

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2017
NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BUILDNG #10 SALISBURY, NC 28145	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 253 SS=E	<p>483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews the facility failed to maintain 3 resident dining areas (Unit 1C room 108, Unit 2B room 115 and Unit 2C room 109), 5 hallway drinking fountains and alcoves (Unit 1B between rooms 104 and 105, Unit 1B between rooms 125 and 126, Unit 1C between rooms 121 and 122 and Unit 2C between rooms 121 and 122, Unit 2C between room 125 and room 126), 10 in room sink areas (Unit 1 B room 105, Unit 1C room 102 and room 103, Unit 2 A room 203,Unit 2 B room 104 and room 110, and rooms 122, 123,124 and room 126 on Unit 2C), the metal over bed tray table bases in 10 of 31 resident rooms (Unit 1B room 102 bed A, room 105 bed B and room 125 bed B, Unit 1 C room 126 bed A, Unit 2A room 203 bed A and bed B, Unit 2C room 102 bed A, room 123 bed A and bed B, room 126 bed A) in a safe and sanitary manner.</p> <p>The findings included: 1.a. An observation conducted on Unit 1B on 03/16/2017 at 7:30 AM revealed the metal bases of the over bed tray tables and the legs of the tables for room 102 bed A, room 105 bed B and room 125 bed B covered with a layer of thick dust and had spots of dried debris and dried liquids covered in dust. b. An observation conducted on Unit 1B room 105 on 03/16/2017 at 7:30 AM revealed the metal shelf above the in- room sink was covered with dust and cluttered with unlabeled personal</p>	F 253	<p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as required response of the survey conducted March 2017. This Plan of Correction is the facility's recognition of compliance with Federal and State Requirements.</p> <p>IMMEDIATE ACTION 1. Resident rooms, dining areas, and drinking fountains were immediately audited and cleaned by the Housekeeping Supervisor and Administrator: 3 resident dining areas (Unit 1C room 108, Unit 2B room 115 and Unit 2C room 109), 5 hallway drinking fountains and alcoves (Unit 1B between rooms 104 and 105, Unit 1B between rooms 125 and 126, Unit 1C between rooms 121 and 122 and Unit 2C between rooms 121 and 122, Unit 2C between room 125 and room 126), 10 in room sink areas (Unit 1 B room 105, Unit 1C room 102 and room 103, Unit 2 A room 203,Unit 2 B room 104 and room 110, and rooms 122, 123,124 and room 126 on Unit 2C), the metal over bed tray table bases in 10 of 31 resident rooms (Unit 1B room 102 bed A, room 105 bed B and room 125 bed B, Unit 1 C room 126 bed A, Unit 2A room 203 bed A and bed B, Unit 2C room 102 bed A, room 123 bed A, room 126 bed A</p>	4/13/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/08/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 253	Continued From page 1 care items. The left wall under the sink basin had a gouge in the wall and the drain pipes under the sink were covered with a thick layer of dust. c. An observation of the drinking fountain alcoves (Unit 1 B) and the drinking fountains conducted on 03/16/2017 at 7:45AM revealed the alcove in the hallway between room 104 and room 105 and the alcove in the hallway between room 125 and room 126 contained drinking fountains that had dried splash spots on all 3 visible sides of the drinking fountains and seams of the fountains were crusted with hard dried debris that were white and brown in color. The floors under the drinking fountains around the base boards were covered with dried dirt and dust on all 3 walls and was observed heavier and thicker in the 2 corners at the backs of the alcoves. 2.a. An observation conducted on 03/16/2017 at 8:00 AM on Unit 1C revealed the black base and legs of the over bed tray table in room 126 bed A was covered with thick dust and dirt spots of dried debris. b. On 03/16/2016 at 8:02 AM an observation on Unit 1C revealed the metal shelf above the in - room sink of room 102 was covered with a thick layer of dust and personal care items that were opened and unlabeled with resident names were observed on the shelf. The drain pipes under the sink were covered with a thick layer of dust and the walls from the sink basin to the base boards had dried stains running down them. On 03/16/2017 at 8:04 AM an observation of the in - room sink in room 103 revealed the metal shelf above the sink covered with a thick layer of dust, the pipes under the sink were covered with a thick layer of dust and the walls under the sink basin to the base boards had multiple areas of	F 253	and bed B, room 126 bed A) in a safe and sanitary manner. METHODS TO IDENTIFY OTHERS AFFECTED On 3/16/17, completed 100% audit of dining areas by housekeeping supervisor. The audit includes all residents rooms, dining areas, and drinking fountains. Additional specific tasks were added to the daily and deep cleaning task in Building Engines for each room: clean bathroom sink, lights, commode and mirror, clean all furnitire - polish, and clean all pipes under the sink. All housekeepers are to check their assignments on the Building Engines Program daily at the start of their shift. Any additional assignments that need to be added must be reported to the Housekeeping Supervisor so that the Supervisor can add it to the assignment list on the Building Engine Program. Assignments in the Building Engine Program are not be closed out until the end of the shift by the housekeeper performing the task. Any work orders should be entered into Building Engines Program for maintenance to follow up. Housekeeping Supervisor and or/designee and Administrator will follow up to make sure the rooms are being cleaned properly. As of 3/16/17, Housekeeping Supervisor will utilize the deep cleaning tool daily to ensure that all tasks have been cleaned daily. SYSTEMIC CHANGES		

