could do. Nurse #2 also stated that shower teams stopped a few weeks ago and the NA's were responsible for resident baths or showers.<br><br>A review of Res. 245's medical record on 6/26/14 revealed a nursing progress note dated 6/26/2014 without a time documented. The progress note indicated an assistant and a staff scheduler asked Res. #245 if he was ready to go to the shower. The note revealed the resident responded that he only wanted a shower at 8:00pm every night and he was not going today.<br><br>On 6/26/14 at 1:30 pm an interview with Nurse Assistant #2 (NA #2) revealed that she had not given Res. #245 a shower since he had been here. NA #2 stated that "he had been here a short period of time and the shower team that we used to have, has recently been stopped because our staffing has decreased with people quitting." NA #2 stated "He did not want to get a shower today when I asked, he wants a shower at night, the nurse is aware."<br><br>On 6/26/14 at 1:20 pm an interview with the Assistant Director of Nursing (ADON) revealed that the type of bath a resident received was to be documented in the computer system by the NA. The NA was the person responsible for giving assigned baths to their residents. The ADON indicated that the shower schedule included residents' room numbers with their assigned shower days for twice a week.<br><br>On 6/26/14 at 2:00 pm an interview was | F 242 | The nursing assistant will notify the charge nurse of any resident that did not receive their shower on their scheduled shower day. Any residents that did not receive a shower on their scheduled day will be offered a shower the following day by a nursing assistant. The licensed nurse will review and initial the completed shower sheets from the Nursing assistants for any refused or missed showers for all residents scheduled for a shower to include residents #62, 207 and 245. Upon completion of the audit tool, the Charge nurse will turn the shower sheet into the Director of Nursing. The DON, ADON or weekend supervisor will review and initial these shower sheets 5 x per week times 4 weeks, then monthly x 1 month for completion and accuracy. Each Tuesday, the Administrator or DON and facility scheduler will review concerns and/or refusals to make adjustments to accommodate the preferences/choices of our residents as indicated.<br><br>The Executive QI Committee will review these audit tools monthly x 4 months to determine need for continued monitoring. | |

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| F 242 | Continued From page 3<br>conducted with NA #3 who recalled having Res. #245 assigned to her care on 6/24/14. NA #3 stated "I gave him a full bed bath. It was the first time I had him."<br><br>On 6/26/14 at 2:25 pm an interview with the ADON revealed "every NA is responsible to provide baths or showers to the residents they are assigned to."<br>On 6/26/14 at 2:30pm. a record review of the ADL Flow Sheet for the month of June 2014 documented resident #245 received a bed bath each day, there is no documentation of a shower given.<br><br>2. Resident #62 (Res. #62) admission date was 9/9/2010. The most recent MDS was a quarterly assessment dated 5/08/2014. The active diagnosis on the MDS included, in part, Hemiplegia, Generalized Muscle Weakness and Dysphagia. The Brief Interview for Mental Status (BIMS) indicated that Res. #62 was alert and oriented to person and place with his cognition documented as moderately impaired. He required moderate to maximum assistance for activities of daily living (ADL), transferred with a Contact Guard Assist (CGA) from wheelchair (w/c) to bed, but declined toilet transfer.<br><br>On 6/25/2014 at 9:00 am, an observation and interview of Res. #62 revealed that the resident was fully clothed with gray sweat pants and a purple wide striped polo shirt. Res. #62 was unshaven and had increased growth of stubble on his face. Res. #62 indicated that he would like to have a shower and be shaven today. Res. #62 pointed to the shower room across hall and shrugged his shoulders. Res. #62 appeared agitated. | F 242 | | |

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| F 242 | Continued From page 4<br><br>On 6/25/14 at 11:25 am, an observation revealed that Res. #62 remained with visible hair growth and stubble to face. Res. #62 stated that he had not received a shower.<br><br>On 6/25/14 at 11:40 am an interview with NA #10 revealed "I do not know when he gets a shower. I am new but I believe it is twice a week."<br><br>On 6/25/14 at 12:00 p.m. an interview with Nurse #4 indicated that NA's gave showers twice a week, but it was hard to get them done. There was a shower schedule but our shower team recently stopped so NAs are responsible for baths & showers now.<br><br>On 06/25/14 at 5:00 pm an observation revealed that Res. #62 remained with visible hair growth and stubble to face. Res. #62 indicated that he had not received a shower and held three of his fingers up when asked how many times a week he would like to have a shower.<br><br>On 6/26/14 at 8:30 am, an observation and interview revealed that Res. #62 was sitting up in his w/c at an exit door near the nurse's station. Res. #62 nodded his head yes to today being his shower day and then shrugged his shoulders and said "hope to." Res. #62 indicated that he had not received a shower yesterday or yet today.<br><br>On 6/26/14 at 9:23 am in an interview with NA #4 she indicated that Res. #62 "would get a shave on his shower days and as needed in between, but she liked to check on the male residents and offered shaves in between their shower days if they have overgrown stubble." NA #4 indicated that residents received showers twice a week | F 242 | | |

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| F 242 | Continued From page 5<br>according to the shower schedule.<br><br>On 6/26/14 at 1:30 pm, an interview with NA #2 revealed that NA #2 had worked with Res. #62 on a regular basis and knew his routine well. NA #2 stated "He has trouble speaking, but I can understand him. When he points to something and says 'right there' then I know that what he is pointing to is what he is trying to tell me about." NA #2 revealed that the facility used to have a Shower Team that would take residents to the shower. NA #2 revealed that "Residents are suppose to get showers twice a week. The NA is responsible for the resident's shower, bath and grooming and it is now hard for the NA to give showers twice a week, especially since the Shower Team is no longer available." NA #2 revealed that there was a problem with NA's quitting which left the facility short-staffed.<br><br>On 6/26/14 at 2:25 pm a record review of the ADL Flow Sheet for the month of June 2014 documents Res. #62 had received a bed bath each day, there is no documentation of a shower given.<br><br>On 6/26/14 at 2:30 pm an Interview with the ADON revealed that in November 2013 the facility's Quality Improvement Committee (QIC) received a report from the social workers on staff that there had been repeated complaints and grievances from resident regarding lack of showers or missing showers. The ADON stated "Residents were getting showers but not the two showers a week that we would like them to have." The ADON indicated that since November 2013 the QIC had identified missed showers as a continuing concern.<br>The ADON indicated that concerns were | F 242 | | |

