| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345363 | A. BUILDING _____ B. WING _____ | 10/02/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THE PRESBYTERIAN HOME OF HAWFIELDS | 2502 S NC 119 MEBANE, NC 27302 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 221 SS=D | 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS<br><br>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record reviews and staff interviews the facility failed to identify a physical restraint (t-pillow) for one of one resident reviewed for a physical Restraint. (Resident #52).<br><br>Resident #52 was originally admitted to the facility on 1/31/14 with diagnoses including, Dementia with behavioral disturbances, Major Depression, Psychosis, Hearing Loss and Anxiety. According to the most recent Minimum Data Set (MDS) dated 7/25/14, Resident #52 had both long and short term memory deficits and moderately impaired decision making. In the area of transfers and activities of daily living, Resident #52 required extensive assistance and one person physical assistance for support. Review of the restraint portion of the MDS, revealed that Resident #52 was coded for a trunk restraint.<br><br>Review of Resident #52' s Care Plan for 7/25/14, revealed no Care Plan for a restraint.<br><br>Review of a Nursing Note dated 7/10/14 at 2:45 PM, read in part, " Sitting in wheelchair leaning forward, reaching for shoes and leaned too far forward and slipped out of chair and down on floor. No obvious injury. Did not hit her head. Placed back in chair with t-pillow. We have used towels for positioning. Slip grip- chair alarms and | F 221 | DISCLAIMER<br><br>RESPONSE PREFACE:<br><br>Presbyterian Home of Hawfields Acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of Residents. The plan of correction is submitted as a written allegation of compliance.<br><br>Presbyterian Home of Hawfields Response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Presbyterian Home of Hawfields reserves the right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal, and/or other administrative or legal procedures. | 10/24/14 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| Electronically Signed | | 10/21/2014 |

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|---|---|---|---|---|
| F 221 | Continued From page 1<br>putting her back to bed or in chair at bedside and she gets up and either falls or sits down on floor. Family and Medical Doctor notified and agree with t-pillow. "<br><br>Review of a doctor's order dated 7/13/14, read, " T-pillow in place for position-purpose inability to stand. "<br><br>Review of a Nurse's note dated 7/13/14, read in part, "Resident's family member informed of t-pillow restraint and agreed to restraint. Informed of risks and benefits and told her to come in to sign paper. Medical Doctor notified and order received. "<br><br>Review of a Fall Risk Assessment dated 7/25/14, read, " Total Score- 13, total score of 10 or above represents high risk. "<br><br>Review of a Physical Restraint Elimination Assessment, completed for Resident #52 on 7/25/14, read in part, read in part, " 2. Candidate for restraint reduction or elimination program? 3. Additional Comments: No restraints. " Physical Restraint Elimination Assessments were completed quarterly for Resident #52 since 1/31/14 and no restraint was documented in the assessment area of the form.<br><br>During an observation on 9/30/2014 at 10:43 AM, Resident #52 was sitting in the hallway next to her room in her wheelchair with her t-pillow attached to her wheelchair.<br><br>During an observation on 10/01/2014 at 11:09 AM, Resident #52 was sitting in her room beside bed with t-pillow attached to her wheelchair. | F 221 | F221<br><br>Presbyterian Home of Hawfields will continue to strive to ensure that all residents with restraints will be identified.<br><br>Resident #52□s T-Pillow has been identified as a restraint. The restraint order has been updated, has been care planned, and the Physical Restraint Elimination Form has been updated.<br><br>Since all residents have the potential to be included in this issue; the DON, RNC□s , or designee will conduct a visual assessment. All residents with restraints will be identified and care planned. The DON will conduct a retraining session with the RN□s in regards to restraint use.<br><br>Any resident that will use a T-Pillow in the future will be assessed by the RNC to determine if it is a restraint. All T-Pillows will be assessed at the weekly care plan meeting.<br><br>A QA Audit Tool will be used (2) times a week for one month and reviewed at least weekly by the DON, Administrator and/or designee.<br><br>QA Committee will review the QA Action Plan once a month for (3) months and revise the Action Plan to ensure continued compliance. | |