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F 253	<p>Continued From page 2</p> <p>dried streaks running down them.</p> <p>c. On 03/16/2016 at 8:05 AM an observation of the drinking fountain and drinking fountain alcove on Unit 1C between room 121 and room 122 had dried splash spots on the 3 visible sides of the drinking fountain, the seams of the fountain were crusted with hard dried debris that were white and brown in color. The floor under the drinking fountain around the base boards were covered with dried dirt and dust on all 3 walls and was observed to be heavier and thicker in the 2 corners at the backs of the alcove.</p> <p>d. An observation conducted of the dining room (Room 108) on Unit 1 C on 03/16/2016 at 8:07 AM revealed the pipes under the sink were covered with a layer of thick dust and the floor under the sink along the base boards were covered with thick brown dried dirt and dust. The floor of the space between the wall and the cabinet in the left front corner of the room that held the ice machine revealed an exposed ice machine drain with a layer of thick dust and debris on the face of the drain and the floor. On the floor in the right rear corner of the space was an emerald green piece of linen on the floor that was covered in dust. An observation of the space behind the cabinet holding the ice machine revealed that there was no back cover on the cabinet and multiple emerald green and white linens were falling out of the rear of the cabinet onto the dust covered floor.</p> <p>3.a. On 03/16/2017 at 8:11 AM an observation of the metal bases and legs of the over bed tray tables of room 203 bed A and 203 bed B were both covered with a thick layer of dust and debris.</p> <p>b. The pipes under the sink in room 203 were covered with a thick layer of dust and the back wall under the sink was stained with rust</p>	F 253	<p>3. All housekeeping staff will be educated on the Building Engine Program by 3/24/17. All housekeeping staff will be re-educated and inserviced regarding daily cleaning task and deep cleaning procedure by 4/13/17. As of 3/17/17, the housekeeping supervisor/designee will make daily rounds utilizing auditing tool ensuring all daily tasks by employees have been completed. Daily the housekeeping supervisor will provide the auditing tool to the administrator. All new housekeeping staff will be oriented on cleaning policies and procedures upon orientation.</p> <p>MONITORING</p> <p>4. The Administrator and Housekeeping Supervisor and or/designee ensures dining areas, resident rooms, and drinking fountains are audited daily (m-f, weekends). The housekeeping supervisor and or designee, or and administrator will monitor weekly for 4 weeks, and monthly x 3 months, unless recommended otherwise by quality assurance improvement committee.</p> <p>Results of the audits of the residents rooms, dining areas, and drinking fountains will be presented during Quality Assurance Performance Improvement Committee by the housekeeping supervisor and or designee. Any recommendations made by the QAPI committee regarding resident rooms, dining areas, or drinking fountains. Monitored will be on-going.</p>		

