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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345329	A. BUILDING ______ B. WING ______	04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATEWAY REHABILITATION AND HEALTHCARE	2030 HARPER AVE NW LENOIR, NC 28645

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F 242 SS=E	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 resident and staff interviews and record reviews, the facility failed to provide residents choices of types and frequency of baths/showers and when they wanted to get up for five of five residents sampled for choices (#30 #15, 50, #155, and #88). The findings included: 1. Resident #30 was admitted on 10/19/13 with diagnosis including chronic pain, muscle weakness, and chronic obstructive pulmonary disease. The most recent Minimum Data Set (MDS) dated 02/25/14 assessed the resident as moderately impaired and able to understand and to make herself understood. Interview with Resident #30 on 03/31/14 at 4:12 PM revealed Resident #30 had always taken tub baths before being admitted to the nursing home and preferred tub baths. Resident #30 stated soaking in warm water eased her sore muscles and showers made her cold. Resident #30 stated she had told staff that she preferred tub baths but had been told residents could only get a shower in the nursing home. Resident #30 stated she	F 242	This Plan of Correction does not constitute an admission or agreement by provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and federal law. **F242** 1. Resident #155 no longer resides at the facility. Resident #30, Resident #15, Resident #88 and Resident #50 were interviewed regarding their preferences of type of bath/ shower, frequency of bathing and preferred time of getting up in the morning; completed on 4/18/14 by the Director of Clinical Services. Please note Resident #50 was not noted in admission sample but was identified by the facility as being Resident #49 and Resident #49 was interviewed as being Resident #50. 2. All residents have the potential to be affected by this citation. All interviewable residents will be interviewed regarding their preferences for type of bath/shower, frequency of bathing and preferred time of getting up in the morning. Interviews will be completed by	5/6/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Netta Madden
TITLE: Executive Director
(X6) DATE: 5/6/14

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.

Original Signature Date: 4-24-14

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F 242	Continued From page 1 had never known she had a choice of type of bath/shower and had never been asked by facility staff what type of bath/shower she would like or was accustomed to. During the interview with Resident #30 on 03/31/14 at 4:12 PM, Resident #30 also stated she did not choose what time to get up each morning. Resident #30 stated she had never awakened earlier than 7:00 or 7:30 AM but since living in the nursing home, staff came into her room every morning between 5:30 and 6:00 AM, turned on the overhead lights and told her it was time to wake up. Resident #30 stated she did not believe she had a choice about time to get up because the staff told her every morning when to get up and no one had ever asked her about her preferences. Interview with Nurse Aide (NA) #4 on 04/02/14 at 2:38 PM revealed when residents were admitted, they were entered into the existing schedule to have 2 showers per week, based on the location of their room. NA #4 stated in the 4 years she had worked at the facility, she had never known a resident to receive a tub bath. NA #4 stated residents had told her they preferred a tub bath and she had heard lots of residents say they would like to soak in a bathtub, but she had explained to them that even though they had a bath tub, there was no safe way of getting a resident in or out of the tub. NA #4 also stated the residents on the hall were awakened according to a "get up list", which listed the residents in order of who needed the most time for morning care and who was scheduled to eat first in the dining room. NA #4 stated Resident #30 was consistently awakened during 3rd shift each morning because she required extensive	F 242	4/28/14 by the Unit Coordinator, Assistant Director of Clinical Services and/or Director of Clinical Services. All non-interviewable residents' responsible parties will be contacted regarding their residents' preference for type bath/shower, frequency of bathing and preferred time of getting up in the morning. Interviews of responsible parties completed as of 5/5/14 by the Director of Clinical Service, Assistant Director of Clinical Services and/or Executive Director. 3. All staff will be in-serviced by 4/28/14 by the Director of Clinical Services, Assistant Director of Clinical Services, Nurse Coordinator and/ or Executive Director on residents right for self-determination; their right to make choices, i.e. the right to their preference of type of bath/shower, frequency of bathing and preferred time of getting up in the morning. 4. The Director of Clinical Services, Assistant Director of Clinical Services, Social Services, Executive Director and/or Nursing Manager will conduct Quality Improvement monitoring of 10 interviewable resident to ensure preferences are met regarding type of bath/ shower, frequency of bathing and preferred time of getting up in the	

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assistance to get out of bed and get ready each morning.

