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F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, resident, family and staff interviews and record reviews the facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living; and by allowing a cognitively impaired resident to eat with dirty fingernails. This was evident for 7 of 9 sampled residents reviewed for dignity. (Resident # 69, Resident #68, Resident #218, Resident #204, Resident #111, Resident #75, Resident # 146) Finding included: 1. Resident #69 was admitted to the facility on 7/18/11 with the current diagnoses of hypertension, diabetes, depression and dementia. Resident #69 Minimum Data Set (MDS) dated 4/20/16 revealed the resident was moderately cognitively impaired. The resident required extensive assistance with bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. The resident had upper extremity impairment on one side and used a wheelchair. The resident was frequently incontinent of bladder and always incontinent of bowel. On 5/25/16 at 3:07 PM Resident # 69 was observed in her room and the resident's call bell was activated. The resident was observed seated in her wheel chair and she was noted to smell of	F 241	PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE ADMISSION BY THE PROVIDER OF THE TRUTH OF FACTS ALLEGED OR THE CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE FEDERAL AND STATE LAW. F241 Resident #69, was re-assessed by the Administrative Nurse and her resident care needs related to toileting assistance and care guide updated. Resident #69, #68, #218, #204, #111, #75 and #146 call lights are being answered timely to ensure their individual care needs are being addressed timely. Resident #146 is receiving nail care timely based on their needs.	6/23/16

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

Electronically Signed | 06/17/2016

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F 241	Continued From page 1 urine. The resident stated she was wet and needed to be changed. A family member, who was present in the room stated at around 1:00 PM he pushed the resident's call bell to notify staff the resident needed to be changed and he left the resident's room prior to staff responding to the call bell. The family member further stated when he returned to the resident's room at around 3:00 PM the resident's call light was off but the resident still had not been changed. The family member further explained about 10 minutes ago he pushed the resident's call bell again to notify staff the resident needed to be changed, but staff had not yet responded. Resident #69 stated she could not recall what happened earlier when her call light went off at 1:00 PM because she fell asleep, but confirmed staff did not change her soiled brief. On 5/25/16 at 3:08 PM Nurse Aide# 3 (NA) was observed to enter the resident's room and she told the resident she would be right back. Resident # 69 stated to NA #3 she was wet and wanted to be changed. On 5/25/16 at 3:11 PM NA #2 and NA #3 entered the room with a lift to assist Resident #69. Resident # 69 was observed in her bed on 5/25/16 at 3:18 PM. The brief that was taken off of Resident # 69 by NA #3 and the brief was soaked with urine and stool. Resident #69's red pants and the sling pad the resident was in were also wet. The resident was observed with stool all over her buttocks. NA #3 made a comment that " Urine smell was strong. " NA #3 stated the sling pad was wet. NA # 3 was interviewed on 5/25/16 at 3:24 PM. She stated the resident's call light came on after lunch at around 1:00 PM. Resident #69 was interviewed on 05/26/16 at 2:50 PM. She stated that she felt terrible and cold	F 241	Director of Nursing and Administrative Nurses have re-assessed current resident to identify individual care needs related to nail care and toileting assistance. Resident care guides have been updated to reflect individual care needs identified. Director of Nursing and Regional Clinical Director will complete re-training with current nursing staff related to F 241, providing ADL services promoting, Resident dignity & Respect, including call light response, providing incontinent care, nail care and providing assistance with ADL's as requested by the resident and as needed based on individual care needs. Current Nursing employees will not be allowed to work until they have received training. New nursing employees will receive training during orientation. The Director of Nursing and/or Administrative Nurses will complete walking rounds randomly, daily, to include off shifts and weekends to ensure that nursing staff are responsive to residents needs for assistance, including answering call lights timely, nail care, and toileting assistance. QI monitoring tool will be used to record results of these rounds. Walking rounds will continue, randomly, daily for 4 weeks, weekly for 4 weeks and then monthly for 3 months. The Director of Nursing will compile a summary report of all monitoring efforts and present to the facility Quality Assurance and Performance	

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F 241	Continued From page 2 when she was wet and felt like a "wet wash rag." During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45 PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed. During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one. 2. Resident # 68 was admitted to the facility on 5/16/2014 His diagnoses included anemia, diabetes mellitus, and hypertension The Minimum Data Set (MDS) dated 4/21/2016 indicated that he was cognitively intact, hearing and vision was adequate. He required extensive assistance of one to two person physical assistance for toilet use. During an interview of Resident # 68 on 5/24/2016 at 2:00 PM, he revealed during the second and third shifts staff entered his room and cut off the call bells. Resident #68 further stated sometime staff never came back to provide the care. During an interview with Resident # 68 on 5/26/2016 at 1:00 PM, he also revealed, that week, he waited over an hour for staff to come in and assist him to the bathroom. He indicated this was on a daily basis that he waited from 30 minutes to an hour or longer for care and treatment to be provided by staff. Resident # 68 stated that during the weekend he has waited up to two hours to get help to go to the bathroom and by that time he was very wet. Resident # 68	F 241	Improvement Committee monthly, for 6 months to ensure a trend of compliance is evident.	

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stated the facility needed more staff during the evening shift and especially during the weekends. Resident # 68 indicated he hated being wet for long periods of time.
An observation of Resident # 68's room on 5/26/2016 at 1:00 PM revealed a digital clock on the wall in front of the resident's bed indicated the correct time. The clock was within view of the resident's bed and wheelchair. Resident #68 indicated that was how he knew how long it took for staff to answer his call bell and provide care.
During an interview with Nurse Aide (NA) # 4 on 5/26/2016 at 1:30PM she revealed that, she knew Resident #68. NA #4 stated sometimes it took a few minutes to get another NA to assist with his care. NA # 4 revealed that she would never walk into a resident's room and cut off the call bell without providing the care. NA # 4 revealed that it would be great if they had more NAs to help provide care for the residents. NA # 4 revealed she knew staff could be slow at times to respond to answering resident call bells and it took longer to provide incontinence care to a resident that needed assistance.
During an interview with Nurse Aide # 1 on 5/26/2016 at 3:00 PM he stated he answered resident call bells within 10 to 15 minutes. Nurse Aide # 1 had no knowledge of Resident #68 waiting an hour for staff to answer his call bell. NA # 1 knew that when the facility was did not have enough staff that it took long to provide care for the residents.
During an interview with Nurse # 1 on 5/26/2016 at 3:15PM, she indicated the resident had just moved to this unit last week and she had no knowledge of staff not answering the call bell or the resident being wet for an hour or longer. Nurse # 1 also indicated several months ago the Nurse Aides had in-service on answering

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residents call bells.
During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one.
3. Resident # 218 was admitted to the facility on 10/7/2015. Her diagnoses included anemia and hip fracture.

The Minimum Data Set (MDS) dated 3/8/2016 indicated Resident #218 had some issues with short and long term memory, she had adequate hearing and vision, clear speech, was able to be understood and understand others. She needed limited assistance with all her activities of daily living but required extensive assistance with toilet use with one person physical assistance.

During an interview with Resident # 218 on 5/25/2016 at 3:00 PM she indicated staff was very slow about answering call bell. The resident stated when " you " put " your " call light on " you " end up waiting up to 45 minutes or longer. Resident #218 indicated she just went to the bathroom unassisted all the time because it took so long for staff to come and help her. Resident #218 revealed that this made her feel really bad because she waited so long for help. Resident # 218 stated this facility would be great if they had more nursing assistants to help around here.

During an interview with Nurse Aide # 1 on 5/26/2016 at 3:00 PM he indicated that he had worked at the facility for 1 year. Nurse Aide # 1 revealed he answered the call bell within 10 to 15 minutes. Nurse Aide # 1 had no knowledge of this resident waiting for hour. NA # 1 knew that the facility staff was short that it took long to provide care for the residents.