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| F 242 | Continued From page 6<br>investigated by the QIC which revealed that the shower schedule had flaws and that short staffing and staff pull outs affected the shower team's ability to complete resident showers. The ADON revealed that the QIC corrected the shower schedule but the continued resignations of NA's and call-outs of the NA's impeded the facility's ability to provide two showers a week for residents.<br>The ADON stated "We have 50 a day for showers scheduled twice a week. The NA's are currently responsible for their assigned residents' showers, baths and care. NA's are usually scheduled according to census, right now it is 1:14 and impossible for them to give showers. The QIC continues to work hard for a solution to this identified problem."<br><br>3. Resident #207 was admitted to the facility on 4/29/13. Diagnoses included history of fall, lack of coordination, hypertension, and diabetes mellitus.<br><br>The annual Minimum Data Set (MDS) dated 5/8/14 revealed Resident #207 was cognitively intact and it was very important to him to choose between a tub bath, shower, bed bath or sponge bath.<br><br>Review of the "Bath Type" record from 5/28/14 - 6/26/14 indicated Resident #207 received a shower on 6/4/14 and 6/25/14; other days he received a partial or full bed bath.<br><br>During an interview on 6/24/14 at 8:56 AM, Resident #207 indicated he would like to get a shower at least twice a week. He added that it had been at least a couple of weeks since he had a shower. | F 242 | | |

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| F 242 | Continued From page 7<br>The Nursing Assistant (NA) #1 regularly assigned to Resident #207 on the day shift was interviewed on 6/25/14 at 3:02 PM. She stated the facility used to have a shower team and residents were taken for showers twice a week. NA#1 explained that currently the NA assigned to the resident was responsible for giving showers but when carrying an assignment of 14 residents there was not always time to give showers. NA#1 acknowledged Resident #207 liked to have regular showers. She added if a resident requested a shower she would provide it.<br><br>During a follow-up interview on 6/25/14 at 4:20 PM, Resident #207 said he had not asked for a shower. He said he believed it was up to the caregiver to let him know he would get a shower. He added he felt like he was not being serviced when he did not receive showers twice a week.<br><br>During an interview on 6/26/14 at 2:30 PM, the Assistant Director of Nursing (ADON) stated the facility had been aware for many months that showers were not being given twice a week as scheduled. She stated the facility put together a shower quality improvement committee last November to address the concern. The ADON explained that the facility had tried different strategies but none have been successful in the long run, primarily because of staff turnover. | F 242 | | |
| F 244 SS=E | 483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION<br><br>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and | F 244 | | 7/24/14 |

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| F 244 | Continued From page 8<br>life in the facility.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interview and review of Resident Council meeting minutes and grievance forms, the facility failed to effectively address the Resident Council's ongoing concerns with (1) showers and (2) noise levels.<br><br>The findings included:<br><br>(1) Review of a "Resident Council-Grievance Follow-Up" from the 12/9/13 Resident Council meeting included a problem of showers not being given when the shower team was pulled. The response written on the Follow-Up form indicated the nursing assistants were responsible for giving showers when the shower team was pulled. The scheduler needed to notify the DON so the nursing assistants could be made aware there was no shower team that day and they would be responsible for their own showers. The response was signed by the DON on 12/16/13.<br><br>Review of a "Resident Council-Grievance Follow-Up" from the 1/13/14 Resident Council meeting included a problem of showers not being given bi-weekly consistently. The response indicated the shower team was frequently pulled to the floor to provide direct patient care due to staffing issues. The facility was currently hiring nursing assistants to provide adequate staffing. Additionally, nursing assistants working the 3-11 and 11-7 shifts, when overstaffed, could possibly be reassigned to the 7-3 shift. | F 244 | On 7/17/14, a Resident Council meeting was facilitated by the Administrator and held with the attendance of six residents to include resident #115, to discuss unresolved concerns 1) showers 2) noise levels. All six residents in attendance were given an opportunity to express any concerns with no additional concerns voiced.<br><br>Resident Council minutes and grievance forms for the past 2 months were reviewed on 7/21/14 by the Social Worker to ensure previous documented concerns written on the resident council concern forms and grievance forms, including showers and noise levels, have been addressed. A Resident Council Meeting was held on 7-21-14 with nine residents present by the Activity Director. The floor was open for new concerns with no noted concerns voiced. The discussion was held on showers with improvement in showers and continued monitoring on noise level. On 7-24-14 a resident council meeting was held with 12 residents present by the Regional Vice President, DON, and Social Worker. The residents noted improvement with showers and continued monitoring of noise level. A QI tool was initiated and completed by the resources nurses on all shifts on 7-16-2014 two times a week for noise level. The departments heads were in - | |

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| F 244 | Continued From page 9<br>Review of a "Resident Council-Grievance Follow-Up" from the 2/17/14 Resident Council meeting included a problem of showers not given as scheduled. The response indicated the facility was working on the shower schedules and have had extra staff on the 3-11 shift who are giving showers. The response indicated showers were being given on the scheduled days and if not done on the 7-3 shift would be done on the 3-11 shift as staffing allows. Anyone not receiving a shower on their scheduled should see the DON that day so the situation could be resolved immediately. The response was signed by the DON on 2/24/14.<br><br>Resident Council Minutes dated 3/17/14 included, "General concensus, small improvements with showers."<br><br>Review of a "Resident Council-Grievance Follow-Up" from the 4/25/14 Resident Council meeting included a problem of showers not being given as scheduled. The response indicated "showers remain a work in progress" and staffing was increased to allow for call-outs without having to pull from the shower team. The response was signed by the DON, undated.<br><br>Review of a "Resident Council-Grievance Follow-Up" from the 5/12/14 Resident Council meeting included a problem of showers not being given as scheduled. The response indicated the facility was trying to increase staff on the 7-3 shift. The plan also included when shower members were pulled to the floor the supervisor will begin to call replacement staff. Finally, residents could inform the DON if they did not get their shower as scheduled. The response was signed by the DON on 5/13/14. | F 244 | serviced on 08-04-2014 on monitoring the hall for noise and the grievance procedures by the administrator. The noise level audit was increased to 3 times a day to be completed by department heads and the resource nurses 8-4-2014. The Don and/or administrator will monitor the QI tool weekly for concerns for 4 weeks, and monthly for 3 months. The QI committee will monitor the audit tool results four months for concerns and the continued need of monitoring.<br><br>All department managers were in-serviced on 7/17/14 by the Administrator, on addressing concerns from grievances voiced at Resident Council meetings timely to include showers and noise levels.<br><br>All concerns received will be documented on the resident grievance form by the staff member receiving the concern upon receipt. All resident council concerns will be documented on the resident council concern form by Social Worker or Activity Director during resident council meeting upon receipt of the concerns. The staff member that receives the concerns and documents on the resident grievance form or the resident council concern form will forward the concern forms to the appropriate department head to include the Director of Nursing, Housekeeping Manager, Maintenance Director, Social Worker, Business office Manager, Activity Director and/or Dietary Manager for implementation of an intervention related to the concern. Upon receipt of the | |