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F 253	<p>Continued From page 3</p> <p>colored drips that appeared to originate from the rusted areas where the pipe fittings under the sink met the rear wall on observation at 8:11 AM on 03/16/2017.</p> <p>4.a. On 03/16/2017 at 8:12 AM an observation on Unit 2B revealed the metal shelf on the wall next to the sink in room 104 was covered by a thick layer of dust. The metal shelf over the in - room sink of room 110 was observed covered with a thick layer of dust and the wall under the sink was streaked with dried run marks from the sink basin to the base boards.</p> <p>b. On 03/16/2017 at 8:14 AM an observation of dining area, room 115 Unit 2B revealed the lower part of the wall column in the room to the left side of table # 1 had dried drips of liquids running from the table top to the base boards. Table #3 was against the right wall at the back of the room and had dried drips of liquid running down the wall from the table top to the base board.</p> <p>5.a. An observation of Unit 2C on 03/16/2017 at 8:22 AM to 8:25 AM revealed the metal bases and legs of the over bed tray tables of room 102 bed A, room 123 bed A and bed B and room 126 bed A were covered with thick dust and splattered debris spots under the dust layers.</p> <p>b. The in - room sinks observed of rooms 122,123,124 and 126 on Unit 2C on 03/16/2016 from 8:22 AM to 8:33 AM revealed the metal shelves over each sink were covered in dust and the pipes under the sinks were covered with thick dust and had dried streaks running down the walls from the sink basins to the base boards.</p> <p>c. On Unit 2C at 8:34 AM on 03/16/2016 an observation of the drinking fountain alcoves between rooms 121 and 122 and between rooms 125 and 126 revealed that the drinking fountain in</p>	F 253			

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F 253	<p>Continued From page 4</p> <p>each alcove had dried spots and streaks running down the 3 visible sides of both fountains and the seams of the drinking fountains were crusted with dried, hard debris. The alcove floors were covered with dark brown hard, dried substances at the floor boards and in the two corners to the rear of each alcove.</p> <p>d. The dining area (room 109) on Unit 2C was observed on 03/16/2017 at 8:39 AM and revealed the pipes under the sink covered with a thick layer of dust and debris and the floor under the sink was also covered with dried, dark brown colored debris and dust. The area between two cabinets which measured approximately 2 to 3 inches wide (one cabinet held the ice machine) was covered with thick dust and had visible scraps of paper and straw wrappers imbedded under the dust layer and on top of the dust.</p> <p>On 03/16/2017 at 12:21 PM, an environmental tour was conducted with the facility Administrator, the Maintenance Director and the Housekeeping Supervisor. The tour included the observation of the rooms, drinking fountain alcoves, dining rooms and resident care equipment observed during the survey. During the tour, the Administrator immediately removed all personal care items that were on the in - room sink shelves and other surfaces that were observed during the tour. The Maintenance Director and Administrator agreed that there were cleanliness concerns observed during the tour and agreed that with the housekeeping staff, these areas would be corrected beginning immediately and the building was very old as was much resident care equipment which made some areas difficult to clean all observed areas. The Administrator stated that she would review the facility cleaning schedule and make changes as needed. The</p>	F 253			