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During an interview with Nurse # 1 on 5/26/2016 at 3:15PM, she indicated the resident has been here for over a year, and she had no knowledge of staff not answering the call bell or the resident being wet for an hour or longer. Nurse # 1 also indicated several months ago the Nurse Aides had an in-service on answering residents call bell.
During an interview with the Social worker on 5/26/2016 at 6PM she revealed that she knew Resident # 218 and that she was a very reliable resident.
During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45 PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that, once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed.
During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one.
4. Resident #204 was admitted to the facility on 4/21/16. His diagnoses included Parkinson's disease and muscle weakness.
The Minimum Data Set (MDS) dated 5/4/2016 indicated he was cognitively intact, hearing and vision adequate. He required limited and extensive assistance of one person for activities of daily living.

During an interview with Resident #204 on 5/26/2016 at 10:00 am, he stated his call bells were not being answered. The resident further stated staff entered his room and cut off the call bell and said they will be back in a few minutes

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but did not return for a while. Resident indicated about three weeks ago he put his call bell on at 12:00 AM and staff finally came in at 1:00 am to provide care. Resident # 204 specified on that night he had already peed on himself twice. The resident indicated "that was embarrassing to me." The resident also indicated he had been wet for an hour or longer before he was changed by staff.

During an interview with Nurse Aide # 4 on 5/26/2016 at 1:30PM she revealed that, she knew Resident #204. Nurse Aide #4 stated sometimes it took a few minutes to get another NA to assist with his care. NA # 4 revealed that she would never walk into a resident's room and cut off the call bell without providing the care. NA # 4 revealed that it would be great if they had more NAs to help provide care for the residents. NA # 4 revealed she knew staff could be slow at times to respond to answering resident call bells and it took longer to provide incontinence care to a resident that needed assistance.
During an interview with Nurse # 1 on 5/26/2016 at 3:15PM she had no knowledge of staff not answering the call bell or the resident being wet for an hour or longer. Nurse # 1 also indicated several months ago the Nurse Aides had in-service on answering residents call bell.
During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed.
During an interview with the Administrator on

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5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one.
5. Resident # 111 was admitted to the facility on 10/13/2015. Her diagnoses included anxiety, and cerebral palsy.
The Minimum Data Set (MDS) dated 4/21/16 indicated she was cognitively intact, had adequate hearing and vision, clear speech, was able to be understood and understand others and was frequently incontinent of bladder and bowels. She had impairment in the lower extremities. She required extensive assistance of one person for toileting and one person for transfer from bed and to the wheelchair.

During an interview with Resident #111 on 5/26/2016 at 2:45PM, she stated her call bell was not being answered. She stated on May 20, 2016 she put her call bell on and it took about 40 minutes for someone to come help her to the bathroom. Resident # 111 also stated staff came in and turn off her call bell and she would wet on herself. Resident # 111 revealed that several days during the week, she would be wet for about 1 hour or longer before someone came and took her to the bathroom. She stated this was not a great feeling sitting in urine and being wet for an hour. Resident # 111 indicated the " staffing was short here, and it's only 2 or 3 nurse aides during the day and we all need a little help " . She stated it has been like this for months.

An observation of Resident #111's room on 5/26/2016 at 2:45PM revealed a digital clock on the wall in front of the resident's bed and above her TV, which indicated the correct time. The clock was within view of the resident's bed and wheelchair. Resident indicated that was how she

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knew how long it took for staff to answer her call bell and provide care for her.

During an interview with Nurse Aide # 1 on 5/26/2016 at 3:00 PM he stated he answered resident call bells within 10 to 15 minutes. Nurse Aide # 1 had no knowledge of Resident #111 waiting an hour for staff to answer his call bell. NA # 1 knew that when the facility was short staffed that it took long to provide care for the residents.
During an interview with Nurse # 1 on 5/26/2016 at 3:15PM, she indicated she had no knowledge of staff not answering the call bell or the resident being wet for an hour or longer. Nurse # 1 also indicated several months ago the Nurse Aides had in-service on answering residents call bell.
During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed.
During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one.
6. Resident # 75 was admitted to the facility 2/27/2015. Her diagnoses included congestive heart failure and Dementia.
The Minimum Data Set (MDS) dated 3/28/2016 indicated she was cognitively intact, had adequate hearing and vision, clear speech, was able to be understood and understand others and was frequently incontinent of bladder her bowels. She required extensive assistance of one person

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for bed mobility, transfer, toileting and locomotion on unit.

During an interview with Resident # 75 on 5/26/2016 at 2:55PM, she stated her call bell was not being answered. Resident #75 indicated on Tuesday she put her call bell on and it took about 45 minutes for someone to come in her room. She also stated staff cut off the call bell and came back to help and she had to wait longer for that. She stated on some days she waited 1 hour to be taken to the bathroom. She indicated the "staffing was short here, and it's only 2 or 3 nurse aides (NA) during the day and we all need a little help " . Resident #75 revealed that it was really bad on the weekend. She stated " it's not a good feeling when you are waiting on staff for an hour or longer to help." "We just need more staff."

An observation of the resident's room on 5/26/2016 at 2:45PM revealed a digital clock on the wall on the side of the resident's bed which indicated the correct time. The clock was within view of the resident. Resident #75 indicated that was how she knew how long it took for staff to answer her call bell and provide care for her.

During an interview with Nurse Aide # 1 on 5/26/2016 at 3:00 PM he stated he answered resident call bells within 10 to 15 minutes. Nurse Aide # 1 had no knowledge of Resident #75 waiting an hour for staff to answer his call bell. NA # 1 knew that when the facility was short staffed that it took long to provide care for the residents. During an interview with Nurse # 1 on 5/26/2016 at 3:15PM indicated she had no knowledge of staff not answering the call bell or the resident being wet for over an hour or longer. Nurse # 1 also indicated several months ago the Nursing

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Aides had in-service on answering residents call bell.
During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed.
During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one.
7. Resident #146 was admitted to the facility on 02/23/2016 and had cumulative diagnoses which included encephalopathy (a term that means brain disease, damage, or malfunction), stroke and dementia.

Review of the admission Minimum Data Seta (MDS) dated 03/1/2016 revealed Resident #146 had impaired cognition and required limited assistance from staff to eat.

Review of the care plan dated 03/08/2016 in part revealed interventions to provide assistance as needed for ADL care.

Observation of the dinner meal on 5/23/16 at 6:20 PM revealed Resident #146 was sitting in a wheelchair at the dining table waiting for her meal tray. Under the nails and around the nail beds of both hands was an accumulation of a brown colored substance. Her nails extended approximately 1/4 inch above the fingertips.

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On 5/23/16 at 6:22 PM Nursing Assistant (NA) #4 placed sanitizer gel in Resident #146's hand then instructed her to rub her hands together. Resident #146 rubbed her hands together and NA #4 then walked away. Observation after the use of the gel revealed the brown colored substance remained around the resident's nail bed and under the nails.

Continued observation of Resident #146 revealed on 5/23/16 at 6:30 PM, NA #4 served the food tray, set-up her food items and instructed Resident #146 to begin eating. By 6:32 PM an inquiry was made to NA #4 regarding the status of Resident #146's soiled hands.

On 5/23/16 at 6:40 PM, NA #4 returned Resident #146 to her room where her hands and nails were cleansed with soap and water, removing the brown colored substance. NA #4 also trimmed Resident #146's nails. Resident #146 was transported back to the dining room for her meal.

Interview on 5/23/15 with NA #4 revealed she had not notice Resident #146's finger nails with an accumulation of a brown colored substance around the nail and under the nails.

Interview on 5/25/16 at 9:50 am with corporate representative, day supervisor and administrator was held. The administrator indicated her expectation was staff provide nail care prior to the meal.

Interview on 05/26/2016 at 9:33AM with the Director of Nurses revealed her expectation for staff was to care for residents based on their individual needs.