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| F 244 | Continued From page 10<br><br>Review of a "Resident Council-Grievance Follow-Up" from the 6/16/14 Resident Council meeting included a problem of showers not being given. The response included the goal for showers was that every resident be given 2 showers a week if requested. Also, the nursing assistants would be required to have 9 residents and responsible for giving the showers assigned each day. The response indicated a new shower schedule was being developed.<br><br>During an interview on 6/24/14 at 3:08 PM, Resident #115 stated he attended the resident council meetings regularly. He indicated that residents were supposed to get showers twice a week but they do not. Resident #115 said the problem with showers was frequently discussed in Resident Council meetings but nothing really changes.<br><br>During an interview on 6/26/14 at 2:40 PM, the Assistant Director of Nursing (ADON) stated the facility had been aware of a problem with showers and initiated a shower committee in November, 2013. She said multiple solutions had been tried but have been unsuccessful. One of the approaches was a shower team, but when nursing assistants called out, the shower team would be needed to take resident assignments so the shower team was dissolved.<br><br>An interview was conducted with the Director of Nursing (DON) on 6/26/14 at 4:54 PM. She indicated she had spoken with the Resident Council and informed them she was aware showers continued to be an ongoing problem. The DON stated she was trying to staff the facility with 3 nursing assistants on each hall and | F 244 | concern, the Director of Nursing, Housekeeping Manager, Maintenance Director, Social Worker, Business office Manager, Activity Director and/or Dietary Manager will implement and document the new intervention related to the concern on the back of the resident grievance and/or resident council concern form and communicate verbally with the person voicing the concern within 24 hours. All interventions implemented related to resident council concerns will also be discussed at the next scheduled resident council meeting by the Social Worker or Activity Director to determine the effectiveness of new interventions. Resident council meetings are held weekly. The Administrator and/or Resident Liasion/ DON will review and initial Resident Council concerns and/or grievance forms for all residents with concerns to include concerns from resident #115, weekly x 8 weeks then monthly x 4 months to ensure areas of concern have been addressed timely and new interventions are effective.<br><br>The Executive QI Committee will review the Resident Council grievance and concern forms monthly x 4 months to ensure timely resolution of Resident Council concerns. | |

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| F 244 | Continued From page 11 | F 244 | | |

arrange the shower schedule so that each nursing assistant would give 3 showers a day. The DON indicated currently each nursing assistant on the 7-3 and 3-11 shifts had an assignment of 14 residents, and therefore could not be expected to give all the scheduled showers. The DON acknowledged that care sometimes did not get done because of lack of staff.

(2) Review of a "Resident Council-Grievance Follow-Up" from the 12/9/13 Resident Council meeting included a problem of high noise levels throughout the building during shift change and periodically throughout the day. The response indicated the Director of Nursing (DON) will discuss with the Resident Council to determine time the noise levels were high. The response was signed by the DON on 12/9/13.

Review of a "Resident Council-Grievance Follow-Up" from the 1/20/14 Resident Council meeting included a problem of high noise levels at shift change 7-3 and 11-7. The response indicated the DON posted "Quiet Times from 9 PM to 7 AM" notices throughout the building. In the response the DON indicated noise levels were addressed at each nurses' meeting and every staff meeting.

Review of a "Resident Council-Grievance Follow-Up" from the 2/17/14 Resident Council meeting included a problem of noise levels across all shifts (shift change and in general) remained a problem. The response reiterated noise was discussed at each nurses' and nursing assistant meeting. The response requested the Council to provide specific names of people making noise in order for anything do be done,

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| F 244 | Continued From page 12<br>since the DON had observed shift changes and did not notice abnormal noise levels. Signed by the DON on 2/24/14.<br><br>Resident Council Minutes dated 3/17/14 included, "Noise levels continue about the same."<br><br>Review of a "Resident Council-Grievance Follow-Up" from the 6/2/14 Resident Council meeting included a problem of high noise levels throughout the building. The response included noise levels will be discussed at the nursing assistant meeting scheduled for 6/24/14. The response included a request for the Council to give the shift on which it is most prevalent. The response also advised the Council to expect higher noise levels during the day and a more quiet level on the 3-11 and 11-7 shifts. The response was signed by the DON on 6/7/14.<br><br>An interview was conducted with the Director of Nursing (DON) on 6/26/14 at 4:54 PM. The DON indicated she was aware noise was an ongoing problem and was currently working on an audit tool for noise levels. She added the noise problem has been difficult to address because no particular staff have been identified. | F 244 | | |
| F 278 SS=B | 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED<br><br>The assessment must accurately reflect the resident's status.<br><br>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>A registered nurse must sign and certify that the | F 278 | | 7/24/14 |

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| F 278 | Continued From page 13<br>assessment is completed.<br><br>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.<br><br>Clinical disagreement does not constitute a material and false statement.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and record review, the facility failed to accurately code the Minimum Data Set (MDS) for 4 of 18 residents (Residents #207, #14, #99 and #100). The findings included:<br><br>1. Resident #207 was admitted to the facility on 4/29/13. Diagnoses included history of fall, lack of coordination, hypertension, and diabetes mellitus.<br><br>The annual Minimum Data Set (MDS) dated 5/8/14 indicated Resident #207 was cognitively intact, ambulatory, required supervision with all activities of daily living but for bathing was totally dependent on staff. | F 278 | Assessments for residents #14, 99, 100 and 207 were corrected and submitted on 7/21/14 by the MDS Coordinator.<br><br>100% of resident's most current assessments were reviewed by the Resident Liason for accuracy and completed by 7/24/14. Any inaccurate coding issues were or will be corrected and submitted as indicated by the MDS Coordinator by 7/24/14.<br><br>100% Interdisciplinary Care Plan Team were in-serviced by the Administrator on 7/3/14 on accurate coding of the MDS 3.0 per the RAI Manual and the need to | |