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F 253	<p>Continued From page 5</p> <p>Administrator also stated that she would provide a copy of the construction contract that had just been approved for complete and total renovation of the entire facility, all furnishings, resident care equipment and a large addition to the facility.</p> <p>On 03/17/2017 at 9:26 AM a review of the housekeeping schedule dated from 03/13/2017 to 03/17/2017 revealed the daily assigned cleaning areas for the housekeeping staff. The schedule did not include specific tasks to be performed for those assigned areas.</p> <p>On 03/17/2017 from 11:56 AM to 12:35 PM an environmental observation of all facility units, resident rooms, dining areas and resident care equipment was conducted and revealed that the 3 resident dining areas (Unit 1C room 108, Unit 2B room 115 and Unit 2C room 109) remained unchanged, the 5 hallway drinking fountains and alcoves (Unit 1B between rooms 104 and 105, Unit 1B between rooms 125 and 126, Unit 1C between rooms 121 and 122 and Unit 2C between rooms 121 and 122, Unit 2C between room 125 and room 126) were observed to be in the process of being cleaned. 10 in room sink areas (Unit 1 B room 105, Unit 1C room 102 and room 103, Unit 2 A room 203, Unit 2 B room 104 and room 110, and rooms 122, 123,124 and room 126 on Unit 2C) remained unchanged. The metal over bed tray table bases in 10 of 31 resident rooms (Unit 1B room 102 bed A, room 105 bed B and room 125 bed B, Unit 1 C room 126 bed A, Unit 2A room 203 bed A and bed B, Unit 2C room 102 bed A, room 123 bed A and bed B, room 126 bed A) had not changed in cleanliness.</p> <p>An interview with the Housekeeping Supervisor and Administrator was conducted on 03/17/2017</p>	F 253			

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F 253	Continued From page 6 at 2:25 PM. The House keeping Supervisor revealed that housekeeping staff assignments were generated from a corporate based computer program called "Building Engines" which had been the scheduling program that had been used for at least 1 and ½ to 2 years. The program assigned each house keeping staff member to the specific area assigned and listed specific tasks to be performed for each area assigned. A review of the Daily Room Cleaning tasks, which were the same for all areas in the facility, included 10 cleaning tasks and 7 post cleaning tasks. Cleaning tasks were to place wet floor signs, empty trash cans, fill soap and paper towel dispensers, spot clean walls, damp wipe furniture, clean sinks and toilets, clean mirror, dust mop hard floors, vacuum carpet. Seven post cleaning tasks were numbered and included wet floor signs, complete housekeeping cart, dust mop/broom, chemicals, cleaning cloths, mop, mop bucket. The Housekeeping Supervisor stated that each day the staff were to log in to the schedule program and receive their daily schedule and at the end of the shift, each housekeeper reported to the Housekeeping Supervisor the completed tasks and the Supervisor then completed a visual check of each area and then the staff member logged into Building Engines and marked the assigned tasks as completed and approved by the Supervisor. The Housekeeping Supervisor revealed that he did not have any documentation to verify the areas he visually checked, the date or any notation of any approval or disapproval of assigned task completion. The Housekeeping Supervisor revealed that the same computer program also set the deep cleaning schedules and rescheduled each area of the facility on a 15 day deep clean cycle. A review of the Building	F 253			

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F 253	Continued From page 7 Engine Deep Cleaning task list was reviewed and revealed 17 deep cleaning tasks that included to clean sprinkler heads, clean ceiling light, check cubicle curtains/change if needed, clean windows and window sill, clean bed frames/head and foot boards, clean bed mattresses, clean walls, clean A/C grills and frames, fill soap and paper towel dispensers, clean bathroom sink, lights, commode and mirror, clean and dust picture frames, high dust and wipe down door and trim, clean all furniture (polish), wet clean trash cans wipe down and replace liner, sweep and dust mop bathroom and room flooring, clean plank, VCT, and carpet floor, mop floor. Post Deep cleaning tasks included wet floor signs, broom/ dust mop, chemicals need, dust pan, cleaning cloths, housekeeper cart, scraper, vacuum. The Housekeeping Supervisor stated that he also visually reviewed areas post deep cleaning and stated that he had a check sheet titled Quarterly Inspection Report. The form had areas to document the assigned room or area to deep clean, name of house keeper assigned with the date and time and name of inspector with date and time cleaning tasks were listed with an S (Standard) or U (Below standard) column to be marked for each of the 49 pre- set tasks. The Supervisor produced 2 Inspection reports for the areas that were observed on the environmental rounds on 03/16/2017. The forms were reviewed and revealed that on 01/10/2017 room 1B 105 did not have the name of the post clean inspector, no date or no time of the inspection. The S and U columns were left blank. A Quarterly Inspection report dated 01/26/2017 for Unit 2C room 126 did not include an inspector name or date of the post inspection, 25 of the 49 areas were marked on column S, all others were left blank and the Housekeeping Supervisor was unable to confirm	F 253			