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F 244 SS=E	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION 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 life in the facility. This REQUIREMENT is not met as evidenced by: Based on record reviews and resident and staff interviews, the facility failed to respond to grievances expressed during the resident council meeting regarding staff not answering call lights, residents' nails not trimmed, snacks not given to residents, and beds not made on weekends for 5 of 12 residents (Residents #68, #69, #204, #111, and #75). Finding included: 1. Review of the resident council minutes dated January 26, 2016 revealed records of concerns that were attached to the minutes that included snacks were not passed out, staff were standing round ignoring call bell, beds were unmade on the weekends, and residents were not being told what was on the menu and/or alternate menu. Resident council minutes dated February 23, 2016 revealed several records of concerns attached to the minutes which included " residents wanted to get up early; staff would enter resident rooms, cut off the call bell, state you are not my resident and exit the room without providing assistance; nails need to be trimmed; it took staff a long time to get residents up on weekends; nurses were not checking resident blood sugar before meals and staff were not	F 244	F244 Residents #68, #69, #204, #198, #111, and #75 was Interviewed by Activities & Social Services Director to ensure previous concerns, that were voiced during resident council, have been addressed. Facility QAPI Team (administrator, social services, activities, nursing, admissions, business office) have completed interviews with current residents and/or resident families to ensure that all concerns have been recorded and addressed to ensure customer satisfaction. The Activities director and/or Social Services designee will be responsible for leading the resident council meeting with the Resident Council President. The minutes of the resident council meeting will be forwarded to the facility Administrator for review and assign action items to the appropriate department manager	6/23/16

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F 244	Continued From page 13 answering call bells. " Resident council minutes dated March 3, 2016 contained the statement " Discussed prior concerns, no new concerns. " The resident council minutes did not provide information on how the concerns were addressed for the previous resident council meeting. Resident council minutes dated April 26, 2016 had a section stated " Discussed any concern and suggestion, routed to correct department. " However no information provided on how the concerns were addressed. The resident council minutes revealed a section identified as " old business " that indicated the ombudsman contact information and resident rights (1 and 2) were reviewed. The resident council minutes did not provide information on how the concerns were addressed from the previous resident council meeting. a. Resident #68 was admitted to the facility on 5/16/2014. His diagnosis included anemia, diabetes mellitus, and hypertension. The minimum Data Set (MDS) dated 4/21/2016 indicated that he was cognitively intact, hearing and vision adequate. He required extensive assistance of one to two person physical assistance with his activities of daily living including toileting. During an interview Resident # 68 on 5/24/2016 at 2PM he revealed that the facility does not follow through with the resident concerns. Resident # 68 revealed that staff during the second and third shifts come into his room and other resident rooms and cut off the call bells without providing care and sometimes the staff never came back. Resident #68 stated staff was not trimming resident ' s nails. Resident # 68 revealed that these concerns had been discussed in Resident Council Meeting on several occasions	F 244	Issues or concerns that need immediate attention, like potential violation of resident rights will be handled immediately by the Activities Director and/or Social Services designee. The grievance/concern will be documented on the facility “Concern Form” immediately upon receiving from resident/family. Grievances/concerns in need of immediate attention will be assigned to the appropriate department manager, which will require an investigation of grievance/concern, and submit a written report of findings to the facility Administrator within 72 hours. The Administrator and designated department manager will review the findings of the investigation to determine the corrective action needed to ensure customer satisfaction. The Administrator and/or designee will contact the resident and/or family filing the grievance and review the findings of the investigation and the actions taken to correct identified problems. This report will be made orally by the Administrator and/or designee within 5 working days of the filing of the grievance/concern.	

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and staff never put anything in place to address these issues. Resident #68 revealed that during the Resident council meeting the facility staff do not report back to the members of the Resident council what things are put in place for concerns. Resident # 68 revealed that he was told that the facility in-serviced staff about call bell response this week. Resident #68 stated call bell concerns had been going on since last year.
During an additional interview with Resident # 68 on 5/26/2016 at 1PM, he revealed that just last week he waited over an hour for staff to come in and assist him to the bathroom. He indicated that this was on a daily basis that residents waited from 30 minutes to an hour or longer for care and treatment to be provided by staff. Resident # 68 stated that during the weekend he has waited up to two hours to get help to go to the bathroom and by that time he had soiled himself. Resident # 68 indicated the facility needed more staff during the evening shift and especially during the weekends. Resident #68 revealed that " he does not believe the issues and concerns are being reported because the same concerns are still going on month after month after month. "

b. Resident #69 was admitted on 4/16/2012. Her diagnoses included back pain, diabetes mellitus and hypertension.

A review of resident council meeting minutes revealed concerns for this resident go back to December 2015. The concerns included staff not answering call bells and leaving Resident #69 wet for long periods of time.
The Minimum Data Set (MDS) dated 4/20/2016 indicated that Resident #69 was cognitively intact. Resident # 69 required extensive assistance with one to two persons physical assist with all her activities of daily living including toileting.
During an interview with family on 5/24/2016 at

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5:00 PM it was revealed that the facility had not resolved grievances from Resident #69 ' s concerns regarding staff not responding to call bell, being left wet for long periods of time, and with staff not providing care including weekends. During an additional interview with a family member on 5/25/16 at 3:07 PM, the family member stated he had pushed the call light around 1:00 PM today for the resident to be changed then he went to lunch. He stated when he returned and the resident still had not been changed he put the call light on again about 10 minutes ago. During this interview, Resident #69 was observed sitting in her wheelchair with the sling from the mechanical lift under her. The call bell was observed to be on.
Continued observation revealed Resident # 69 was in her room in her bed on 5/25/16 at 3:18 PM. Nursing Assistant (NA) #3 was observed providing incontinence care. The brief that was taken off of the Resident # 69 was soaked with urine and stool. Resident #69 ' s dress pants and the sling pad the resident was sitting on were also wet. The resident was observed with stool all over the buttocks. The entire room smelled of urine. Nurse # 4 was interviewed on 5/25/16 at 3:40 PM. Nurse # 4 stated she was told that there was an aid that left Resident #69 earlier without changing her. She stated she did not know the reason why the resident was left.

c. Resident #204 was admitted to the facility on 4/21/16. His diagnoses included Parkinson's disease and muscle weakness.

Resident #204 had only been to the resident council meeting on April 26, 2016. The resident stated the concern he had was staff was slow in answering his call bell.

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The Minimum Data Set (MDS) dated 5/4/2016 indicated he was cognitively intact, hearing and vision adequate. He required limited and extensive assistance of one person activities of daily living.

During an interview with Resident #204 on 5/26/2016 at 10:00 AM, he stated his call bell was being answered. Stated that staff came into his room and cut of the bell then stated they would be back in a few minutes and never came back. The resident indicated about three weeks ago he put his call bell on at 12:00 AM and staff finally came in at 1:00 AM. Resident # 204 indicated that on that night he wet himself twice before staff responded to his call light indicated "that was embarrassing to me." The resident also indicated that he had been wet for an hour or longer before he was changed. " Resident # 204 indicated that not a good feeling to be wet so long. "

d. Resident # 111 was admitted to the facility 10/13/20015. Her diagnoses included anxiety, and cerebral palsy.
A review of resident council meeting minutes revealed concerns for this resident go back to January 26, 2016. The concerns included staff not answering call bells, facility not having enough staff to provide care for the residents and staff no making up her bed on the weekends.
The Minimum Data Set (MDS) dated 4/21/16 indicated she was cognitively intact, had adequate hearing and vision, clear speech, was able to be understood and understand others and was frequently incontinent of bladder and bowel. She had impairment of lower extremities. She required extensive assistance of one person assist for toileting and one person for transfer from bed and to the wheelchair.

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During an interview with Resident #111 on 5/26/2016 at 2:45 PM, she stated her call bell was not being answered. She stated last week May 20, 2016 she put her call bell on and it took about 40 minutes for someone to come help her to the bathroom. Resident # 111 also stated staff came in and cut off the bell and left without assisting her causing her to soil herself. Resident # 111 revealed that she would be wet for about 1 hour or longer several days during the week before someone came and took her to the bathroom. She stated this was not a great feeling being wet for an hour.

Resident # 111 indicated that the " staffing was short here, and it ' s only 2 or 3 nurse s aides during the day and we all need a little help " . She stated it ' s been like this for months.
Resident # 111 stated that it ' s very bad on Friday nights and the weekend staff never get us up until noon and sometimes later than that on Saturday and Sunday.

e. Resident # 75 was admitted to the facility 2/27/2015. Her diagnoses included congestive heart failure and Dementia.
During a review of Resident Council meeting minutes concerns for this resident go back to February 23, 2016. The concerns included staff not answering call bells and the facility not having enough staff to provide care including providing showers to the residents.
The Minimum Data Set (MDS) dated 3/28/2016 indicated she was cognitively intact, had adequate hearing and vision, clear speech, was able to be understood and understand others and was frequently incontinent of bladder and bowel. She required extensive assistance of one person

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for bed mobility, transfer, toileting and locomotion on unit.