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| F 278 | Continued From page 14<br>The Care Plan dated 5/8/14 included the focus, "Requires assistance for bathing related to cognitive impairment. Goal: Will bathe self safely and appropriately. Interventions: independent, requires only set up help provided by staff."<br><br>During an interview on 6/25/14 at 2:05 PM, MDS nurse #2 reviewed the data collected during the look-back period for the MDS and stated Resident #207 should have been coded as needing supervision only for bathing. She added she did not know why she coded the resident as totally dependent.<br><br>2. Resident #14 was last readmitted to the facility on 12/21/13. Diagnoses included Parkinson's disease and bipolar disease.<br><br>The Minimum Data Set (MDS), a quarterly assessment dated 5/31/14, indicated Resident #14 had memory problems, severe impairment in the ability to make daily decisions, had no behaviors and took antipsychotic, mood stabilizer, and antianxiety medications daily.<br><br>The care plan included a focus of problematic manner in which resident acts characterized by ineffective coping, wandering and use of psychtropic drugs with potential for side effects. Approaches included 1:1 interactions with staff, remove to quiet area and reassure if anxious, observe and report any changes in mental status, mood or behaviors<br><br>The Social Progress note dated 5/30/14 included observations of periods of restlessness, rocking back and forth and yelling out in a loud disruptive manner. | F 278 | interview caregivers, family and the resident to find out information. The interdisciplinary Care Plan Team consist of two MDS nurses, the Social Worker, Dietary Manager, and Activity Director. The in-service included the need to review progress notes to ensure accuracy of the resident assessment.<br><br>A QI audit tool will be utilized by the DON or ADON or the QI Nurse to review 10% of all assessments to include resident # 207, # 14, # 99, and # 100 completed by the Interdisciplinary Care Plan Team weekly x 8 weeks then monthly x 2 months to ensure assessments are being coded accurately with corrections made and submitted as indicated.<br><br>The Executive QI Committee will review the QI audit tools monthly x 4 months to determine need and frequency of continued monitoring. | |

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| F 278 | Continued From page 15<br><br>A psychiatric consult dated 6/11/14 included the plan to continue current medications at current doses as a reduction my cause decompensation.<br><br>The consultant pharmacist medication review dated 6/23/14 included "less yelling" on current regime.<br><br>On 6/25/14 at 12:23 PM, Resident #14 was observed sitting in a chair in his room, making sounds as if trying to communicate but the words were not understandable.<br><br>Throughout the survey, Resident #14 was observed self-propelling his wheelchair throughout the facility, intermittently yelling out loudly.<br><br>On 6/25/14 at 3:44 PM, MDS nurse #1 acknowledged she was aware of the resident's yelling, disruptive behaviors as she frequently saw him in the halls and he has had these behaviors since admission. She indicated that she based her coding of the MDS on the sheets filled out by the nursing assistants on which no behaviors were recorded. MDS nurse #1 added that she had to code the MDS according to what staff recorded, but that staff needed to be educated on what to record as behaviors.<br><br>3. Resident #99 was admitted to the facility on 2/19/14.<br><br>The MDS, a quarterly assessment dated 5/21/14, revealed the box to check if the resident had no natural teeth was unchecked and the assessment was that the resident had no oral or dental conditions. | F 278 | | |

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| F 278 | Continued From page 16<br><br>On 6/24/14 at 9:21 AM, Resident #99 was observed to be edentulous. The resident said he had dentures at one time but they got broken a long time ago.<br><br>During an interview on 6/25/14 at 1:54 PM, MDS nurse #1 stated that the MDS should have been coded to indicate the resident was edentulous.<br><br>4. Resident #100 was admitted to the facility on 4/25/14 with diagnoses including cellulitis, dementia, prostate hypertrophy and depressive disorder.<br><br>The Admission Minimum Data Set (MDS) dated 5/02/14 revealed Resident #100 was coded as always being continent of bowel and bladder. The other MDSs were also coded the same. The resident was cognitively intact.<br><br>An observation of resident #100 was made on 6/23/14 at 4:20 PM and revealed the resident was sitting in his wheel chair wearing soiled (wet) pants.<br><br>During an interview with Medication Aide #1 at 4:24 PM on 6/23/14 she stated the resident's pants were soiled with urine and that he needed changing.<br><br>On 6/25/14 at 9:30 AM incontinent care was provided to resident #100 by nursing assistant (NA) #5 with the assistance of NA #6 as part of his morning care.<br><br>At 9:55 AM on 6/26/14 NA #7 stated Resident #100 was incontinent of bowel and bladder. | F 278 | | |

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| F 278 | Continued From page 17<br>During an interview with MDS nurse #1 on 6/26/14 at 1:21 PM she stated resident #100 told her he was continent so that was the reason she coded the MDS as resident was continent. She stated she should have asked the nursing assistant. She added that she did ask the NA today and was told the resident was incontinent. She added she would make the change on his next MDS review. | F 278 | | |
| F 333 SS=D | 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS<br><br>The facility must ensure that residents are free of any significant medication errors.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record reviews, resident and staff interviews, the facility failed to transcribe three medications to the Medication Administration Record (MAR) for 1 of 3 residents (Resident # 245) reviewed for receiving medication as ordered, resulting in a total of 48 missed doses of prescribed medication.<br><br>The findings included:<br><br>Resident #245's admission date was 6/13/14 and the Minimum Data Set (MDS) Assessment was in progress/incomplete. A Mini Mental Assessment was complete and showed that Resident #245 was alert and oriented to person, place and time with the cognition documented as minimally impaired. A record review of the Wound Ulcer Flow Sheet indicated that Resident #245 was admitted with an unstageable left heel wound. | F 333 | The three medications were transcribed to resident resident #245 MAR on 6/26/14 per the MD order by the hall nurse. The MD and RP was notified of the 48 missed doses of prescribed medication for resident #245 on 6/26/14 by the hall nurse.<br><br>100% of all residents' orders were reviewed using the physician monthly orders on 6/30/14 by the DON, ADON, Resident Liason, QI nurse and Infection Control nurse with a second review completed by 7/24/14 by the ADON, QI nurse and Resident Liason, to ensure all medications had been transcribed correctly onto the MAR. Medication errors identified during the audit were corrected on 6/30/14 with appropriate notifications to the MD and responsible parties by the hall | 7/24/14 |