Interview with NA #2 on 04/03/14 at 8:08 AM revealed Resident #30 was on the "get up list" for 3rd shift and awakened very early each morning because she was one of the residents who was scheduled to eat first in the dining room and because she required assistance for morning care. NA #2 also stated all residents received showers because tub baths were not provided as a service. NA #2 stated she believed they had an antique bath tub on another hall, but she had never heard of it being used and understood it to be unsafe to put residents into.

Interview with NA #3 on 04/03/14 at 8:48 AM revealed all residents were awakened on 3rd shift except for 2 residents. NA #3 stated Resident #30 was always awakened during 3rd shift due to the "get up list". NA #3 stated she had always reminded residents of their schedules when they complained about getting up. NA #3 stated all residents received showers and she had never heard of any resident in the facility receiving a tub bath.

Interview with the Director of Nursing (DON) on 04/03/14 at 2:05 PM revealed residents were told of their shower schedule upon admission and anytime they asked. The DON stated there was no formal assessment to ask residents about their preferences regarding time to get up in the morning or what type of shower/bath they preferred. The DON stated the time residents were awakened was set by their schedules for therapy, appointments, and dining. The DON further stated NAs used a "get up list" that was developed so that the residents could be kept on

morning five times a week for one month, three times a week for two months, two times a week for one month and one time a week for 1 month. Quality Improvement monitoring of 5 responsible parties, once per month times 6 months to be completed for all non-interviewable residents to ensure preferences are being met regarding type of bath/shower, frequency of bathing and preferred time of getting up in the morning. The results of QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.

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F 242	Continued From page 3 an organized, consistent routine. Review of the facility's admission packet did not reveal any information or assessments regarding resident preferences for type of bath/shower preferred or preferred time of getting up in the morning. 2. Resident #15 was admitted to the facility on 02/20/08 with diagnosis including osteoarthritis, abnormal posture, and lack of coordination. The most recent Minimum Data Set (MDS) dated 02/01/14 assessed the resident as cognitively intact and able to understand and to make herself understood. Interview with Resident #15 on 03/31/14 at 1:56 PM revealed Resident #15 had always taken tub baths before being admitted to the nursing home and preferred tub baths. Resident #15 stated she had always used hot baths as a way to reduce her arthritis pain at home. Resident #15 stated she did not enjoy taking showers and dreaded them every week. Resident #15 stated she had been told residents could only get a shower in the nursing home. Resident #15 stated she had never known she had a choice of type of bath/shower and had never been asked by facility staff what type of bath/shower she would like or was accustomed to. Interview with Nurse Aide (NA) #4 on 04/02/14 at 2:38 PM revealed when residents were admitted, they were entered into the existing schedule to have 2 showers per week, based on the location of their room. NA #4 stated in the 4 years she had worked at the facility, she had never known a resident to receive a tub bath. NA #4 stated residents had told her they preferred a tub bath	F 242		

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and she had heard lots of residents say they would like to soak in a bathtub, but she had explained to them that even though they had a bath tub, there was no safe way of getting a resident in or out of the tub.

Interview with NA #2 on 04/03/14 at 8:08 AM revealed all residents received showers because tub baths were not provided as a service. NA #2 stated she believed they had an antique bath tub on another hall, but she had never heard of it being used and understood it to be unsafe to put residents into.

Interview with NA #3 on 04/03/14 at 8:48 AM revealed all residents received showers and she had never heard of any resident in the facility receiving a tub bath.

Interview with the Director of Nursing (DON) on 04/03/14 at 2:05 PM revealed residents were told of their shower schedule upon admission and anytime they asked. The DON stated there was no formal assessment to ask residents about their preferences regarding what type of shower/bath they preferred. The DON also stated the facility had a bathtub and if residents requested a bath, it was her expectation that staff would accommodate that request.

Review of the facility's admission packet did not reveal any information or assessments regarding resident preferences for type of bath/shower preferred.