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F 253	<p>Continued From page 8</p> <p>that he completed the inspection and that the form had been completed by the assigned housekeeper. The Housekeeping Supervisor stated that he did not have any other inspection reports for the areas/rooms toured and had no other forms for any of these areas for the past 1 and ½ to 2 years. Reports maintained were all dated for 2017 and did not include any common areas or dining rooms. The Housekeeping Supervisor stated that he visually checked all areas assigned for each housekeeper daily, but did not have a log or any documentation that recorded his post inspections. The Supervisor revealed that there was no schedule for cleaning shelves, legs or bases of over bed tray tables specific to any other areas observed during the tour conducted on 03/16/2017. The Housekeeping Supervisor stated that the dust observed on shelves, tray tables and sink pipes could have been created from buffing and mopping of the floors. The Housekeeping Supervisor stated that the housekeeping staff had started to clean areas observed on the tour of the previous day, but had not gotten to all those areas at the time of this interview.</p> <p>On 03/17/2017 at 2:35 PM an interview was conducted with the facility Administrator and revealed that her expectation was that housekeeping staff follow the daily task and deep cleaning schedules and that the Housekeeping Supervisor was to follow up on every shift, every day and that each assignment task form was to be completed, dated and signed by the Housekeeping Supervisor and turned in to the administrator for her final review and follow up of any concerns. The administrator stated that all housekeeping staff needed to be re- educated about daily cleaning tasks and deep cleaning</p>	F 253			

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F 371 SS=E	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to label and date opened nourishment beverages and failed to recognize and dispose of expired nourishment beverages in 2 of 2 nourishment rooms.</p> <p>The findings included:</p>	F 371		4/13/17	
			While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as required response of the survey conducted March 2017. This Plan of Correction is the facility's recognition of compliance with Federal and State Requirements.		

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F 371	<p>Continued From page 10</p> <p>During an observation of the second floor nourishment room on 03/16/17 at 12:50 PM, the following was noted in the refrigerator:</p> <ul style="list-style-type: none"> · 1 each - Cranberry cocktail thickened beverage (46 oz.) with an expiration date of 11/30/16. · 1 each - Cranberry cocktail thickened beverage (46 oz.) with an expiration date of 12/29/16. Written on the container was an "opened" date of 03/14/17. · 2 each - Cranberry cocktail thickened beverage (46 oz.) which had been opened with no labeled "open" date. · 1 each - Apple Juice thickened beverage (46 oz.) which had been opened with no labeled "opened" date. · 1 each - opened half pint carton of Whole Milk with no labeled "opened" date. · 1 each - opened 2.0 High Calorie Protein Supplement Drink with no labeled "opened" date. <p>During an observation of the first floor nourishment room on 03/16/17 at 1:20 PM, the following was noted on a shelf in the nourishment room:</p> <ul style="list-style-type: none"> · 2 each - Nepro 8 oz. cans of therapeutic nutrition drink which had expired on 03/01/17. <p>An interview conducted with the Dietary Manager (DM) on 03/17/17 at 12:30 PM revealed his department was responsible for stocking the milk, juices, ice creams, thickened liquids, and Med Pass (2.0 supplements) in the nourishment rooms. He stated staff opening any of the containers listed above were responsible for placing labels on the opened items. The DM stated he had "Hospitality Aides" that came in on Mondays, Wednesdays and Fridays to stock the</p>	F 371	<p>IMMEDIATE CORRECTIVE ACTIONS</p> <p>1.Nourishment refrigerator checks were completed on the first floor and second floor on 03/16/17 to ensure that no expired liquids; thicken liquids, or foods; and that containers were dated after being opened. All liquids and food was discarded after 24 hours by dietary.</p> <p>METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>2. An audit was completed on all current nourishment refrigerators by the Dietician on 03/17/17 to assure that there were expired liquids, thicken liquids or foods were noted and all containers were date after opened. No additional items expired, or open and not labeled were identified.</p> <p>SYTEMIC CHANGES</p> <p>3.All Dietary Staff was reeducated and inserviced on monitoring tool for checking the nourishment refrigerators daily; ensuring the stock is rotated with the older food pulled toward the front of the refrigerator shelf; checking every container for an expiration date; discarding all expired liquids and food that have been opened more than 24 hours; and discarding all containers that have been opened but not labeled. Inservice dates 03/16/17 with completion date 03/20/17. All Nursing staff have been reeducated and inserviced on ensuring that they date all containers that are opened and discard any container that has been open more than 24 hours that</p>		