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| F 333 | Continued From page 18<br>During an interview on 6/26/14 at 10:40 am with resident #245, he stated that he had a problem with the third shift nurse because he had to remind her to get additional medications that he was suppose to receive, like Niacin and one which he could not remember the name. Resident #245 said "I am not getting those medications." In addition he revealed that he did not think he should have to remind the nurse about his night time medications and he stated "I am not getting all of my medications."<br><br>A record review revealed a physician's order dated 6/13/14 that read "Multivitamin (MV) one by mouth (po) each day (qd); Zinc 220 milligram (mg) po qd for 90 days; Vitamin C 500mg po twice a day (bid)."<br><br>A review of the Medication Administration Record (MAR) for Res. #245 was conducted in the presence of the 3p - 11p Registered Nurse (RN) Supervisor. The review revealed that the MV, Zinc and Vitamin C were recorded on the MAR with a date of 6/13/14. There was no documentation on the MAR showing that the three medications were administered to resident #245 from the time of the physician's order dated 6/13/14 through today 6/26/14 at 3:35p.m. The MAR did not include notes or staff signatures indicating why the medications were not given or who transcribed the order.<br><br>During an interview with the 3p - 11p RN Supervisor on 6/26/14 at 3:30pm, she indicated that she did not know why these medications were not received or administered to Res. #245; she would have to look into what may have happened. | F 333 | nurses.<br><br>100% licensed nurses and newly hired licensed nurses will be in-serviced by the Staff Facilitator on the 6 Rights of Medication Administration and how to correctly transcribe, change and/or discontinue medications as ordered by 7/24/14.<br><br>The ADON, Resident Liason, QI nurse and/or Infection Control will review all telephone orders to include resident #245 5 days/week to monitor for accuracy of physician orders onto the MAR utilizing a QI audit tool. Missed or inaccurate entries will be corrected with appropriate notifications to the MD and responsible parties by the hall nurses. The DON or Staff Facilitator will review the QI audit tools completed by the ADON, Resident Liason, QI nurse and Infection Control nurse and maintain the audit tool in a note book weekly x 8 weeks then monthly x 2 months for completion and need for re-training of staff as indicated.<br><br>The Executive QI Committee will review the audit tools montly x 4 months to determine a need for re-education and frequency of continued monitoring. | |

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| F 333 | Continued From page 19<br>During an interview on 6/26/14 at 5:15p.m. with the Director of Nursing (DON), the DON revealed that "the physician's order was not transcribed on 6/13/14 because the order was just found today by a nurse who then transcribed the orders to the MAR." The DON indicated that she was not sure why the nurse dated the transcription of the physician's orders as 6/13/14 without a notation or any documentation explaining the missed doses of medication. The DON also indicated that the nurse should have included today's date of transcription and her signature on the transcription as well as her signature on the back of the MAR. The DON stated "the nurse should have also included documentation to begin the medications today. This is a medication error. My expectation is that all medications should be transcribed right away so that medications will be given as prescribed." | F 333 | | |
| F 353 SS=E | 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS<br><br>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.<br><br>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:<br><br>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. | F 353 | | 7/24/14 |

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| F 353 | Continued From page 20<br><br>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interview and record review the facility failed to provide a sufficient number of nursing staff to ensure showers were given twice a week to 3 of 3 residents (Resident #207, #245 and #62) who expressed a preference for showers.<br><br>The findings included:<br><br>1. Resident #207 was admitted to the facility on 4/29/13. Diagnoses included history of fall, lack of coordination, hypertension, and diabetes mellitus.<br><br>The annual Minimum Data Set (MDS) dated 5/8/14 revealed Resident #207 was cognitively intact and it was very important to him to choose between a tub bath, shower, bed bath or sponge bath.<br><br>Review of the "Bath Type" record from 5/28/14 - 6/26/14 indicated Resident #207 received a shower on 6/4/14 and 6/25/14; other days he received a partial or full bed bath.<br><br>During an interview on 6/24/14 at 8:56 AM, Resident #207 indicated he would like to get showers at least twice a week. He added that it had been at least a couple of weeks since he had a shower. | F 353 | Residents #62, 207 and 245 received showers with regard to their personal preferences as requested.<br><br>The Administrator, facility scheduler and Interim DON reviewed staffing sheets on 7/21/14 to ensure daily staffing needs are met per the requirements to meet resident needs daily to include showers.<br><br>Staffing was adjusted by the scheduling coordinator for identified areas of concern.<br><br>The staffing coordinator was in-serviced by the Administrator on 7/18/14 regarding the appropriate number of staff required daily on each shift to ensure resident needs are met and care provided to include showers. The number of residents assigned to each CNA each shift will be followed according to the facility's budgeted PPD and to meet the needs of all residents. The facility budgeted PPD for a census of 170 is first shift 1 to 8 second shift 1 to 11 and third shift 1 to 15. All call outs will be addressed immediately utilizing certified department heads and agency by the scheduling coordinator or the on call nurse. The number of showers each NA will perform will be divided evenly | |