3. Resident #50 was admitted to the facility on 04/01/13 with diagnosis including lack of coordination, muscle weakness, osteoarthritis,

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F 242	Continued From page 5 and chronic pain. The most recent Minimum Data Set (MDS) dated 09/25/13 assessed the resident as cognitively intact and able to understand and to make herself understood. Interview with Resident #50 on 03/31/14 at 2:14 PM revealed Resident #50 preferred to get up in the morning about 7:00 AM, but was always awakened by staff between 5:00 AM and 6:00 AM. Resident #50 stated each morning, staff came into her room between 5:00 and 6:00, flipped on the light and put her clothes on the bed and told her it was time to get up. Resident #50 stated she was not aware she had a choice about time to get up because the staff told her every morning when to get up and no one had ever asked her about her preferences. Interview with Nurse Aide (NA) #4 on 04/02/14 at 2:38 PM revealed the residents on the hall were awakened according to a "get up list", which listed the residents in order of who needed the most time for morning care and who was scheduled to eat first in the dining room. NA #4 stated Resident #50 was consistently awakened during 3rd shift each morning because she required extensive assistance to get out of bed and get ready each morning. Interview with NA #2 on 04/03/14 at 8:08 AM revealed Resident #50 was on the "get up list" for 3rd shift and awakened very early each morning because she was one of the residents who was scheduled to eat first in the dining room and because she required assistance for morning care. Interview with NA #3 on 04/03/14 at 8:48 AM revealed all residents were awakened on 3rd shift	F 242		

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except for 2 residents. NA #3 stated Resident #50 was always awakened during 3rd shift due to the "get up list". NA #3 stated she had always reminded residents of their schedules when they complained about getting up.

Interview with the Director of Nursing (DON) on 04/03/14 at 2:05 PM revealed there was no formal assessment to ask residents about their preferences regarding time to get up in the morning. The DON stated the time residents were awakened was set by their schedules for therapy, appointments, and dining. The DON further stated NAs used a "get up list" that was developed so that the residents could be kept on an organized, consistent routine.

Review of the facility's admission packet did not reveal any information or assessments regarding resident preferences for time of getting up in the morning.

4. Resident #155 was admitted to the facility on 03/27/14 with diagnoses including chronic obstructive pulmonary disease, osteoarthritis, diabetes mellitus, and history of recent myocardial infarction. An admission assessment completed by a nurse on 03/27/14 revealed Resident #155 was alert, oriented, and had no memory problems.

A social service admission evaluation dated 03/31/14 noted it was very important to Resident #155 to choose between a tub bath, shower, bed bath, or sponge bath. There was no documentation regarding how frequently Resident #155 would like a shower or bath.

During an interview on 04/01/14 at 9:43 AM

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Resident #155 stated she had been assisted with one shower since her admission to the facility and would like to take a shower daily. Resident #155 further stated no one had asked her how often she would like to shower.

An interview with Nurse Aide (NA) #1 on 04/02/14 at 2:50 PM revealed showers were scheduled by room number and most residents received two showers a week. NA #1 stated there were a few residents who received more than two showers a week and she thought the residents and/or family members had requested the additional showers.

An interview with NA #5 on 04/02/14 at 4:03 PM revealed residents received two showers a week and they were scheduled by room number. NA #2 stated if a resident requested an additional shower the NAs try to accommodate the request if they had enough time or would pass the information on to the next shift.

An interview was conducted with the Director of Nursing (DON) on 04/03/14 at 1:40 PM. The DON stated residents were scheduled two showers a week by their room number and were informed of their shower days on admission. Within a few days of admission a staff member checks with the resident to see if they were satisfied with their shower schedule. The DON further stated she could not recall a formal assessment of preference for frequency of showers but if a resident or family member requested additional showers they would place them on the schedule.

5. Resident #88 was admitted on 01/22/10 with diagnoses including non Alzheimer's dementia, cataracts, and osteoarthritis. A quarterly

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F 242	Continued From page 8 Minimum Data Set (MDS) dated 12/20/13 revealed Resident #88 had short and long-term memory loss and severely impaired cognitive skills for daily decision making. The quarterly MDS noted Resident #88 was totally dependent on staff for bathing and was frequently incontinent of bladder and bowel. An interview was conducted with Resident #88's family member on 04/01/14 at 10:45 AM. During the interview the family member stated Resident #88 had received two showers a week since her admission to the facility and he could not recall ever being asked her preference for frequency of showers per week. The interview further revealed the family member wanted Resident #88 to receive three showers a week due to her incontinence. An interview with Nurse Aide (NA) #1 on 04/02/14 at 2:50 PM revealed showers were scheduled by room number and most residents received two showers a week. NA #1 stated there were a few residents who received more than two showers a week and she thought the residents and/or family members had requested the additional showers. An interview with NA #5 on 04/02/14 at 4:03 PM revealed residents received two showers a week and they were scheduled by room number. NA #2 stated if a resident requested an additional shower the NAs try to accommodate the request if they had enough time or would pass the information on to the next shift. An interview was conducted with the Director of Nursing (DON) on 04/03/14 at 1:40 PM. The DON stated residents were scheduled two showers a week by their room number and were	F 242		