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F 371	Continued From page 11 juices and ice creams. The DM indicated his second shift staff were responsible for stocking sandwiches and bedtime snacks. The DM mentioned he had been short-staffed this week and had not had time to check the nourishment rooms. An interview was conducted with the Dietician on 03/17/17 at 12:06 PM. The Dietician stated he had only had one resident on honey thickened liquids and seven residents on Nectar thickened liquids. The Dietician stated his expectation in regards to the nourishment rooms, was he expected food and beverage items (such as juice and apple sauce) and sustainable snacks (such as Fig Newton's, puddings, milk, sandwiches and smaller snacks) to be in stock and available daily. The Dietician stated second shift staff stocked the sandwiches for snacks and if items were out dated or unavailable in the nourishment rooms, nursing staff had access to the kitchen (if dietary staff were unavailable or not working). On 03/17/17 at 3:20 PM, an interview was conducted with the facility's Administrator. The Administrator stated her expectations were for the employees to follow the facility's policy and procedures. She stated she expected staff to ensure nourishment items were in order (had not expired), and the refrigerators and nourishment rooms were kept clean.	F 371	are not label or expired. Any foods that are not labeled should be discarded immediately. The nourishment refrigerator is for residents food only any food or liquids that are not labbeled should be discarded immediately. Nursing Inservices started on 03/16/17 completion date 03/24/17. Monitoring of nourishment regrigerators will be done daily by the dietary aide. The monitoring will be checked off and reviewing daily and ongoing by the Dietcian and or designee. MONITORING 4.The monitoring tool will be brought to the Quality Assurance Performance Improvement meetings weekly for review by the QUAPI team by the Dietitian amd/or designee.Results of the moniroring will be presented to the Quality Assurance Performance Improvement Committee by the Dietician or designee for review monthly for 3 months or until compliance is achieved. Changes will be made to the plan by the committee as indicated. Monitoring tool will be brought to the Quality Assurance Performance Improvement meetings weekly for review by the QUAPI team by the Dietitian amd/or designee. Monitoring by Dietary Manager or designee ongoing.		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must	F 514		4/13/17	

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F 514	<p>Continued From page 12</p> <p>maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to document behavioral monitoring in accordance with the physician order for one of five residents reviewed for medication management (Resident #24).</p> <p>Findings included:</p>	F 514	<p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as required response of the survey conducted March 2017. This Plan of Correction is the facility's recognition of compliance with Federal and State Requirements.</p>		