During an interview with Resident # 75 on 5/26/2016 at 2:55 PM, she stated her call bell was not being answered. Resident #75 indicated just on Tuesday she put her call bell on and it took about 45 minutes for someone to come in her room. She also stated that staff cut off the bell and came back to help and she had to wait longer for that. She stated she waited 1 hour some days to be taken to the bathroom. Resident # 75 indicated that it was a bad feeling not to be able to do for yourself and staff just act like you need to be grateful that they were there. She indicated the " staffing was short here, and it ' s only 2 or 3 nurse aides (NA) during the day and we all need a little help " . Resident #75 revealed that it ' s really bad on the weekend. She stated it ' s not a good feeling when you are waiting on staff for an hour or longer to help.

During an interview with Director of Nursing (DON) on 5/26/2016 at 4:10 PM, she revealed that her expectation was for concerns and grievances to be resolved within 48-72 hrs.

An interview was conducted with the Activity Director (AD) and Administrator on 5/26/2016 at 7:15 PM. The AD stated grievances expressed during resident council meeting by each resident were put on a record of concerns form and given to the appropriate department head to address that grievance. AD indicated that the department had 72 hours to work the concerns and/or issues and report back to the resident within 5 working days. AD indicated that the concerns about the call bells, residents being left wet for long period of time, residents not receiving snacks, staff

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F 244	Continued From page 19 being short, not enough staff for weekends and other concerns were placed on individual record of concerns for that resident. AD indicated that the Administrator handled all of the nursing concerns named above. The Administrator indicated that she had been working on staffing concerns since April 2016. Administrator indicated that her expectation was for staff to follow policies that are in place and that she indicated that she would be updating some of the policies for this facility. The Administrator indicated that each department head needed to follow the grievances policy and that staff had been educated on some of the concerns listed in Resident Council meeting.	F 244		
F 253 SS=E	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 observation, staff interviews and record review, the facility failed to provide a maintained, safe, and comfortable interior on 3 of 7 resident halls (300 Hall, 500 Hall and 700 Hall) and an outside courtyard Finding Included: 1. On 05/24/2016 at 8:23 AM an observation of room # 714-A revealed the following a. A light brown substance dripping mid wall beside the door entrance. 2. On 05/24/2016 at 3:26 PM an observation of	F 253	F253 Room #714A, #708B, #706B, 701A, 701B, 704B, 710A, 502B, and #506B, walls repaired & painted and damaged furniture/ac covers/blinds replaced. Room#504 & 507 doors have been repaired. Common area carpet has been replaced. Outside wicker furniture was discarded. Environmental Director & facility administrator have completed a review of	6/23/16

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F 253	Continued From page 20 room # 708-B revealed the following: a. The veneer and siding of the bedside cabinet was missing. b. The plastic vents of the heating and air conditioning unit were broke and missing 3. On 05/24/2016 at 3:27 PM an observation of room 706-B revealed the following: a. Bedside furniture had missing veneer. 4. On 05/24/2016 at 3:28 PM an observation of room #701-A revealed the following: a. Bedside table veneer was missing. b. Peeling paint at the head of the bed. 5. On 05/24/2016 at 3:28 PM an observation of room #701-B revealed the following: a. Peeling paint at the head of the bed b. Peeling paint on the left hand wall of the bed. 6. On 05/24/2016 at 3:27 PM an observation of room 704-B revealed the following: a. The window blinds had broken and missing slats. b. The left side of the bed cabinet had missing trim and veneer. 7. On 05/25/2016 at 3:30 PM an observation of room # 710-A revealed the following: a. The window blinds had broken and missing slats. 8. On 05/25/2016 at 7:03 AM an observation of room #502-b revealed the following: a. In room 502-B a bedside table had missing paint. 9. On 05/25/2016 at 7:14 AM an observation of room # 506-B revealed the following: a. The wall behind the bed had missing paint b. The bedside table had missing wood and paint 10. On 05/25/2016 at 7:14 AM an observation revealed the following: a. The door to room 504 had jagged edges that were rough to touch	F 253	facility resident rooms, common areas and courtyards any identified furniture needs repair/replacement, painting, repair needs have been completed. QI monitoring tool has been created that will be placed on each housekeeping cart to record any repair issues daily during their regular room cleaning rounds. The completed sheets will be turned into the maintenance department for completion of repairs. Facility staff have received re-training on importance of reporting any maintenance issues by using the facility maintenance request forms and placing in box at nurse's office. Environmental director will collect the maintenance request forms and complete repairs daily & logged on the Maintenance Repair log. Environmental Director will review the log with the facility Administrator weekly to ensure facility is maintained in a sanitary, orderly and comfortable interior. An audit will be completed by the Environmental Services Director of 25% of occupied rooms, common areas, including outside courtyards weekly for 4 weeks, 10% occupied rooms weekly for 4 weeks, than 5% of areas for one month. The results of the completed audit tools will be reviewed with facility Administrator weekly. Environmental Services Director will complete a summary of all audit reviews, repairs completed and replaced furniture	

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F 253	Continued From page 21 b. The door to room 507 had jagged edges that were rough to touch 11. On 05/25/2016 at 7:14 AM an observation revealed the following: a. The common area between the 500 hall and the 700 hall had noticeable stains around the sitting area. 12. On 05/26/2016 at 3:30 PM an observation was made of the outside courtyard and revealed: a. A broken sitting chair made of white wicker furniture with jagged edges. An interview was conducted with Regional Maintenance director on 05/26/2016 at 5:30 PM. The Maintenance director stated the list for obtaining replacement bedside tables and furniture would begin. The Maintenance Director stated once a week a spot cleaner (that is dry based) is utilized for areas of the carpet that needed to be cleaned. He stated once daily a room was deep cleaned. He stated the house keeping staff alerted maintenance when problems (peeling paint and missing blind slats) were present in each room. The maintenance director also revealed the expectation of maintenance workers had been to remove old broken pieces of furniture from the garden area. The Maintenance Director stated he would take broken pieces of furniture from the common area of the garden immediately. The Maintenance Director commented that he was not aware of the problems in each room. An interview was conducted on 05/26/2016 at 5:42 with the Administrator. The administrator revealed that her expectation of the facility was they provide a homelike environment for the residents - one that is clean and comfortable. The Administrator revealed the expectation for the punch list for room fixes were to begin the week	F 253	that will be presented to the facility QAPI monthly for 3 months to ensure a trend of compliance is evident.	

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F 253	Continued From page 22 of 05/30/2016.	F 253		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. 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. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to code the Minimum Data Set (MDS) to reflect the resident medications for 1 of	F 278	F278 MDS Nurse reviewed resident #49 assessments, made corrections, and re-submitted, with corrected Section N to	6/23/16

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F 278	Continued From page 23 5 resident reviewed for unnecessary medications (resident #49). Finding included: Resident #49 was admitted to the facility on 6/5/15 with the current diagnoses of dementia and traumatic Brain Injury. The resident Minimum Data Set dated 4/12/16 revealed the resident was moderately cognitively impaired. The MDS did not indicate the resident received an antianxiety medication. Resident #49 had a physician order for 0.5mg tablet of Klonopin by mouth twice a day as needed for anxiety dated 6/9/15. Review of the resident ' s April Medication Administration Record (MAR) revealed the resident received Klonopin as needed for anxiety during the 7 day look back period on 4/12/16. The MDS nurse #1 was interviewed on 5/26/16 at 1:50 PM. She stated they would look at the MAR and nurse ' s note and code based on the classification of the drug and if it was given anytime during the 7 day look back period then the medication would be coded on the MDS. She thought the Klonopin was used for seizures. The MDS nurse #1 was interviewed again on 5/26/16 at 3:20 PM. She stated the antianxiety mediation was given once on 4/12/16 on the Assessment Reference date (ARD) and it was not coded on the MDS. The Administrator was interviewed 5/26/16 on 4:41 PM. Her expectation was for the MDS to be accurate as to the resident condition.	F 278	reflect resident□s antianxiety medication MDS Nurses along with Corporate MDS Nurse completed an audit of all current resident assessments to ensure accuracy in coding antianxiety medication in Section N. The MDS Nurses have been re-trained by the Corporate MDS Nurse using the training information from DHHS MDS Education Coordinator, regarding correct coding of medications in section N of the MDS. Any newly hired MDS nurse will also receive training regarding of medication status in section N of the MDS. Current residents physician orders will be reviewed daily, Mon-Fri, at the facility morning team meeting to identify any new orders for antianxiety medications. MDS Nurse will obtain a copy of these orders to ensure accuracte coding of the resident's MDS assessments. Newly admitted residents will be screened by the MDS Nurse for antianxiety medication usage, coded and care planned appropriately per RAI guidelines. The MDS Nurse will audit 10 completed MDS assessment, weekly x 4 weeks,for the next 3 months to ensure coding of Medication status in Section N for correctness. The completed audits will be submitted to the facility Administrator and/or Corp MDS Consultant.	