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F 242	Continued From page 9 informed of their shower days on admission. Within a few days of admission a staff member checks with the resident to see if they were satisfied with their shower schedule. The DON further stated she could not recall a formal assessment of preference for frequency of showers but if a resident or family member requested additional showers they would place them on the schedule.	F 242		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to replace stained grout at the base of toilets, replace and/or paint baseboards, replace floor tile, and repair a stained ceiling on 5 of 6 halls (B, C, D, E, F). The findings included: 1. Observations during the survey revealed the following bathrooms were not orderly and in good repair. a. Observations of the shared bathroom for rooms 132 and 133 (C hall) on 03/31/14 at 11:18 AM revealed the caulking at the base of the toilet was stained brown and cracked. Two of the floor tiles behind the toilet were cracked and the grout was stained brown on all the tiles surrounding the toilet.	F 253	**F253** 1. Room 132 and Room 133 had grout/caulking replaced at the base of toilet, the cracked tiles were replaced and the grout on all the tiles surrounding the toilet was replaced by the Maintenance Director on 4/14/14. Shared bathrooms for room #116 and #118, room #142 and #144, room #157 and #159 and room #120 and #122 had the caulking at the base of the toilet and the baseboard replaced by Maintenance Director completed on 4/22/14. A work plan for repairs and painting was established to identify and prioritize repairs and painting by Executive Director/ Maintenance Director completed on 4/24/14. 2. All residents have the potential to be affected by this citation. An evaluation of all the facility ensuring housekeeping and maintenance services are maintained and are sanitary,	5/1/14

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F 253	Continued From page 10 b. Observations of the shared bathroom for rooms 116 and 118 (B hall) on 03/31/14 at 2:25 PM revealed the caulking at the base of the toilet was stained brown and cracked. The baseboard in this bathroom was loose from the wall and had the paint scratched off in several areas. c. Observations of the shared bathroom for rooms 142 and 144 (D hall) on 04/01/14 at 11:23 AM revealed the caulking at the base of the toilet was stained brown and cracked. The baseboard in this bathroom was loose from the wall and had the paint scratched off in several areas. There was also a piece of baseboard missing which measured approximately 12 inches long. d. Observations of the shared bathroom for rooms 157 and 159 (F hall) on 04/01/14 at 11:42 AM revealed the floor at the base of the toilet was stained black. There was no caulking observed at the base of the toilet. e. Observations of the shared bathroom for rooms 120 and 122 (F hall) on 04/01/14 at 11:44 AM revealed the caulking at the base of the toilet was stained brown and cracked. The baseboard in this bathroom was loose from the wall and had the paint scratched off in several areas. A ring of rust colored discoloration was noted on the ceiling of the bathroom which measured approximately 10 inches by 8 inches. f. Observations of the shared bathroom for rooms 147 and 149 (E hall) on 04/01/14 at 11:53 AM revealed the caulking at the base of the toilet was stained brown and cracked. The baseboard in this bathroom was loose from the wall and had the paint scratched off in several areas.	F 253	orderly and comfortable interior was completed on 4/24/14 by the Maintenance Director and Executive Director. 3. All staff will be in-serviced by the Director of Clinical Services, Maintenance Director and/or Executive Director to ensure housekeeping and maintenance services are maintained and are sanitary, orderly and comfortable interior by 4/28/14. 4. The Executive Director will conduct Quality Improvement monitoring of 10 areas of the facility to ensure housekeeping and maintenance services are maintained and are sanitary, orderly and comfortable interior five times a week for one month, three times a week for two months, two times a week for one month and one time a week for 1 month. The results of QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.	