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| F 353 | Continued From page 21<br>The Nursing Assistant (NA) #1 regularly assigned to Resident #207 on the day shift was interviewed on 6/25/14 at 3:02 PM. She stated the facility used to have a shower team and residents were taken for showers twice a week. NA #1 explained that currently the NA assigned to the resident was responsible for giving showers but when carrying an assignment of 14 residents there was not always time to give showers. NA #1 acknowledged Resident #207 liked to have regular showers. She added if a resident requested a shower she would provide it.<br><br>During an interview on 6/25/14 at 3:50 PM, Nurse #3 stated residents were to get showers twice a week. She explained the facility used to have a shower team but it was disbanded 2-3 weeks ago. Nurse #3 indicated that 23 residents currently reside on the hall with 2 nursing assistants to provide care, including showers, on the 7-3 shift. The nurse said only 2 nursing assistants cannot give all the scheduled showers.<br><br>During a follow-up interview on 6/25/14 at 4:20 PM, Resident #207 said he had not asked for a shower. He said he believed it was up to the caregiver to let him know he would get a shower. He added he felt like he was not being serviced when he did not receive showers twice a week.<br><br>During an interview on 6/26/14 at 2:30 PM, the Assistant Director of Nursing (ADON) stated the facility had been aware for many months that showers were not being given twice a week as scheduled. She stated the facility put together a shower quality improvement committee last November to address the concern. The ADON explained that the facility had tried different strategies but none have been successful in the | F 353 | amongst each CNA on first, second, and third shift per resident preferences to include weekends. Staffing was adjusted by the Regional Vice President to ensure the facility is staffing to meet the budgeted PPD each shift and to meet the needs of all residents. This included hiring new NAs and recruitment and retention programs. The ADON or Staff facilitator will perform resident care audits 5x per week to monitor actual provision of care utilizing a resident care audit tool.<br><br>The DON or Administrator will review assignment sheets and resident care audits tools to include for resident # 245, # 207, and # 62 5 x per week x 4 weeks, 2 x per week x 4 weeks, weekly x 4 weeks, then monthly x 1 month to ensure appropriate number of staff scheduled for each shift daily ensuring resident needs are met to include showers and for completion and monitoring of resident care audit tools. The DON will immediately address all identified areas of concern. The Regional Vice President will review staffing weekly and follow up to ensure adequate staffing and follow up with the Administrator or Director of nursing for any identified concerns.<br><br>The Executive QI Committee will review daily schedules and resident care audit tools monthly x 4 months to ensure appropriate number of staff is scheduled per requirement to meet the needs of our residents to include showers. | |

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| F 353 | Continued From page 22<br>long run, primarily because of staff turnover.<br><br>An interview was conducted with the Director of Nursing (DON) on 6/26/14 at 4:54 PM. She indicated showers not getting done was a frequent concern brought up during Resident Council meetings and she was responsible for addressing their nursing concerns. The DON stated she was trying to staff the facility with 3 nursing assistants on each hall and arrange the shower schedule so that each nursing assistant would give 3 showers a day. The DON indicated currently each nursing assistant on the 7-3 and 3-11 shifts had an assignment of 14 residents, and therefore could not be expected to give all the scheduled showers. The DON acknowledged that care sometimes did not get done because of lack of staff.<br><br>2. Resident #245 (Res. #245) admission date was 6/13/14, at this time a Mini Mental Assessment was complete and showed that Res.#245 was alert and oriented to person, place and time with his cognition documented as minimally impaired. Res. #245 active diagnosis includes, in part, Quadraplegia & Quadraparesis, Left Lower Extremity Above the Knee Amputation, Chronic Pain and Pressure Ulcer. Res. #245 required total assistance 100% of the time for Activities of Daily Living (ADL's).<br><br>Review of the NA (nursing assistant), ADL Flow Sheet for the month of June 2014 documented Resident #245 receiveing a bed bath each day; there is no documentation of a shower being given.<br><br>On 6/24/14 at 3:20 pm an interview was | F 353 | | |

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| F 353 | Continued From page 23 | F 353 | | |

conducted with Res. #245 who stated "The nurse aides here give me a bed bath every morning and I like to have mine at night. I have not had a shower or been in a tub since I have been here. I like a tub bath or shower, either one that will get me into the water. No one has asked me what I prefer, but I have told them that I would like a shower every night if I could. The nurse's tend to me if I ask them to, but they act like there is not enough of them to give showers or tub baths. I am going to ask them about a shower tonight."

On 06/25/14 at 9:30 am an interview was conducted with Res. #245 who indicated that he had talked to the 3p-11p nurse aid about getting a shower and was told that she would tell the nurse. Res. #245 stated "I did not get a shower. I got a bed bath this morning. I like a shower at night because it helps me to relax and sleep better."

On 6/25/14 at 10:28 am an interview conducted with Nurse #4 regarding wound care when a resident gets a shower, revealed Nurse #4 stated "If a patient has a shower it is okay, and we like for them to get a shower. The nurse or nurse assistant will notify us ahead of time if the patient is getting a shower, then we take the dressing off and reapply a new one after the shower."

On 06/26/14 at 10:40 am an interview was conducted with Res. #245 who stated "I have not had a shower yet."

On 6/26/14, a record review, dated 6/26/2014 without time documented, revealed a progress note that indicated an 'assistant' and staff scheduler asked Res. #245 if he was ready to go to the shower and the resident responded that he only wanted a shower at 8pm every night and he

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| F 353 | Continued From page 24<br>was not going today.'<br><br>On 6/26/14 at 1:30 pm an interview with Nurse Assistant #2 (NA #2) revealed that she had not given Res. #245 a shower since he had been here. NA #2 stated that "he had been here a short period of time and the shower team that we used to have, has recently been stopped because our staffing has decreased with people quitting." NA #2 stated "He did not want to get a shower today when I asked, he wants a shower at night, the nurse is aware."<br><br>During an interview on 6/26/14 at 2:30 PM, the Assistant Director of Nursing (ADON) stated the facility had been aware for many months that showers were not being given twice a week as scheduled. She stated the facility put together a shower quality improvement committee last November to address the concern. The ADON explained that the facility had tried different strategies but none have been successful in the long run, primarily because of staff turnover.<br>An interview was conducted with the Director of Nursing (DON) on 6/26/14 at 4:54 PM. She indicated showers not getting done was a frequent concern brought up during Resident Council meetings and she was responsible for addressing their nursing concerns. The DON stated she was trying to staff the facility with 3 nursing assistants on each hall and arrange the shower schedule so that each nursing assistant would give 3 showers a day. The DON indicated currently each nursing assistant on the 7-3 and 3-11 shifts had an assignment of 14 residents, and therefore could not be expected to give all the scheduled showers. The DON acknowledged that care sometimes did not get done because of lack of staff. | F 353 | | |