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F 278	Continued From page 24	F 278	The MDS nurses will complete a summary of the monitoring efforts and present to the facility Quality Assurance Performance Improvement committee monthly for 3 month to ensure a trend of compliance is evident.	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. 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. 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). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to develop a care plan for the use of psychotropic medications for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #49).	F 279	F279 MDS Nurse reviewed the care plan & medical record for resident #49 and updated the resident□s care plan to	6/23/16

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F 279	Continued From page 25 The findings included: Resident #49 was admitted to the facility on 6/5/15 with the current diagnoses of dementia and traumatic Brain Injury. Physician ' s orders revealed on 3/9/16 dementia with behaviors and paranoid agitation were added to the list of resident ' s diagnosis. The resident ' s Minimum Data Set (MDS) dated 4/12/16 revealed the resident was moderately cognitively impaired. The resident had behaviors of psychosis and received an antipsychotic medication for the last 7 days and an antidepressant medication for the last 7 days. The Care Area Assessment Summary (CAA) dated 4/12/16 stated the resident received Remeron and Seroquel with assessment. The CAA further specified the resident ' s psychotropic medications were reviewed by the psychiatric nurse practitioner with some changes made. He was at risk for adverse reactions. Pharmacy reviewed the medications monthly and will proceed to care plan. The resident had care plans for falls secondary to balance from hemiparesis, medications and poor safety awareness updated 5/23/16, nutritional decline updated 4/11/16, impaired cognition secondary to dementia updated 4/29/16, impaired vision and communication updated 4/29/16, difficulty understanding others related to hearing deficit updated 4/29/16, required staff assistance with Activities of Daily living updated 4/29/16, frequently incontinent of urine and at risk for constipation updated 4/29/16 and potential for pressure ulcers related to incontinence and immobility. Further review of Resident #49 ' s current care plan revealed there was no care plan in place which addressed the resident ' s use of psychotropic medications.	F 279	reflect problem, goal and approaches related to psychotropic medication use. MDS Nurses along with Corporate MDS Nurse completed an audit of current resident□s receiving psychotropic medications, to ensure their care plans reflected accurately, related to psychotropic medication use. The MDS Nurses have been re-trained by the Corporate MDS Nurse using the training information from DHHS MDS Education Coordinator regarding coding of correct medications in section N of the MDS and completion of care plans related to medications. Any newly hired MDS nurse will also receive training regarding coding medications accurately in section N of the MDS. Current residents physician orders will be reviewed daily, Mon-Fri, at the facility morning team meeting to identify any new orders for antianxiety medications. MDS Nurse will obtain a copy of these orders to ensure accurate psychotropic medication usage, coding and care plan implemented. Residents with new orders for psychotropic medications will be reviewed by the MDS nurse, coded and care planned appropriately per the RAI guidelines. Newly admitted resident will be screened by the MDS Nurse for psychotropic medication usage, coded and care planned appropriately per RAI guidelines.	

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F 279	Continued From page 26 Review of the resident ' s Monthly Medication Administration Record dated 5/1/16 through 5/31/16 revealed the resident was receiving scheduled medications of Seroquel (order date 8/12/15), Remeron (order date 6/5/15), and Klonopin as needed (order date 6/9/15). Pharmacy note dated 4/26/16 stated the resident was on Seroquel with diagnosis of psychosis and paranoid, Nuedexta for pseudo bulbar affect, Remeron for appetite stimulant and as need Klonopin for anxiety. Resident had behaviors of paranoid, visual hallucinations, agitation, refusal of care, noncompliance with safety measures, yelling out, and disruptive behaviors. There were no behaviors documented on the behaviors sheet and resident received Klonopin twice. MDS coordinator #1 was interviewed on 5/26/16 at 1:50 PM. She stated she would code psychiatric mood if the resident had a psychiatric mood disorder. She would have a standards of care meeting for the resident. It included behaviors and a care plan meeting. The staff would alert them to the fact that something need to be care planned. She stated they would have a behavior meeting and will look at a list for psychotropic medications for each resident. She would usually pick it up from coding on the MDS of the psychotropic medications the resident was on and then care plan it. MDS coordinator #1 was interviewed again on 5/26/16 at 3:20 PM. She stated no care plan was found for this resident for the use of psychotropic medications. The resident ' s physician was interviewed on 5/26/16 at 5:57 PM. He stated the resident had a complex neurologic complex that goes back 25 years. The resident had a Traumatic Brain Injury. The resident was on scheduled Klonopin three times a day but was able to be weaned to an as	F 279	The MDS Nurse will audit 10 completed MDS assessment, for 4 weeks, for the next 3 months to ensure resident care plans reflect medications, including phychotrophics. The completed audits will be submitted to the facility Administrator and/or Corp MDS Consultant. The MDS nurses will complete a summary of the monitoring efforts and present to the facility Quality Assurance Performance Improvement committee monthly for 3 months and until a trend of compliance is evident.	

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F 279	Continued From page 27 needed (PRN) dose. The resident had depression and behaviors with psychotic features. MDS coordinator #1 added the care plan " side effects related to psychotropic medication use " on 5/26/16 at 3:43 PM. The Administrator was interviewed on 5/26/16 at 4:41 PM. Her expectation was that the care plans would be suited to the resident ' s needs.	F 279		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to administer medication per physician order for 1 (resident # 276) of 7 sample residents who were review for medication. The findings included: Resident # 276 was admitted on 10/10/2015. Her cumulative diagnoses included muscle weakness and difficulty in walking. Resident # 276 annual Minimum Data Set (MDS) dated 10/24/15 Indicated she was cognitively intact, had adequate hearing and vision, clear speech was able to be understood and understand others. The resident required extensive assistance for bed mobility, limited assistance from staff for dressing and personal hygiene and supervision for all other activities of daily living (ADLs).	F 281	F281 Resident discharged on 11/7/15 Director of Nursing and Administrative Nurses have competed an audit of current residents Medication Administration Records (MAR) to identify any issues related to compliance with documentation of omitted or withheld medications. Any discrepancies noted were addressed with individual licensed nurses with counseling and re-training, Licensed Nurses will utilize the current MAR during shift change reporting as a guide & opportunity to review documentation for completeness and accuracy. QI monitoring tool will be used by the on/off shift licensed nurses to document their review. Director of Nursing and Regional Clinical	6/23/16

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F 281	Continued From page 28 On 10/13/2015 a Physician Order was received to give the resident Flonase 50 milligrams (mg) 2 sprays into each nose twice a day for allergies. " A review of the Resident # 276 Medication administration Record (MAR) included a hand-written notation which read " Medication Flonase 50 milligrams (mg)/ ACT 2 sprays into each nose twice daily 9:00 AM and 9:00 PM. " The MAR indicated that the medication had not been given on 10/19/2015 at 9:00 AM. No information was observed on the back of the MAR to why the medication was not given. On 10/13/2015 a Physician Order was received to give the resident Proventil HFA (90 base) inhaler 2 puffs into lungs daily at 9:00 AM A review of the Resident #276 Medication Administration Record (MAR) included a hand-written notation which read " Proventil (inhalation aerosol) 108 (90 Bose) inhaler 2 puffs into lungs daily at 9:00 AM. The MAR revealed that on 10/19/ 2015, 10/23/2015, and 10/24/2015 the medication was not given, as ordered. No information was observed on the back of the MAR for the reason the medication was not given. On 10/13/2015 a physician Order was received to give the Resident # 276 Robaxin 500 milligrams (mg) 4 times a daily by mouth at 12:00 AM, 12 noon, 6:00 AM and 6:00 PM. A review of the Resident #265 medication Administration Record (MAR) included hand-written notation which read Robaxin 500 mg 4 times a day at 6:00 AM, 12noon 6:00Pm and 12:00 AM. The MAR revealed on 10/15/15 and	F 281	Director will complete re-training with current nursing staff related to F281, acceptable standards of clinical practice related to medication administration and documentation Current Nursing employees will not be allowed to work until they have received training. New nursing employees will receive training during orientation. Director of Nursing and/or administrative nurses will be conducting regular audit, 3 x weekly for 4 weeks, than bi-monthly for 3 months, than monthly. Director of Nursing will complete a summary of the monitoring efforts and present to the facility Quality Assurance Performance Improvement committee monthly for 3 months to ensure a trend of compliance is evident.	