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Tours of the above mentioned resident bathrooms were conducted with the Maintenance Director on 04/03/14 from 3:22 PM through 4:15 PM. The Maintenance Director made observations of each bathroom and stated the necessary repairs were as follows:

- The shared bathroom for rooms 132 and 133 would need to have the tile pulled up from around the toilet and the flooring and grout would need to be replaced. The caulking around the base of toilet would also need to be replaced.
- The shared bathroom for rooms 116 and 118 would need to have the caulking replaced around the base of the toilet and the baseboards would need to be replaced and painted.
- The shared bathroom for rooms 142 and 144 would need to have the caulking replaced around the base of the toilet and the baseboards would need to be replaced and painted.
- The shared bathroom for rooms 157 and 159 would need to have the caulking replaced around the base of the toilet.
- The shared bathroom for rooms 120 and 122 would need to have the caulking replaced around the base of the toilet and the baseboards would need to be replaced and painted. In addition, the ceiling would need to be repaired and painted.
- The shared bathroom for rooms 147 and 149 would need to have the caulking replaced around the base of the toilet and the baseboards would need to be replaced and painted.

During an interview on 04/03/14 at 4:15 PM the Maintenance Director stated he was aware all of the resident bathrooms needed repairs but had not specifically identified the six resident bathrooms just observed. The interview further

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F 253	Continued From page 12 revealed there was no documented work plan for repairs and painting in the facility or a system in place for identifying and prioritizing repairs and painting. An interview was conducted with the Administrator on 04/03/14 at 6:00 PM after observations of four of the six bathrooms with needed repairs and painting. The Administrator stated she was aware of the needed repairs and painting in the bathroom between rooms 120 and 122 but had not observed the others noted during the interview. The Administrator agreed the repairs and painting were necessary and thought the Maintenance Supervisor had flooring and baseboards available. The Administrator further stated department managers were assigned a hall to tour each weekday but she did not recall any concerns reported regarding repairs and/or painting needed in resident rooms or bathrooms.	F 253		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to implement an intervention to alert staff the resident was attempting to transfer without assistance for 1 of	F 323	**F323** 1. Resident #88 was assessed and proper interventions were put into place by the Director of Clinical Services on 4/3/14. 2. All residents have the potential to be affected by this citation. All residents were assessed to have proper interventions in place on 4/14/14 by Director of Clinical Services, Assistant Director of Clinical Services and Unit Coordinator. All kardex's were audited for accuracy and completed on 5/6/14 by Director of Clinical Services, Assistant Director of Clinical Services and/or Unit Manager to assure residents' proper interventions are in place.	5/6/14

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F 323 Continued From page 13

5 residents reviewed for falls (Resident #88).

The findings included:

Resident #88 was admitted to the facility on 01/22/10 with diagnoses including non Alzheimer's dementia and cataracts. A quarterly MDS dated 12/20/13 revealed Resident #88 had short and long-term memory problems and had severely impaired cognitive skills for daily decision making. The quarterly MDS noted Resident #88 was frequently incontinent of bladder and bowel and required extensive assistance for transfers and toilet use. Resident #88 had no falls since the prior assessment.

Review of the Care Area Assessment (CAA) Summary for falls, completed with the annual MDS dated 10/04/13, revealed Resident #88 was at risk for falls due to the use of psych meds, deconditioning, and dementia. The CAA summary further revealed Resident #88 had no recent history of falls and staff assisted her with transfers and ambulation.

Review of a care plan last reviewed on 03/29/14 revealed Resident #88 was at risk for falls. Interventions included: monitor for changes in condition, non skid socks or shoes, pressure alarm to wheel chair (dated 02/25/14), and winged mattress (dated 03/07/14).

Review of Resident #88's current "kardex", document used by nurse aides to guide residents' care, revealed the pressure alarm to her wheel chair was not listed.