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|---|---|---|---|---|
| F 221 | Continued From page 2<br>During an interview 10/01/2014 at 2:53 PM, Nursing Assistant #1, stated that the t-pillow was used to keep Resident #52 from getting out of her wheelchair. She stated that Resident #52 would get out of her wheelchair and fall. She stated that she had not seen Resident #52 try to remove the t-pillow. She said the t-pillow was sturdy and the resident could not remove it. She stated that she had seen Resident #52 in the past attempt to get up from the wheelchair.<br><br>During an interview on 10/01/2014 at 3:30 PM, Resident #52 was propelling her wheelchair with t-pillow attached up toward nurse's station & down hall toward to activity area, talking to staff.<br><br>During an interview on 10/01/2014 at 3:42 PM, Staff Nurse #1, revealed that the t-pillow was used to remind Resident #52 that she could not get up independently. He stated that Resident #52 thought she could transfer independently. He stated the t-pillow was used to prevent Resident #52 from falling. He stated that due to Resident #52 ' s level of dementia, she could not follow commands and there was not a consistent request that she could follow.<br><br>During an observation on10/01/2014 at 4:07 PM, Resident #52 was sitting in hallway in her wheelchair with t-pillow attached talking to her roommate.<br><br>During an interview on 10/01/14 at 4:14 PM, Nursing Assistant #2 revealed that the t-pillow was used to keep Resident #52 from standing. He reported that Resident #52 could not take off the t-pillow, but she would attempt to take it off. He revealed that Resident #52 would try to stand and walk. He revealed that the t-pillow was taken | F 221 | | |

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| F 221 | Continued From page 3 | F 221 | | |

off during meals, toileting and when she was in bed. He stated that as soon as he took the t-pillow off at night, Resident #52 would try to stand.

During an interview on 10/2/14 at 8:23 AM, the MDS Coordinator revealed that the T-pillow was ultimately a restraint. She stated that they consider the T-pillow a positioning device, and " we don ' t see them as a restraint. " She explained that the T-pillow was used as a positioning device for poor trunk control and the T-pillow should be taken off for checks and to see if they can be removed. The MDS Coordinator stated that Resident #52 would get up repeatedly unassisted and the T-pillow was used as a reminder for her. The MDS Coordinator stated that Resident #52 was being seen by therapy, but she did not know if an assessment had been done. She reported that a Restraint Elimination Form had been done on admission and quarterly. She revealed that the Restraint Elimination was done by the Registered Nurse Coordinator (RNC).

During an interview on 10/02/2014 at 8:50 AM, the Rehabilitation Manager stated that she was not the person that evaluated Resident #52. The Rehab. Manager reviewed Resident #52 ' s medical record and revealed that there was frequent documentation of balance issues, but there was nothing regarding evaluation of a T-pillow specifically. She stated Physical Therapy completed and initial evaluation for Resident #52 on 1/31/14.

During an interview on 10/2/14 at 8:59 AM, the Occupational Therapist stated that he picked up Resident #52 recently. He stated that Resident

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|---|---|---|---|
| | 345363 | A. BUILDING _____ B. WING _____ | 10/02/2014 |

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|---|---|---|---|---|
| F 221 | Continued From page 4 | F 221 | | |

#52 was referred to him after a fall. The Occupational Therapist stated that he worked with Resident #52 mainly for toileting and transfers. He stated that he did not think the T-pillow was placed on for positional purposes. He stated that it was more of a reminder for Resident #52 not to get up from her wheelchair. The Occupational Therapist reported that he worked with Resident #52 to improve transferring safely with staff. He stated that when he worked with her in therapy, she would try to get up from her chair and she was easily distracted. The Occupational Therapist further stated that when he worked with Resident #52 in therapy, she would try to get up from the wheelchair after the T-pillow was removed. In reference to Resident #52 ' s progress in therapy, the Occupational Therapist concluded that Resident #52 transferred with stand by assistance with no physical assistance.

During an observation on 10/02/2014 at 9:07 AM, Resident #52 was observed sitting in the hallway near the Nurses' station with t-pillow attached to wheelchair.