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F 514	<p>Continued From page 13</p> <p>Resident #24 was admitted 02/04/17. Diagnoses included dementia, generalized anxiety disorder, insomnia, and polyneuropathy.</p> <p>The Minimum Data Set admission assessment dated 02/11/17 indicated severe cognitive impairment with extensive assistance needed for all activities of daily living (ADLs). Resident #24 received scheduled and as needed (PRN) medications for frequent pain which was judged not to affect day-to-day activities or sleep.</p> <p>The current care plan addressed behavioral issues such as resistance to care, confusion, yelling, and trying to hit staff members. Measures included moving resident to the A-wing for better observation, increased one-to-one care, use of calm voice, and removal from common areas when resident became disruptive.</p> <p>Physician orders for Resident #24 were reviewed. Psychotropic medications included Lexapro 10 milligrams (mg) by mouth (po) daily for anxiety/mood (start 02/14/17), Trazodone 50 mg po at bedtime for insomnia, and Lorazepam 0.5 mg po every 6 hours PRN for anxiety or agitation (start 02/14/17).</p> <p>The physician wrote an order for "behavior monitoring, chart observed behavior" on each shift with a start date of 02/07/17. Among behaviors listed in the order to be documented were "anxious mood ...physical aggression (hits, scratches) ...refuses treatment/ADLs." The resident was referred for a psychiatric evaluation which was conducted 02/14/17.</p> <p>In an interview 03/17/17 at 2:37 p.m. with Nurse # 1, he indicated that Resident #24 had a previous</p>	F 514	<p>IMMEDIATE CORRECTIVE ACTION</p> <p>1. Resident #24 was assessed and found to have no adverse signs or symptoms and no behavior issues at that time. Medical Director was notified on 03/17/17 Resident #24 PRN medication was re-evaluated by physician and scheduled on a daily basis and as needed.</p> <p>2. METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED DHS, PI and designee completed an audit on 03/17/17 of behavioral monitoring documentation of PRN medications to ensure any missing documentation was completed and communicated to Medical Director.</p> <p>3. SYSTEMIC CHANGES Clinical Competency Coordinator provided reeducation and in-service to all licensed nursing staff on 03/31/17 regarding behavioral monitoring documentation in accordance with physician order of PRN medication administration, including why medication was utilized, as well as effectiveness of PRN medication administered on MAR and MD notification per policy.</p> <p>4. MONITORING PRN medication administration documentation on MARs and on all resident's charts was monitored daily for five days starting on March 20, 2017 until March 24, 2017. Then three times a week,</p>		

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F 514	<p>Continued From page 14</p> <p>psychiatric history, in addition to confusion from dementia and pain issues. He was not on a behavioral program. Behaviors targeted by psychotropic medications and the effectiveness of PRN medications were charted in the nurses' daily progress notes.</p> <p>Resident #24 was observed 03/17/17 at 3:27 p.m. resting with his eyes closed in a gero-chair sitting in front of the television in the common area. He was covered with a blanket. Due to his cognitive status, the resident was not able to be interviewed.</p> <p>The Medication Record Administration (MAR) was reviewed for the period of 02/12/17 through 03/16/17 for the administration of PRN Ativan. In February 2017, Resident #24 received nine doses of PRN Ativan 0.5 mg po on the following days: 02/15, 02/16, 02/17, 02/18, 02/20, 02/21, 02/22, 02/26/ and 02/28. In March 2017, Resident #24 received eight doses of PRN Ativan 0.5 mg po on the following days: 03/04, 03/05, 03/06, 03/08, 03/09, 03/10, 03/15, and 03/16.</p> <p>Of the 17 doses of PRN Ativan administered, there were no corresponding progress notes in the medical record or MAR for 11 of the doses. Of the six notes written (02/15 - two notes, 02/18, 02/20, 02/22, and 03/15), three notes documented behaviors exhibited and/or a rationale for administration other than "agitation" or "anxiety."</p> <p>In an interview 03/17/17 at 3:36 p.m., the Director of Nursing shared her expectation that nurses chart the reason for administering PRN behavioral medication and follow up on the effectiveness.</p>	F 514	<p>then weekly for four weeks, monthly for four months, and then ongoing. Monitoring to be done by DHS, PI nurse, and or designee. Director of Health Services and Administrator will bring tracking and trending to Quality Assurance Performance Improvement committee monthly for review and revision as needed.</p>		

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

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F 514	Continued From page 15 In an interview 03/17/17 at 4:45 p.m. with Nurse Aide # 1, he indicated that Resident #24 did not exhibit any unmanageable behaviors. When the resident became restless, he gave one-on-one attention by talking with him, using redirection, or wheeling him around the unit. The resident ' s pain was less of a distraction than when first admitted. In an interview 03/17/17 at 4:49 p.m., the Physician Assistant stated that the psychotropic medications ordered for Resident #24 were appropriate and stabilizing for him and she was not aware of any side effects. She acknowledged the benefit of detail in nurse documentation in making decisions about medication management.	F 514			