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F 281	Continued From page 29 10/16/15 the 12:00 AM dose was not given. Also on 10/17/15 6:00 PM does was not given. No information was observed on the back of the MAR for the reason the medication was not given. During an interview with the Director of Nursing (DON) on 5/26/2016 at 1:30 PM she revealed that the staff that administer medication to this resident on 10/19/2015 was no longer worked for this facility. DON stated that her expectation of staff was to follow physician order for medication on all resident. DON indicated that her expectation Nurses was to sign their name if the medication was given and circle and let the supervisor know that resident refused the medication. DON also indicated that the physician also needed to be notified about the missed doses of medication.	F 281		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff and resident interviews, the facility failed to provide incontinence care for 1 of 5 residents and provide nail care for 1 of 5 residents reviewed for Activities of Daily Living (resident #69 and resident # 146). Findings Included:	F 312	F312 ADL Care Resident #69, was re-assessed by the Administrative Nurse and her resident care needs related to toileting assistance and care guide updated.	6/23/16

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F 312	Continued From page 30 1.Resident #69 was admitted on 7/18/11 with the current diagnoses of hypertension, diabetes, depression and dementia. Resident #69 Minimum Data Set (MDS) dated 4/20/16 revealed the resident was moderately cognitively impaired. The resident required extensive assistance with bed mobility, transfers, locomotion, dressing, eating, toilet use, and personal hygiene. The resident had upper extremity impairment on one side and uses a wheelchair. The resident was frequently incontinent of bladder and always incontinent of bowel. The resident ' s care plan for incontinence dated 12/9/15 stated the resident would be provided incontinence pads, ongoing assessment of color, clarity and character of urine, use of bedpan at night, assist to bathroom or commode as needed, evaluate fluid status and assess for signs and symptoms of a Urinary Tract Infection. The resident also had a care plan for Activates of Daily Living (ADL ' s) and behaviors (no date). Resident ' s #69 family was interviewed on 5/25/16 at 3:07 PM. The residents ' family stated he pushed the residents ' call button about 10 minutes ago. He had pushed the call light around 1:00 PM for the resident to be changed then he went to lunch. He stated he returned and the resident still had not been changed. Resident #69 stated she was wet and wanted to be changed. She could not recall what happened earlier when her call light was on at 1:00 PM because she stated she fell asleep. During the conversation in the resident ' s room, the resident smelled of urine. She was sitting in her wheelchair with the sling from the lift under her. Her call light was on. While in resident ' s #69 room, the Nursing Assistant (NA) #3 entered the room to check on resident at 5/25/16 at 3:08 PM. Nursing Assistant	F 312	Resident #146 is receiving nail care timely based on their needs. Director of Nursing and Administrative Nurses have re-assessed all current resident to identify individual care needs related to nail care and toileting assistance. Resident care guides have been updated to reflect individual care needs identified. Director of Nursing and Regional Clinical Director will complete re-training with current nursing staff related to F312, providing ADL services promoting, including providing incontinent care, nail care and providing assistance with ADL□s as requested by the resident and as needed based on individual care needs. Current Nursing employees will not be allowed to work until they have received training. New nursing employees will receive training during orientation. The Director of Nursing and/or Administrative Nurses will complete walking rounds randomly, daily, to include off shifts and weekends to ensure that nursing staff are responsive to residents needs for assistance, including answering call lights timely. QI monitoring tool will be used to record results of these rounds. Walking rounds will continue, randomly twice daily for 4 weeks, than weekly for 4 weeks and then monthly for 3 months, during AM, PM care, before & after meals. The Director of Nursing will compile a summary report of all monitoring efforts	

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F 312	Continued From page 31 #3 told the resident she was carrying a tray and that she would be right back. The resident stated she was wet and wanted to be changed. While in the hallway, Nursing Assistant #3 and Nursing Assistant #2 entered the room with a mechanical lift to assist the resident 5/25/16 at 3:11 PM. The resident was observed in her bed on 5/25/16 at 3:18 PM. The brief that was taken off of the resident and was soaked with urine and stool. The resident ' s red pants were wet and the sling pad that was under the resident was wet. During cleaning of the resident, NA #3 stated the " yellow briefs do not hold urine good and that the resident needed the blue ones. " The resident had stool all over her buttock. The staff made a comment that the urine smell was strong. NA #2 stated the lift sling was wet and they would laundry it. The sling was placed in a bag. The resident ' s brief was changed but no pants were put on the resident. NA #3 was interviewed on 5/25/16 at 3:24 PM. She stated the resident light came on after lunch. The resident light was off when she looked at 2:00 PM. She stated the resident light was on between 1:30 PM and 2:00 PM. She stated Nursing Assistant #5 was in with the resident. NA #2 was interviewed on 5/25/16 at 3:35 PM in the trash room. He stated the resident ' s brief was yellow. He stated the resident had stool up to her back. Nurse #4 was interviewed on 5/25/16 at 3:40 PM. She stated she was told that there was a Nursing Assistant that had left the resident and Nursing Assistants were changing her now. She stated she did not know the reason why the resident was left. NA #6 was interviewed on 5/26/16 at 7:31 AM. She stated she usually worked 600 and 700 hall	F 312	and present to the facility Quality Assurance and Performance Improvement Committee monthly, for 6 months to ensure a trend of compliance is evident.	

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and worked 7:00 AM to 3:00 PM yesterday. She stated she changed the resident around 1:00 PM when she was rounding. She stated she put the resident in the bed to change her and then back in the wheel chair. The resident just urinated at that time. She stated she had just changed the resident around 1:00 PM because she had just came back in from her 15 minute break. She stated the residents ' call light went on again between 2:45 PM and 2:50 PM. She stated she went in and the resident stated she needed her teeth picked. She went and helped the resident with her teeth. She stated she saw her light on right before she left her shift and she told the oncoming Nursing Assistant. She stated the resident would wet a lot. She stated she did not notice any signs or symptoms of incontinence at 2:45 PM when she went in the resident ' s room. The resident was in the room by herself at 2:45 PM when she went in. She stated she changed residents after lunch and never saw her light on between 1:00 PM and 2:00 PM.
Resident #69 was interviewed on 5/26/16 at 2:50 PM. She stated she felt terrible and cold when she was wet and felt like a " wet wash rag " . The staff would help her sometimes when she put on her call bell.
The Administrator was interviewed 5/26/16 on 4:41 PM. Her expectation was that they are taking care of their residents.

2. Resident #146 was admitted to the facility on 02/23/2016 and had cumulative diagnoses which included encephalopathy (a term that means brain disease, damage, or malfunction), stroke and dementia.

Review of the admission Minimum Data Seta (MDS) dated 03/1/2016 revealed Resident #146

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had impaired cognition and totally dependent on staff for bathing.

Review of the care plan dated 03/08/2016 in part revealed interventions to provide assistance as needed for ADL care.

Observation on 5/23/16 at 6:20 PM revealed Resident #146 had an accumulation of brown colored substance under the nails and around the nail beds of both hands. Her nails extended approximately 1/4 inch above the fingertips.