During an interview on 10/02/2014 at 9:09 AM, the RN Coordinator revealed that the Restraint Elimination Form was part of a five page packet that was done on admission for all residents. She stated that their facility was considered a restraint free facility and the T-pillow for Resident #52 was considered a reminder not to stand and they do not Care Plan it as a restraint. She explained that the T-pillow was used for positional purposes for when Resident #52 tried to stand, slide or bend over. She revealed that sometimes the T-pillow was used at the family ' s request. The RN

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| F 221 | Continued From page 5<br>Coordinator revealed that they determined how a resident could benefit from the use of a T-pillow was by a resident having frequent falls, bending over and leaning over. In reference to assessment, she revealed that she reviewed questions on the restraint elimination form. She revealed that she was not looking at the T-pillow as restraint but was looking at it for cueing purposes. The RN Coordinator explained that Resident # 52 was having frequent falls and it was around that period of time that they implemented the T-pillow in July. She stated that Resident #52 had not had a fall since implementation of the T-pillow and they were supposed to re-evaluate the resident soon. She stated that she thought Resident #52 could remove the T-pillow, but there was no documentation that she had removed it.<br><br>During another interview on 10/2/14 at 1:44 PM, the RN Coordinator explained the assessment process. She revealed that they initially used a slip grip and Resident #52 was in therapy was the time. She stated that they reviewed Resident #52 ' s fall incident report to see what they could do differently because they wanted to try to use the T-pillow as the last resort. She stated that when they did the assessment, they thought it was used for a positional device. The RN Coordinator said she thought Resident #52 could take off the T-pillow but she could not take it off on command. She stated that on the restraint elimination form, the T-pillow should have been noted for positional purposes instead of no restraint. She stated that they reviewed Resident #52 ' s medications and also placed an alarm on her wheelchair. The RN Coordinator stated that they tried to use folding towels as a task to redirect Resident #52. She stated that with dementia, Resident #52 did not | F 221 | | |

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|---|---|
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|---|---|---|---|---|
| F 221 | Continued From page 6 | F 221 | | |

remember. The RN Coordinator concluded that Resident #52 ' s re-evaluation was due and she changed the T-pillow to be used for positional purposes instead of a restraint.

During an interview on 10/02/2014 at 10:04 AM, Nursing Assistant (NA) #3 revealed that the T-pillow remained on Resident #52 at all times except it was taken off during mealtimes and toileting. She stated that Resident #52 would try to take off the T-pillow and she would attempt to get up from her wheelchair. NA #3 stated that she had not observed Resident #52 try to take off the T-pillow. She stated that the T-pillow was used to keep Resident #52 from falling from her wheelchair. NA #3 reported that Resident #52 would try to get up by herself and she had fallen a couple of times.

During an interview on 10/02/2014 at 10:41 AM, the Director of Nursing revealed that the T-pillow was used as a reminder for Resident #52 not to stand. He stated that every once in a while, Resident #52 would lean. He revealed that the T-pillow was used as a positional device because Resident #52 was leaning forward. He reported that they would look at an alternative positioning device today and Occupational Therapy would look at Resident #52 for positioning.

During an interview and an observation on 10/02/2014 at 11:24 AM, Staff Nurse # 1 asked Resident # 52 to remove her T-pillow. Resident #52 put both of her hands between the t-pillow and her stomach and pulled up in an attempted to remove the t-pillow. Resident #52 asked Staff Nurse #1 to go to her room to get another one (referring to another t-pillow). The Staff Nurse #1

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|---|---|---|---|---|
| F 221 | Continued From page 7<br>asked Resident #52 again to remove the t-pillow and she attempted to pull up the middle outer edges of the t-pillow with both of her hands and she also tried to pull up the t-pillow on the right and left sides of the wheelchair, however she was not successful in removing the t-pillow. | F 221 | | |
| F 253 SS=D | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES<br><br>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interviews, the facility failed to label and properly store resident's personal care equipment for 1 of 4 halls observed. (room #D-3, room #D-5 and room #D-7).<br><br>The findings included:<br><br>During an observation on 9/30/14 10:36 AM, two unlabeled and uncovered sputum containers were located in the bathroom of bedroom D-3 (D-hall).<br><br>During an observation on 9/30/14 at 10:54 AM one unlabeled and uncovered sputum container was on the bottom shelf in the bathroom of bedroom D-5, (D-hall).<br><br>During an observation on 9/30/14 at 11:29 AM, two unlabeled and uncovered wash basins and two unlabeled and uncovered bed pans were located on the top shelf in the bathroom of | F 253 | F253<br><br>Presbyterian Home of Hawfields will continue to strive to ensure that resident□s personal care equipment is labeled and properly stored.<br><br>Rooms D-3, D-5, and D-7 personal care equipment have been labeled and are properly stored.<br><br>Since all residents have the potential to be included in this issue; the RNC□s, DON and/or designee will continue an inspection of all personal care equipment to make sure they are labeled and properly stored and conduct a retraining session.<br><br>A QA Audit Tool will be used (3) times a week for one month and reviewed at least weekly by the DON, Administrator and/or | 10/24/14 |