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| F 353 | Continued From page 25<br><br>3. Resident #62 (Res. #62) admission date was 9/9/2010. The most recent MDS was a quarterly assessment dated 5/08/2014. The active diagnosis on the MDS includes, in part, Hemiplegia, Generalized Muscle Weakness and Dysphagia. The Brief Interview for Mental Status (BIMS) indicated that Res. #62 was alert and oriented to person and place with his cognition documented as minimally impaired. Res. #62 required moderate to maximum assistance for activities of daily living.<br><br>Record review of the NA (nursing assistant), ADL Flow Sheet for the month of June 2014 documented Res. #62 receiving a bed bath each day; there is no documentation of a shower being given.<br><br>On 6/25/2014 at 9:00 am, an interview of Res. #62 revealed that he would like to have a shower and be shaven today. Res. #62 stated "damn right I would". Res. #62 pointed to the shower room across hall and shrugged his shoulders. Res. #62 appeared agitated.<br><br>On 6/25/14 at 11:25 am, an observation revealed that Res. #62 remained with visible hair growth and stubble to face. Res. #62 indicated that he had not received a shower.<br><br>On 6/25/14 at 11:40 am an Interview with NA #10 revealed "I do not know when he gets a shower, I am new but I believe it is twice a week."<br><br>On 6/25/14 at 12:00p.m. an Interview with Nurse #4 indicated that NA's gave showers twice a week, but it was hard to get them done, there is a shower schedule but our shower team recently | F 353 | | |

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| F 353 | Continued From page 26<br>stopped so NAs are responsible now.<br><br>On 06/25/14 at 5 pm on observation revealed that Res. #62 remained with visible hair growth and stubble to face. Res. #62 indicated that he had not received a shower and held his three of his fingers up when asked how many times a week he would like to have a shower.<br><br>On 6/26/14 at 8:30 am, an observation and interview revealed that Res. #62 was sitting up in his w/c at an exit door near the nurse's station. Res. #62 nodded his head yes to today being his shower day and then shrugged his shoulders and said "hope to." Res. #62 indicated that he had not received a shower yesterday or today.<br><br>On 6/26/14 at 1:30 pm, an interview with NA #2 revealed that NA #2 had worked with Res. #62 on a regular basis and knew his routine well. NA #2 revealed that the facility used to have a 'Shower Team' that would take residents to the shower. NA #2 revealed that "Residents are supposed to get showers twice a week, the NA is responsible for the resident's shower, bath and grooming and it is now hard for the NA to give showers twice a week, especially since the 'Shower Team' is no longer available. "NA #2 revealed that there was a problem with NA's quitting which left the facility short-staffed.<br><br>During an interview on 6/26/14 at 2:30 PM, the Assistant Director of Nursing (ADON) stated the facility had been aware for many months that showers were not being given twice a week as scheduled. She stated the facility put together a shower quality improvement committee last November to address the concern. The ADON explained that the facility had tried different | F 353 | | |

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| F 353 | Continued From page 27<br>strategies but none have been successful in the long run, primarily because of staff turnover.<br>An interview was conducted with the Director of Nursing (DON) on 6/26/14 at 4:54 PM. She indicated showers not getting done was a frequent concern brought up during Resident Council meetings and she was responsible for addressing their nursing concerns. The DON stated she was trying to staff the facility with 3 nursing assistants on each hall and arrange the shower schedule so that each nursing assistant would give 3 showers a day. The DON indicated currently each nursing assistant on the 7-3 and 3-11 shifts had an assignment of 14 residents, and therefore could not be expected to give all the scheduled showers. The DON acknowledged that care sometimes did not get done because of lack of staff. | F 353 | | |
| F 371 SS=D | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interviews, the facility failed to use a barrier between bare hands and ready-to-eat food items for 4 of 20 residents (Resident #137, #89, #144, #206). The facility | F 371 | Staff will continue to use a barrier between bare hands and ready-to-eat food items for all residents to include residents #137, 89, 144 and 206. Staff | 7/24/14 |

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| F 371 | Continued From page 28<br>also failed to wash hands after coughing into them prior to feeding a resident (Resident #137). Findings included:<br><br>Dining observations were made on the facility's locked unit on 6/23/14 from 1:15 PM - 1:57 PM and on 6/24/14 from 1:15 PM - 1:30 PM.<br><br>1) On 6/23/13 NA#8 was seen buttering bread with bare hands for 3 of 20 residents (Residents #89, 144, and 206).<br><br>During an interview with NA#8 at 1:26 PM on 6/24/14, she indicated that she normally used a barrier (tissue paper) whose box comes attached to the food tray cart to handle food. She stated that today she did not see the box of tissue paper attached to the cart. When asked to point out where the tissue paper would normally be located, she was easily able to find the box of tissue paper attached to the food tray cart. She proceeded to state that she should have used the paper and disposed of it after each use but did not.<br><br>2) On 6/24/14 NA#9 was observed to butter bread using bare hands for Resident #137. She was then observed to cough into left hand (palm), after which she rearranged her chair to sit in as preparation to feed Resident #137. NA#9 was requested to stop the feeding process immediately before food was given to Resident #137.<br><br>At 1:25 PM on 6/24/14, NA#9 stated that the right thing to do would have been to wash her hands after coughing but stated that she did not realize that she coughed at that moment. Regarding touching food items with bare hands, she stated | F 371 | will continue to wash hands after coughing into them prior to assisting all residents with eating to include resident #137.<br><br>Meal observations were initiated with 100% nursing staff on 6/25/14 by the DON, ADON, Social Workers, Dietary Manager, Infection Control nurse, QI nurse and Staff Facilitator to ensure staff use a barrier between hands and ready-to-eat food items and hand washing after coughing. Any identified areas of concern were immediately addressed with re-education as indicated by the DON, ADON, Social Workers, Dietary Manager, Infection Control nurse, Staff Facilitator and QI nurse.<br><br>100% nursing staff were in-serviced on the "Cover Your Cough" and Cough Etiquette policies from the Infection Control Manual with special focus on how to cough and what to do in the event you cough into your hand, initiated on 7/18/14 to be completed by 7/24/14. An inservice was initiated with all staff to include staff #8 and staff #9, that participates in serving food regarding using a barrier between hands and ready to eat food items by the Staff facilitator and completed on 7/24/14. All newly hired nursing staff will be in-serviced regarding the "Cover Your Cough" and Cough Etiquette policies and using a barrier between bare hands and ready-to-eat food items during orientation by the Staff Facilitator.<br><br>The Social Workers, Dietary Manager, | |