On 5/23/16 at 6:22 PM Nursing Assistant (NA) #4 placed sanitizer gel in the resident ' s hand then instructed her to rub her. Resident #146 rubbed her hands together and NA #4 then walked away. Observation after the use of the gel revealed the brown colored substance remained around the resident's nail beds and under the nails.

Continued observation of Resident #146 revealed on 5/23/16 at 6:30 PM the brown colored substance remained accumulated around the nail beds and under the nails. At this time an inquiry was made to NA #4 regarding the status of Resident #146 ' s soiled hands

On 5/23/16 at 6:40 PM NA #4 trimmed and cleansed Resident #146 ' s nails with soap and water, removing the brown colored substance.

Interview on 5/23/15 with NA #4 revealed she had not noticed Resident #146 ' s finger nails with a brown colored substance around the nail or under the nails.

Interview on 5/25/16 at 9:50 am with corporate representative, day supervisor and administrator

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F 312	Continued From page 34 was held. The administrator indicated her expectation was staff provide nail care. Interview on 05/26/2016 at 9:33AM with the Director of Nurses revealed her expectation for staff was to care for residents based on their individual needs.	F 312		
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 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. 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: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. 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. This REQUIREMENT is not met as evidenced by: Based on record review, interviews with staff, resident and families and observation the facility failed to provide staffing of sufficient quantity and	F 353	F353 Cross-reference F241, F244, F312	6/23/16

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F 353	Continued From page 35 quality to provide incontinence care, toileting, nail care, and snacks, for residents who required assistance. This affected 7 out of 40 residents (Resident #68, Resident #69, Resident #75, Resident #111, Resident #146, Resident #204, and Resident # 218). This tag is cross referenced to tags F 241, F 244 and F 312. Finding included: 1. F241 Based on observation, resident, family and staff interviews and record reviews the facility failed to provide care in a manner to maintain the resident ' s dignity by not answering call bells timely for residents needing assistance with activities of daily living; and by allowing a cognitively impaired resident to eat with dirty fingernails. This was evident for 7 of 9 sampled residents reviewed for dignity. (Resident # 69, Resident #68, Resident #218, Resident #204, Resident #111, Resident #75, Resident # 146). 2. F244 Based on record reviews and resident and staff interviews, the facility failed to respond to grievances expressed during the resident council meeting regarding staff not answering call lights, residents' nails not trimmed, snacks not given to residents, and beds not made on weekends for 5 of 12 residents (Residents #68, #69, #204, #111, and #75). 3. F312 Based on record review, observations and staff and resident interviews, the facility failed to provide incontinence care for 1 of 5 residents and provide nail care for 1 of 5 residents reviewed for Activities of Daily Living (resident #69 and resident # 146). During an interview with Nurse Aide (NA) # 4 on 5/26/2016 at 1:30 PM she revealed that it would be great if we had more NAs to help provide care for the residents. NA # 4 revealed she knew staff could be slow at times to respond to answering resident call bells and it took longer to provide	F 353	Residents #68, #69, #75, #111, #146, #204, and #218 call lights are being answered timely to ensure their individual care needs, including nail care, toileting assistance and snacks are provided. Director of Nursing and Administrative Nurses have re-assessed all current residents to identify individual care needs, including nail care, toileting assistance, and snacks provided. Resident care guides have been updated to reflect individual care needs. Administrator met with the facility Director of Nursing and Staff coordinator and reviewed the nursing staff schedule to ensure that sufficient numbers of staff were available to provide nursing care to all residents in accordance with residents' individual care needs. Re-training was completed by facility Administrator with Director of Nursing & staffing coordinator regarding scheduling the appropriate number of certified nursing assistants and licensed nurses to allow for provision of nursing care to all residents according to their individual care needs. New Director of Nursing started 6/20/16. The scheduler is to contact the Director of Nursing and/or on-call administrative nurse in the event staffing needs are not met. Administrator has implemented a QI monitoring tool to monitor incoming	

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F 353	Continued From page 36 incontinence to a resident that needed assistance. During an interview with Nurse Aide # 1 on 5/26/2016 at 3:00 PM he stated he knew that when the facility was short staffed that it took long to provide care for the residents. During an interview with the Director of Nursing (DON) on 5/26/2016 at 3:45 PM she stated her expectations was that staff would answer a resident's call bell within 5 to 10 minutes. DON also stated that she knew this was a concern because of the in-service that was given several months ago. DON also indicated that once the call bell was activated, her expectation was for staff to answer the call bell and to provide the care and treatment that each resident needed. During an interview with the Administrator on 5/26/2016 at 7:00 PM she stated she had been in the facility since April and that she identified staffing for the facility as an issue from day one. An interview was conducted with the Activity Director (AD) and Administrator on 5/26/2016 at 7:15 PM. The AD stated grievances expressed during resident council meeting by each resident were put on a record of concerns form and given to the appropriate department head to address that grievance. AD indicated that the department had 72 hours to work the concerns and/or issues and report back to the resident within 5 working days. AD indicated that the concerns about the call bells, residents being left wet for long period of time, residents not receiving snacks, staff being short, not enough staff for weekends and other concerns were placed on individual record of concerns for that resident. AD indicated that the Administrator handled all of the nursing concerns named above. The Administrator indicated that she had been working on staffing concerns since April 2016. Administrator	F 353	applications to ensure qualified applicants are processed timely. A flexible orientation schedule is available to accommodate timely on-boarding for new employees, including interviews after first 3 days with Director of Nursing to ensure orientation is tailored to individual qualifications of new staff. Facility will continue advertising on web-based (Careerbuilders, Indeed),local newspaper, and company web sites to keep an application flow to select qualified nursing staff. Nursing staff, including licensed nurses & certified nursing assistance have received re-training on the expectations of care for current resident and timely call bell response time to anticipate individual care needs for residents. Staff will provide person centered care based on each residents' individual care needs. Staff members identified as not providing care needs in a timely manner will receive individual education and counseling regarding expectations by the Director of Nursing and/or facility Administrator. Staff who have not received this training will be required to complete this training prior to beginning their scheduled shift and new nursing staff will receive training as part of their orientation. Director of Nursing and/or Administrative Nurses will monitor resident's medical acuity and ADL direct care needs daily by reviewing the resident 24 hour report and cross-reference daily staffing schedule to ensure sufficient nursing staff, including	

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F 353	Continued From page 37 indicated that her expectation was for staff to follow policies that are in place and that she indicated that she would be updating some of the policies for this facility. The Administrator indicated that each department head needed to follow the grievances policy and that staff had been educated on some of the concerns listed in Resident Council meeting.	F 353	certified nursing assistants and licensed nurses, are available daily , to allow for provision of nursing care to all residents according to their individual care needs. The Director of Nursing and/or Administrative Nurses will complete walking rounds randomly, 2 x a day, to include off shifts and weekends to ensure that nursing staff are responsive to residents needs for assistance. QI monitoring tool will be used to record results of these rounds. Walking rounds will continue, randomly, 2 x a day for 4 weeks, weekly for 4 weeks and then monthly for 3 months. The Director of Nursing and Administrator will review current nursing schedule, including certified nursing assistance and licensed nurses, daily at morning team meeting x 4 weeks, then weekly for 4 weeks and then monthly for 3 months, to ensure sufficient nursing staff are available daily, to allow for provision of nursing care for all residents according to their individual care needs. The Director of Nursing will compile a summary report of all monitoring efforts and present to the facility Quality Assurance and Performance Improvement committee monthly for 6 months or until a trend of compliance is evident.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		6/23/16