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|---|---|---|---|---|
| F 253 | Continued From page 8<br>bedroom D-7, (D-hall).<br><br>During an observation on 9/30/14 at 3:37 PM two unlabeled and uncovered sputum containers were located in the bathroom of bedroom D-3, (D-hall).<br><br>During an observation on 9/30/14 at 4:14 PM, two unlabeled and uncovered wash basins and two unlabeled and uncovered bed pans were located on the top shelf in the bathroom of bedroom D-7, (D-hall).<br><br>During an observation on 10/1/14 at 2:25 PM, one unlabeled and uncovered wash basin was located on the top shelf in the bathroom of bedroom D-7, (D-hall).<br><br>During an observation on 10/1/14 at 4:28 PM one unlabeled and uncovered wash basin was located on the top shelf in the bathroom of bedroom D-7, (D-hall).<br><br>During an observation on 10/1/14 at 4:29 PM two uncovered sputum containers were located on separate shelves, one of the sputum containers was unlabeled in the bathroom of bedroom D-3 (D-hall).<br><br>During an observation on 10/1/14 at 4:29 PM two uncovered and unlabeled bed pans and one uncovered and unlabeled wash basins were located on the top shelf in the bathroom of bedroom D-5 (D-hall).<br><br>During an observation on 10/1/14 at 4:29 PM one unlabeled and uncovered wash basin and one unlabeled and uncovered sputum container was located in the bathroom of bedroom D-7 (D-hall). | F 253 | designee.<br><br>QA Committee will review the QA Action Plan once a month for (3) months and revise the Action Plan to ensure continued compliance. | |

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|---|---|---|---|---|
| F 253 | Continued From page 9<br><br>During an observation on 10/2/14 at 10:17 AM one unlabeled and uncovered wash basin was located on the top shelf in room D-7, (D-hall).<br><br>During an observation on 10/2/14 at 10:17 AM two uncovered and unlabeled bed pans and one unlabeled and uncovered wash basin was located on the top shelf in the bathroom of bedroom D-5 (D-hall).<br><br>During an interview on 10/2/14 at 10:17 AM, NA#3 stated that wash basins, bed pans and sputum containers were supposed to be labeled and put in a plastic bag in resident's bathrooms. She explained that after use, the containers were supposed to be cleaned and put in plastic bags. She stated that she would take care of it.<br><br>During an interview on 10/2/14 at 10:20 AM, the Registered Nurse Coordinator (RNC) revealed that bed pans, wash basins and sputum containers should not be uncovered and they should be put in plastic bags and disposed of properly in the biohazard. She explained that sputum containers were kept in the treatment room and if they were in resident's bedrooms, they should be labeled and covered. The RNC reported that the containers should not come out of the resident's rooms unless they were in a plastic bags.<br><br>During an interview on 10/2/14 at 10:47 AM, the Director of Nursing (DON) revealed that his expectation would be that resident care equipment should be labeled and covered. He also stated that during orientation resident care equipment was reviewed. | F 253 | | |

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|---|---|---|---|---|
| F 279 | Continued From page 10 | F 279 | | |
| F 279 SS=D | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS<br><br>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.<br><br>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.<br><br>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record reviews and staff interviews the facility failed to Care Plan 1 of 1 residents for a physical restraint and also failed to Care Plan a resident for antipsychotic medication for 1 of 5 residents receiving antipsychotic medication. (Resident #52) identify a physical restraint (t-pillow) for one of one resident reviewed for a physical Restraint. (Resident #52).<br><br>1. Resident #52 was originally admitted to the facility on 1/31/14 with diagnoses including, Dementia with behavioral disturbances, Major | F 279 | F279<br><br>Presbyterian Home of Hawfields will continue to strive to ensure that all residents that have a physical restraint and/or antipsychotic medication will be care planned.<br><br>Resident #52□s care plan has been updated to reflect physical restraint use and antipsychotic use. | 10/24/14 |