Review of fall investigations for January 2014 through March 2014 revealed Resident #88 had

F 323

3. All staff will be in-serviced by the Director of Clinical Services, Assistant Director of Clinical Services, Nurse Coordinator and/or Executive Director on ensuring that the resident environment remains free of accident hazards as is possible and that resident services provide adequate supervision and assistance devices to prevent accidents by 4/28/14.
4. The Director of Clinical Services, Assistant Director of Clinical Services and/or Nursing Coordinator will conduct Quality Improvement monitoring of 10 resident's assessing to ensure that proper interventions are in place to ensure that the resident environment remains free of accident hazards as is possible and that residents are provided adequate supervision and assistance devices to prevent accidents. Also the kardex's will be updated daily as necessary during the interdisciplinary daily meetings conducted Monday – Friday. Quality Improvement monitoring of 10 residents' kardex's will be completed for accuracy by the Director of Clinical Services and/or Assistant Director of Nursing. QI monitoring will be completed five times a week for one month, three times a week for two

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F 323	Continued From page 14 two falls. A fall investigation dated 02/24/14 revealed Resident #88 had a fall in her room at 10:00 AM while attempting to toilet herself in the trash can. The investigation noted she was last toileted at 9:00 AM and she had a snack at 9:30 AM. No injuries were noted. Interventions included a pressure alarm to her wheel chair and a therapy referral. Continued review of fall investigations revealed Resident #88 was found on the floor near her bed on 03/07/14 at 1:30 AM. Resident #88 told the staff she dreamed it was snowing and rolled out of bed. No injuries were noted. The intervention for the fall was to place a winged mattress on Resident #88's bed. Observations of Resident #88 revealed the following: - On 03/31/14 at 4:13 PM Resident #88 was observed self propelling in the hall in her wheel chair. No pressure alarm was noted on her wheel chair. - On 04/01/14 at 10:30 AM Resident #88 was observed self propelling in the hall in her wheel chair. No pressure alarm was noted on her wheel chair. - On 04/02/14 at 10:46 AM Resident #88 was observed sitting in her wheel chair in the dining room with a group of residents. No pressure alarm was noted on her wheel chair. - On 04/02/14 at 2:45 PM Resident #88 was observed resting in bed with her eyes closed. A winged mattress was noted on her bed. - On 04/03/14 at 11:00 AM Resident #88 was observed sitting in her wheel chair in the dining room for a group activity. No pressure alarm was noted on her wheel chair. During an interview on 04/03/14 at 10:05 AM NA #6 stated she referred to the resident's "kardex"	F 323	months, two times a week for one month and one time a week for 1 month. The results of QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.	

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F 323	Continued From page 15 for information regarding assistance with activities of daily living, devices, and interventions. NA #6 stated Resident #88 used to have a wheel chair alarm but she had not seen it in a while and did not think it was on her "kardex". The interview further revealed Resident #88 had transferred herself to bed sometime after breakfast that day. An interview was conducted with the Director of Nursing (DON) on 04/03/13 at 11:00 AM. The DON stated falls were discussed the next weekday after they occurred to review current interventions and make changes to the plan of care as needed. The DON further stated residents were placed on every 15 minute checks for 72 hours after a fall to assess interventions and continue assessments for possible injuries. The DON explained the intervention of the pressure alarm would have been added to Resident #88's "kardex" after the staff discussion on 02/25/14 so it could be communicated to the NAs. The interview further revealed the DON expected Resident #88 to have a pressure alarm in place when she was up in her wheel chair. During a follow up interview on 04/03/14 at 11:30 AM the DON stated she reviewed Resident #88's "kardex" and confirmed the pressure alarm to her wheel chair was not listed but had been added.	F 323		
F 411 SS=D	483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a	F 411	**F411** 1. Resident #7 offered dental services by the Social Services Director and the responsible party refused dental services on 4/3/14. Resident #46 was offered dental services by the Social Services Director on 4/24/14 and the responsible party refused.	5/1/14