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| F 371 | Continued From page 29<br>that she was not aware that it was against regulations or facility policy.<br><br>The Director of Nursing was interviewed on 6/24/14 at 1:49 PM. She stated that all staff had been in-serviced about proper food handling and infection control. She stated that her expectations were that the staff did not touch ready-to-eat food items; "the tissue papers are sent out for a reason." She further stated that all members of the staff are expected to wash hands prior to serving food, wash hands in between if dirtied (including sneezed/coughed into), and prior to feeding a resident. | F 371 | Infection Control nurse, Staff Facilitator, QI nurse and/or weekend supervisor will complete meal observations for 15 meals per week and 10% of all residents to include residents #137, 89, 144, and 206 during meals to include breakfast, lunch, dinner, and weekends weekly x 8 weeks then monthly x 2 months to ensure staff use a barrier between bare hands and ready-to-eat food items and hand washing after coughing. The DON and/or ADON will review and initial the meal audits for completion and concerns weekly x 8 weeks then monthly x 2 months. All staff identified in the audit with concerns will be retrained by the Director of Nursing regarding usage between bare hands and ready-to-eat food items and cough etiquette policy.<br><br>The Executive QI Committee will review the audit tools monthly x 4 months to determine the need and frequency of continued monitoring. | |
| F 441 SS=E | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>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.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility; | F 441 | | 7/24/14 |

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| F 441 | Continued From page 30<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(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.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and record review, the facility failed to initiate contact precautions upon notification of a urine culture positive for Vancomycin resistant Enterococcus for 1 of 1 resident (Resident #99) reviewed for isolation precautions.<br><br>The findings included:<br><br>The facility policy dated 8/2005 entitled "Guidelines for Initiation of Precautions" read in | F 441 | Resident #99 was placed on Contact Precautions and moved to a private room on 6/24/14 for a urine infection (VRE) per our Infection Control policy by the Infection Control nurse.<br><br>A 100% audit of all positive culture reports dated back to 6/26/14 was completed on 7/15/14 by the Infection Control nurse, using a culture report QI audit tool, to ensure that appropriate precautions were | |

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| F 441 | Continued From page 31<br>part, "Contact Precautions in addition to standard precautions should be used for resident known or suspected with microorganisms that are easily transmitted by direct or indirect contact. Examples: MRSA (methicillin resistant Staphylococcus aureus), VRE (Vancomycin resistant Enterococcus)."<br><br>The policy dated 8/2005 entitled "VRE Infection" read in part, "Control of VRE Infection. It is the policy of this facility to place residents in a private room, when available, who display signs and symptoms of a potential or an active VRE infection."<br><br>Resident #99 was admitted to the facility on 2/19/14. Diagnoses included suspected urinary obstruction.<br><br>A physician order dated 6/18/14 included, "Zyvox (generic name linezolid) 600 mg (milligrams) po (orally) bid (twice a day) for 7 days."<br><br>Review of laboratory reports revealed a urine culture and sensitivity was obtained on 6/18/14. The final report, dated 6/22/14, read > (greater than) 100,000 colonies of Vancomycin resistant Enterococcus, sensitive to the antibiotic linezolid. The report included a notation, "Critical Results called to, read back by and verified with (name of Nurse #1) on 6/22/14 at 12:15 PM." Hand written on the report was "6/18 linezolid started".<br><br>A progress note written by Nurse #1 dated 6/22/14 revealed the laboratory had called with the report of VRE in Resident #99's urine.<br><br>Observation on 6/23/14 at 4:15 PM and again on 6/24/14 at 9:17 AM revealed Resident #99 in bed | F 441 | in place per our Infection Control policy. No concerns were identified during the audit.<br><br>100% licensed nurses were in-serviced by the Staff Facilitator from 7/2/14-7/24/14 regarding the organisms requiring precautions and timely initiation of these precautions as indicated. All newly hired licensed nurses will be in-serviced regarding organisms requiring precautions and timely initiation of these precautions as indicated during orientation.<br><br>The infection control nurse reviews all lab orders 5x per week. The infection control nurse will follow up on all lab order results to include culture results. A QI audit tool will be used by the Infection Control nurse to ensure all positive culture reports received, have appropriate precautions initiated timely per the facility Infection Control Manual guidelines 5 x per week x 4 weeks, 2 x per week x 4 weeks, weekly x 4 weeks the monthly x 1 month. All identified areas of concern will be addressed by the Infection Control nurse immediately with appropriate staff retraining by the Infection Control nurse and/or the Staff Facilitator. The Don will review the 'QA tools weekly for completeness and accuracy and address any identified concerns immediately.<br><br>The Executive QI Committee will review these audit tools monthly x 4 months to determine frequency and need for continued monitoring. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345237 | A. BUILDING _____ B. WING _____ | 06/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BARBOUR COURT NURSING AND REHABILITATION CENTER | 515 BARBOUR ROAD SMITHFIELD, NC 27577 |

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| F 441 | Continued From page 32 | F 441 | | |

and a urine collection bag hanging at the side of his bed inside a privacy cover. No sign was present to indicate contact precautions nor was any personal protective equipment (PPE) such as gowns, masks near the room.

Nurse's notes dated 6/24/14 at 10:38 AM indicated the nurse contacted the Responsible Party (RP) of Resident #99, informed the RP of the infection and that he would need to be moved for protection of the roommate.

Observation on 6/24/14 at 11:55 AM revealed a contact precautions sign on the resident's door with PPE near the doorway. Observation at 3:15 PM revealed the resident had been moved to a new room with no roommate. The precautions sign was on the door and the PPE supplies near the doorway.

During an interview on 6/26/14 at 12:40 PM Nurse #1 recalled that she had been notified by the laboratory that Resident #99 had VRE in his urine and that it was sensitive to linezolid. The nurse explained she had been so focused on the drug and ensuring the resident was on the correct antibiotic that she overlooked initiating contact precautions.

During an interview on 6/26/14 at 1:33 PM, Administrative Nurse #1 indicated she was the infection control officer at the facility. She stated that contact precautions should have been started immediately after notification of the VRE infection. Administrative Nurse #1 added that she started the precautions after she saw the laboratory report.

During an interview on 6/26/14 at 1:58 PM, the

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| F 441 | Continued From page 33<br>Director of Nursing (DON) said she expected precautions to be instituted immediately upon notification of VRE. | F 441 | | |