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| | 345363 | A. BUILDING _____ B. WING _____ | 10/02/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| THE PRESBYTERIAN HOME OF HAWFIELDS | 2502 S NC 119 MEBANE, NC 27302 |

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| F 279 | Continued From page 11<br>Depression, Psychosis, Hearing Loss and Anxiety. According to the most recent Minimum Data Set (MDS) dated 7/25/14, Resident #52 had both long and short term memory deficits and moderately impaired decision making. In the area of transfers and activities of daily living, Resident #52 required extensive assistance and one person physical assistance for support. Review of the restraint portion of the MDS, revealed that Resident #52 was coded for a trunk restraint.<br><br>Review of Resident #52's Care Plan for 7/25/14, revealed no Care Plan for a restraint.<br><br>Review of a Nursing Note dated 7/10/14 at 2:45 PM, read in part, " Sitting in wheelchair leaning forward, reaching for shoes and leaned too far forward and slipped out of chair and down on floor. No obvious injury. Did not hit her head. Placed back in chair with t-pillow. We have used towels for positioning. Slip grip- chair alarms and putting her back to bed or in chair at bedside and she gets up and either falls or sits down on floor. Family and Medical Doctor notified and agree with t-pillow. "<br><br>Review of a doctor's order dated 7/13/14, read, "T-pillow in place for position-purpose inability to stand."<br><br>Review of a Nurse's note dated 7/13/14, read in part, "Resident's family member informed of t-pillow restraint and agreed to restraint. Informed of risks and benefits and told her to come in to sign paper. Medical Doctor notified and order received."<br><br>Review of a Fall Risk Assessment dated 7/25/14, read, "Total Score- 13, total score of 10 or above | F 279 | Since all residents have the potential to be included in this issue; the DON has reeducated the MDS Coordinator. The MDS coordinator and/or designee will conduct a review of the residents MDS□s to ensure physical restraints and antipsychotics are care planned.<br><br>A QA Audit Tool will be used (2) times a week for one month and reviewed at least weekly by the DON, Administrator and/or designee.<br><br>QA Committee will review the QA Action Plan once a month for (3) months and revise the Action Plan to ensure continued compliance. | |

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| F 279 | Continued From page 12<br>represents high risk."<br><br>Review of a Physical Restraint Elimination Assessment, completed for Resident #52 on 7/25/14, read in part, read in part, " 2. Candidate for restraint reduction or elimination program? 3. Additional Comments: No restraints. " Physical Restraint Elimination Assessments were completed quarterly for Resident #52 since 1/31/14 and "no restraint" was documented in the assessment area of the form.<br><br>During an interview on 10/2/14 at 8:23 AM, the MDS Coordinator revealed that they are considered a restraint free facility and although the T-pillow was ultimately a restraint, she stated that they consider the T-pillow a positioning device, and "we don't see them as a restraint." She explained that the T-pillow was used as a positioning device for poor trunk control and the T-pillow should be taken off for checks and to see if they could be removed. She also stated that the t-pillow was not Care Planned.<br><br>During an interview on 10/02/2014 at 9:09 AM, the RN Coordinator revealed that the Restraint Elimination Form was part of a five page packet that was done on admission for all residents. She stated that their facility was considered a restraint free facility and the T-pillow for Resident #52 was considered a reminder not to stand and they do not Care Plan it as a restraint. She explained that the T-pillow was used for positional purposes for when Resident #52 tried to stand, slide or bend over. She revealed that sometimes the T-pillow was used at the family ' s request. The RN Coordinator revealed that they determined how a resident could benefit from the use of a T-pillow was by a resident having frequent falls, bending | F 279 | | |