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F 411	Continued From page 16 Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record reviews the facility failed to provide an annual oral cavity inspection and routine dental services for 2 of 3 residents reviewed for dental status and services (Resident # 7 and #46). The findings included: 1. Resident #7 was admitted to the facility on 04/14/11 with diagnosis which included dementia, feeding problems, anorexia, and failure to thrive. Resident #7's most recent quarterly Minimum Data Set (MDS) assessment dated 12/18/13 revealed she was significantly cognitively impaired, further review of the MDS revealed she was totally dependent for personal hygiene. There as no assessment of her teeth noted on the Quarterly MDS. Interview with family member of Resident #7 on 04/01/14 at 12:19 PM revealed even though Resident #7 had always been meticulous about grooming and keeping her teeth clean and breath fresh, the family had observed Resident #7's teeth frequently coated with food debris and her mouth having a foul odor. Family member of Resident #7 stated Resident #7 would be	F 411	2. All residents have the potential to be affected by this citation. All residents will be reviewed and offered annual dental services between 4/14/14 through 5/1/14 by Director of Clinical Services and/or Social Services Director. Appointments will be scheduled as needed. 3. All licensed staff and Social Services Director will be in-serviced by the Director of Clinical Services, Assistant Director of Clinical Services and/or Nurse Coordinator on ensuring that residents are offered routine and emergency dental services by 4/24/14. 4. The Director of Clinical Services, Assistant Director of Clinical Services and/or Nursing Coordinator will conduct Quality Improvement monitoring of all current residents to ensure proper dental services are obtained and offered annually by 5/1/14. A Quality Improvement Monitoring Tool will then be used to monitor and ensure proper dental services are obtained and offered annually for 10 residents weekly times 3 months and then monthly times 3 months. The results of QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.	

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F 411	Continued From page 17	F 411		

extremely upset that her oral care was not being maintained as it had before.

Interview with Nurse Aide (NA) #4 on 04/02/14 at 2:38 PM revealed Resident #7 would get upset and aggressive whenever staff attempted to brush her teeth. NA #4 stated they always attempted with at least 2 staff, to prevent injury to Resident #7, but she always slapped at them and yelled for them to stop anytime they tried to get into her mouth to clean or assess her teeth. NA #4 stated she had assumed the fighting was due to Resident #7's dementia and had never reported the behaviors to nursing staff. NA #4 stated Resident #7 had been fighting during attempted oral care for over a year, at least.

Interview with Social Worker on 04/03/14 at 10:28 AM revealed Resident #7 had not seen dentist since admission to facility on 04/14/11. The Social Worker stated Resident #7 had not been put on the list to see the dentist because no staff person had reported Resident #7 having any dental problems.

Interview with the Director of Nursing (DON) on 04/03/14 at 11:01 AM revealed the facility Social Worker coordinated all routine and emergency dental appointments. The DON stated it was her expectation that all residents receive routine dental care at least annually unless the family has requested dental care not be given.

Interview with the Minimum Data Set (MDS) Coordinator on 04/03/14 at 2:08 PM revealed she had not personally assessed Resident #7's oral/dental assessment since Resident #7 had been admitted to the facility on 04/14/11. The MDS Coordinator stated she was given

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F 411	Continued From page 18 information from the floor nurse to record on the annual oral/dental assessment and she hoped someone looked in residents mouths to assess for dental problems but she did not know who did or how they did it. Interview with Social Worker on 04/03/14 at 4:37 PM revealed resident #7's family had not requested dental care to not be given to Resident #7. 2. Resident #46 was initially admitted to the facility on 04/27/11 with diagnoses including difficulty in swallowing, weakness, and diabetes mellitus. A quarterly Minimum Data Set (MDS) dated 03/20/14 indicated Resident #46 had short and long term memory problems and severely impaired cognitive skills for daily decision making. The quarterly MDS revealed Resident #46 required extensive assistance with activities of daily living including personal hygiene. Review of the medical record's care plan indicated Resident #46 had a problem onset dated for 04/27/11, required a therapeutic/mechanically altered diet related to difficulty in chewing, resident has no natural teeth and/or dentures. Further review of the care plan revealed interventions/approaches for Resident #46 was to make a dental appointment for a dental exam, refer for a denture fitting, assist resident with payment resources for dentures, and monitor gums for irritation or sores. Review of a consultation note dated 04/18/12 revealed Resident #46 had an initial oral exam which noted Resident #46 had no teeth and normal oral tissue. The consultation note had no treatment plan indicated. An interview was conducted with the Social Worker (SW) on 04/03/14 at 10:28 AM. She stated the residents do not receive routine dental	F 411		

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

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F 411	Continued From page 19 care. She further stated the residents see the dentist when problems are reported. She indicated she had seen the care plan for Resident #46 but had not received a report of any problems. She further indicated she had failed to put Resident #46 on the list to be seen by the dentist and had not made him an appointment. An interview was conducted with the Director of Nursing (DON) on 04/03/14 at 11:01 AM. She stated she was unaware of how often the dentist would see a resident unless a dental problem had been reported. She further stated she expected the SW to coordinate routine dental services for the residents.	F 411		