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F 371	Continued From page 38 The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to remove expired foods and maintain a clean kitchen environment. Findings included: The dietary cleaning policy (no date) stated " equipment and work surfaces will be cleaned and sanitized to ensure the removal of residual food, chemicals and bacteria. " The weekly cleaning schedule in the kitchen was reviewed from 4/25/16 through 5/22/16. It revealed 7 days a week the dietary staff had certain cleaning task to complete and was signed off by the dietary staff after completion. The following expired foods were observed during the initial tour on 5/23/16 at 4:13 PM. - 5 bags of marshmallows in the dry storage area had an expiration date of 3/8/2016. - 1 bag of shredded lettuce with the expired date of 5/12/16 in the refrigerator - 1 bag of shredded lettuce with the expiration date of 5/4/16 in the refrigerator - 1 bag of shredded lettuce with the expiration date of 5/17/16 in the refrigerator - 1 bag of shredded cabbage was put in another bag in the refrigerator. The bag had moisture in it and had an offensive odor. The	F 371	F371 – All food items in the walk-in refrigerator and dry storage that had expired dates were discarded by the Dietary Manager on 5/23/16. Floor in dry storage has been cleaned, All areas of the Dietary Department, where food is stored, have been inspected by the Dietary Manager & Registered dietician and any items identified with an expiration date were discarded. Dietary manager & Registered Dietician have completed re-training for all dietary staff regarding food storage/expiration dates, and sanitary conditions. All new dietary employees will receive this education during orientation. Food items will be rotated that old supplies are placed in front of new supplies ensuring that the product first in will be first out. All food labels and dates	

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F 371	Continued From page 39 dietary manager stated it didn ' t look good. The expiration date on the bag was illegible. - 1 container of chicken salad had an expiration date of 4/28/16 in the refrigerator. - Seven of 24 containers of 2.0 high calorie high protein supplement drink had an expiration date of April 8th, 2016 and were stored in the dry storage closet. The following environmental concerns were observed during the initial tour of the kitchen on 5/23/16 at 4:13 PM with second observation made on 5/25/16 at 11:17 AM and third observations on 5/26/16 at 8:37 AM. - The floor in the dry storage area was dirty with a light brown spilled substance on the floor under the food racks. o On 5/25/16 at 11:54 AM there was still a spill under the racks in the dry storage area o On 5/26/16 at 8:37 AM the floor in the dry storage area was still dirty and still had a spilled substance on the floor under the food racks. The Dietary Manager was interviewed on 5/26/16 at 8:30 AM. She stated they mopped the dry storage area but it was not daily and maybe they should move the racks and mop. She stated she also did an in-service to staff about the expired foods. Dietary staff #1 was interviewed on 5/26/16 at 9:47 AM. She stated the dietary staff did the cleaning of the kitchen. If there was a problem in the kitchen then she would tell the dietary manager and she would take care of it. She stated they mopped the floor three times a day in the kitchen and as needed when it ' s dirty. She stated the dry storage area was mopped 3 days a week. She stated they mopped the refrigerator floor and the freezer every time they mop the kitchen floor. The Administrator was interviewed 5/26/16 on	F 371	will be checked during stocking of new food items 2 x weekly with food orders. Any items with an expired date will be documented on the Cooler/Dry Storage QI monitoring tool The completed form will be given to the Dietary Manager, who will validate the information to ensure items have been discarded weekly. Cleaning schedule has been revised for the dry storage area to include sweeping and mopping 2 x week after stock from weekly delivery from food vendor. The Dietary Manager & Environmental Director will complete rounds daily for 2 weeks, than weekly for 3 months to ensure floor is cleaned. Dietary Manager will complete a summary of all monitoring efforts and present at the facility QAPI meeting monthly for 6 monthly	

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F 371	Continued From page 40 4:41 PM. She stated her expectation was the kitchen floor was to be cleaned at the end of the shift. The food should be stocked first in and first out.	F 371		
F 456 SS=C	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to maintain the floors, baseboards and a sink in clean, working condition in the kitchen. Findings included: The dietary cleaning policy (no date) stated " equipment and work surfaces will be cleaned and sanitized to ensure the removal of residual food, chemicals and bacteria. " - The following environmental concerns were observed during the initial tour of the kitchen on 5/23/16 at 4:13 PM with second observation made on 5/25/16 at 11:17 AM and third observations on 5/26/16 at 8:20 AM. - A. A piece of the baseboard beside the refrigerator was crumbling onto the kitchen floor with brown dirt and tile coming off the wall. o On 5/25/16 at 11:37 AM the baseboard was observed and remained unchanged. o On 5/26/16 at 8:21 AM the baseboard was observed and remained unchanged. - B. There was white ice buildup in multiple place near the walkway of the floor in the freezer. o On 5/26/16 at 9:47 AM the ice buildup on the	F 456	F456 Dietary floor was repaired by outside contractor. Ice buildup on floor of freezer was removed. Hand washing sink was repaired. Environmental Director & facility Administrator completed a review of the dietary area and any noted repairs were completed Environmental Director & Dietary Manager and/or Cooks will be conducting daily rounds in the dietary department to ensure that all equipment and physical plant of the dietary department is operating and in safe condition. Dietary staff have received re-training on importance of reporting any maintenance issues by using the facility maintenance	6/23/16

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F 456	Continued From page 41 floor of the freezer was observed again with maintenance man #1 present. - C. There were 6 pieces of tile that were cracked or chipped in the kitchen with a black substance in between the broken tiles. o There were still 6 tiles on the floor of the kitchen that were cracked/chipped and had a black substance between the broken tiles on 5/25/16 at 11:42 AM. o The cracked/chipped tiles still remained the same on 5/26/16 at 8:21 AM. - D. The hand washing sink was continuously dripping that was located beside the 3 compartment sink. o The sink was observed dripping still on 5/25/16 at 12:17 PM. o The sink was still dripping on 5/26/16 at 8:23 AM The Dietary Manager was interviewed on 5/26/16 at 8:30 AM. She stated the floor in the freezer was ice buildup and maintenance was going to fix it. There had been several people that had done quotes on the tiles in the kitchen floor and the Administrator was working on having it repaired. She stated the last maintenance man looked at the dripping sink and it had been on the maintenance log for a while. Maintenance man #1 was interviewed on 5/26/16 at 9:15 AM. He stated there were work order in the office that the staff can complete and the maintenance man would check it first thing in the morning. If it was an emergency then the maintenance man will be called or paged as soon as possible. They keep work orders and he stated he found a drawer of work orders and they all were completed. He stated there are no work orders that are outstanding. He stated 2 weeks ago, he walked through the kitchen and everything was working. He stated he doesn ' t	F 456	request forms and placing in Work Request box outside Environmental Director's office. Environmental director will collect the maintenance request forms and complete repairs daily & logged on the Maintenance Repair log. Environmental Director will review the log with the facility Administrator weekly to ensure facility is maintained in a sanitary, orderly and comfortable interior. An audit will be completed by the Environmental Services Director of 25% of occupied rooms, common areas, including outside courtyards weekly for 4 weeks, 10% occupied rooms weekly for 4 weeks, than 5% of areas for one month. The results of the completed audit tools will be reviewed with facility Administrator weekly. Environmental Services Director will complete a summary of all audit reviews, repairs completed and replaced furniture that will be presented to the facility QAPI monthly for 3 months to ensure a trend of compliance is evident.	

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F 456	Continued From page 42	F 456		

have any work orders currently for the kitchen. They were going to regrout around the dish washing machine where the chipped tiles were. He had asked the last maintenance director to do it and it had not been done yet. He stated there was going to be a bid turned in to fix the kitchen floor. The hand sink by the door had a drip but was repaired and that was about a month ago. He stated he was not aware that the sink near the 3 compartment sink was dripping.
Maintenance man #2 was interviewed via phone on 5/26/16 at 9:29 AM. He stated he fixed the dish washer and the oven this past weekend. He stated they wanted him to give a bid to repair the tile in the kitchen. The floor needed patch work and there were approximately 12 loose tiles. He did not know of any outstanding work orders for the kitchen besides the floor.
Maintenance man #1 was interviewed again on 5/26/16 at 9:47 AM while touring the kitchen. He stated he had not seen the wall that was coming off near the refrigerator before. He stated it appeared there had just been a spill in the freezer and they had tried to get it up. He could get it up.
The Administrator was interviewed on 5/26/16 at 2:30 PM. She stated the dietary manager would go back to check after the kitchen is cleaned. She would ask housekeeping to go in and scrub the top of the floors once or twice a year. She stated they were going to repair the tile the area in the kitchen. They had to get quotes for the kitchen floor and the maintenance man #2 would get the quotes to her today.