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| F 279 | Continued From page 13<br>over and leaning over. In reference to assessment, she revealed that she reviewed questions on the restraint elimination form. She revealed that she was not looking at the T-pillow as restraint but was looking at it for cueing purposes. The RN Coordinator explained that Resident # 52 was having frequent falls and it was around that period of time that they implemented the T-pillow in July. She stated that Resident #52 had not had a fall since implementation of the T-pillow and they were supposed to re-evaluate the resident soon. She stated that she thought Resident #52 could remove the T-pillow, but there was no documentation that she had removed it.<br><br>During an interview on 10/02/2014 at 10:41 AM, the Director of Nursing revealed that the T-pillow was used as a reminder for Resident #52 not to stand. He stated that every once in a while, Resident #52 would lean. He revealed that the T-pillow was used as a positional device because Resident #52 was leaning forward. He reported that they would look at an alternative positioning device today and Occupational Therapy would look at Resident #52 for positioning.<br><br>2. Resident #52 was originally admitted to the facility on 1/31/14 with diagnoses including, Dementia with behavioral disturbances, Major Depression, Psychosis, Hearing Loss and Anxiety. According to the most recent Quarterly Minimum Data Set (MDS) dated 7/25/14, Resident #52 had both long and short term memory deficits and moderately impaired decision making. In the area of transfers and activities of daily living, Resident #52 required extensive assistance and one person physical | F 279 | | |

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|---|---|---|---|---|
| F 279 | Continued From page 14 | F 279 | | |

assistance for support. Review of the restraint portion of the MDS, revealed that Resident #52 was coded for a trunk restraint. Review of the medication portion of the MDS revealed that Resident #52 was coded for antipsychotic medication.

Review of Resident #52's Care Plan for 7/25/14, revealed no Care Plan for antipsychoptic medication.

Review of Resident #52's September, 2014, Doctor's Orders revealed that she received antipsychotic medication, Seroquel, 25mgs. tablet, generic, Quetiapine Fumarate, 25mgs. by mouth twice daily at 12:00 Noon and 6:00 PM for psychosis.

During an interview on 10/2/14 at 8:35 AM the Minimum Data Set Coordinator (MDS) revealed that Resident #52 was Care Planned for delirium and behaviors. She stated that in the Care Plan under behavior, an attempt was made to reduce Resident #52's antipsychotic medications. She stated that it was hard to do medications because they change so much. She revealed that Resident #52 was Care Planned for cognition issues, delirium, anxiety and agitation. She stated that the side effects of the medication included monitoring for withdrawal, change in personality, increased behavior and mood changes. The MDS Coordinator revealed that Resident #52's behaviors were monitored and pharmacy checked charts as well.

During an interview on 10/2/14 at 11:57 AM, the Registered Nurse Coordinator (RNC) explained that behavior monitoring sheets were completed for Resident #52's behaviors, but a Care Plan

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|---|---|---|---|---|
| F 279 | Continued From page 15<br>was not part of that process. She revealed that she made sure behavior monitoring sheets were completed monthly for residents on antipsychotic medication.<br><br>During an interview on 10/02/14 at 12:31 PM, the Director of Nursing (DON) stated that antipsychotic medications were usually Care Planned specifically. | F 279 | | |
| F 441 SS=D | 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;<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 | F 441 | | 10/24/14 |

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|---|---|---|---|---|
| F 441 | Continued From page 16<br>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 discontinue isolation when 1 of 1 sampled residents no longer had an indication for isolation precautions. The findings included:<br>Resident #35 was admitted on 4/4/12 and readmitted on 6/29/14 with cumulative diagnoses including hydrocephalus, dementia, and recurrent Urinary Tract Infections.<br>A Quarterly Minimum Data Set (MDS) dated 5/9/14 indicated Resident # 35 was moderately cognitively impaired, required extensive assistance for transfers and toileting, was frequently incontinent of urine, was not on a toileting program and was not on isolation.<br>The Resident ' s Care Plan created on 4/5/12 last reviewed on 7/22/14, revealed a Plan of Care for " Potential for recurring UTI ' s (Urinary Tract Infections) r/t hx (related to history) of UTI. " The goal for this problem area was " Resident will be free of s/s (signs and symptoms) of UTI i.e. abd (abdominal)/flank pain, fever, urinary frequency or foul odor (nsg [nursing] notes) x 3 mos (months). " The listed interventions included, in part: monitor laboratory test results for UTI and follow-up with the physician, monitor for signs and | F 441 | F441<br><br>Presbyterian Home of Hawfields will continue to strive to ensure that all residents that need to have their isolation precautions discontinued will have it discontinued as soon as possible.<br><br>Resident #35 has been removed from isolation per order from her urologist.<br><br>Since all residents on isolation precautions have the potential to be included in this issue; the DON has reeducated the RN Coordinators. The DON, RNC and/or designee will conduct a review of the residents on isolation precautions and determine if isolation precautions need to be continued for each resident.<br><br>A QA Audit Tool will be used (2) times a week for one month and reviewed at least weekly by the DON, Administrator and/or designee. | |

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| F 441 | Continued From page 17<br>symptoms of UTI, monitor for changes in urinary incontinence status, monitor for signs of dehydration, assess for non-verbal signs of pain, and for changes in mental status. The Resident ' s Care Plan did not address the resident having a need for contact isolation precautions.<br>Review of the Physician ' s Telephone Orders from 1/1/14 through 6/26/14 revealed one physician order pertaining to isolation precautions dated 3/18/14 which was to " discontinue isolation precautions. "<br>Review of the Physician ' s Discharge Summary from the Nephrology Service dated 6/29/14 revealed that she was brought to the Emergency Room by a family member who was concerned about persistent UTI ' s. " Since March the patient has been treated with several antibiotics " for ESBL E coli in her urine. " Patient had repeat urine culture from SNF (Skilled Nursing Facility) on 6/20/14 that showed persistent UTI, so she was started on antibiotic therapy with Augmentin. " " Despite growing ESBL E coli on the initial culture at SNF, it appears the Augmentin has cleared her infection. Patient ' s urine culture at (name of hospital) is negative. "<br>Further review of the Physician Discharge Summary from the Nephrology Service dated 6/29/14 revealed that the discharge instructions did not indicate Resident # 35 required contact isolation. It did indicate that she was to complete the remainder of a 14 day course (12 days) of antibiotics and follow up with her urologist.<br>Review of the Physician ' s Telephone Orders from 6/29/14 through 9/30/14 revealed no orders pertaining to: isolation precautions, urine testing, antibiotic therapy beyond the antibiotics prescribed to complete the course of antibiotics ordered to be completed post her 6/29/14 hospital stay or a urology consult. | F 441 | QA Committee will review the QA Action Plan once a month for (3) months and revise the Action Plan to ensure continued compliance. | |

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|---|---|---|---|---|
| F 441 | Continued From page 18 | F 441 | | |

A Quarterly Minimum Data Set (MDS) dated 8/1/14 indicated Resident # 35 was moderately cognitively impaired, required extensive assistance for transfers and toileting, was frequently incontinent of urine, was not on a toileting program and was not on isolation.
On 9/30/14 at 9:45 AM Resident # 35 was observed in her room. There was a Contact Isolation Precautions sign on her door and a kit containing personal protective equipment such as gowns and gloves was nearby in the hall. Further observation revealed staff did use the personal protective equipment when entering the room to provide care.
On 10/2/14 at 12:40 PM Resident # 35 was observed being wheeled back to her room in her wheelchair by a staff member. The resident ' s room had a Contact Precautions sign beside the door and a kit containing personal protective equipment nearby in the hall.
On 10/2/14 at 12:50 PM, interview with Nurse #1 revealed that Resident # 35 had been on Contact Isolation Precautions since June 2014 when she returned from the hospital. She stated that she believed Resident # 35 had a UTI and had been put on antibiotics at that time. When asked why Resident # 35 was still on isolation precautions at this time, even though her urine was negative for organisms prior to hospital discharge on 6/29/14, Nurse #1 stated that the resident ' s UTIs were recurrent and would not clear. She added that she was not sure if the resident still had a bug in her urine or why she was still on isolation. Nurse # 1 then reviewed the resident ' s chart and found that the last urine culture and sensitivity completed (completed 06/16/14) found E coli in the resident ' s urine. She then stated " but that was back in June. " Nurse # 1 also said that the Director of Nursing was the staff person who

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| F 441 | Continued From page 19<br>determined when residents needed to be on isolation precautions if it was not ordered by the physician.<br>During interview with the Director of Nursing (DON) (also the Facility Infection Control Practitioner) 10/2/14 at 2:00 PM he indicated that, given the resident ' s UTI had cleared before she left the hospital in June, 2014, she should probably not have still been on isolation precautions. The DON acknowledged that since the Resident returned from the hospital in June there had been no further urine laboratory testing and she had not yet had a urology consult. | F 441 | | |