Resident #80 is no longer a resident of Dosher Nursing Center. He was admitted on 10/10/12 at 3:29 pm and discharged on 10/11/12 at 1:40 PM.

We will obtain medications for newly admitted residents per Facility / Contracted Pharmacy Policies and Procedures. Exhibit A

Facility Medication administration system was converted to an electronic system (E-MAR) that permits healthcare providers to administer and document medications and treatments via a touch screen or laptop application. E-MAR system facilitates the administration of the right dose of the right medication to the right resident at the right time, reducing medication errors. There is a built in safeguard to alert nurses if a medication is missed.

Procurement of medication Policies and Procedures for newly admitted residents will be reviewed with all licensed nursing staff. The 5 Rights of Medication Administration will be reviewed with all licensed nursing staff as part of inservice education.

We will continue with monthly contracted consultant pharmacist and nurse consultant auditing.
The Physician assigned to the resident at the facility stated in an interview on 9/5/13 at 8:30 AM that Sinemet stayed in the system so long that a person could go several weeks without the medication before having a significant affect on the person.

The Pharmacist that dispensed the Sinemet on 10/10/12 stated in an interview on 9/5/12 at 9:05 AM that she did not dispense medications without seeing the physician order. The Pharmacist stated that the Director of Nursing (DON) brought the resident's orders to the pharmacy prior to 4PM on 10/10/12 and she gave the DON one Zocor and one Sinemet 25/100mg tablet for the afternoon dose of Sinemet. The Pharmacist stated that Sinemet 25/100 was an immediate release tablet and the Sinemet 50/200 was a sustained release tablet. The Pharmacist stated that the pharmacy did not stock the Sinemet 50/200 tablets and 2 of the 25/100 tablets did not equal a Sinemet 50/200 tablet. The Pharmacist could not explain why she dispensed one tablet of the Sinemet 25/100 instead of the 1½ tablets as written on the physician's orders.

The Director of Nursing (DON) stated in an interview on 9/5/13 at 9:30 AM that she went to the pharmacy with a copy of the physician's orders for Resident #80. The DON stated that the
| F 281 | Continued from page 2 pharmacist gave her 2 pills, one Sinemet tablet and one Zocor tablet. The DON stated that she wanted to make sure that the resident got his 5PM medications. Nurse #1 stated in an interview on 9/5/13 at 11:50 AM that she remembered the DON giving her 2 pills on the day that Resident #80 was admitted but did not remember the dose of the Sinemet. The Nurse confirmed that the initials for the Sinemet 50/200 on the MAR for 10/10/12 at 7PM were her initials. The DON stated in an interview on 9/5/13 at 3:45 PM that it looked like the resident did not receive the ordered dose of Sinemet on the evening of 10/10/12. |
| F 371 | 483.35(I) FOOD PROCURE, STORE/prepare/SERVE - SANITARY 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 observations and staff interviews the facility failed to date open food items and dispose of outdated leftovers. Findings Included:

Item in question (piece of cream cheese) was discarded at the time of discovery.

The 3 1-gallon containers were appropriately dated at the time of discovery.

Dietary employees who open food items or place leftovers in storage will label, open date, expire date and initial per facility Policy and Procedure. Exhibit B Food Storage Policy and Procedure.

F 371 | 9/3/13 DM
Item in question (piece of cream cheese) was discarded at the time of discovery.

The 3 1-gallon containers were appropriately dated at the time of discovery.

Dietary employees who open food items or place leftovers in storage will label, open date, expire date and initial per facility Policy and Procedure. Exhibit B Food Storage Policy and Procedure.

F 371 | 9/25/13 DM and on-going by dietary staff.
### Statement of Deficiencies and Plan of Correction

#### (X) Multiple Construction

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td>Continued From page 3</td>
</tr>
</tbody>
</table>

During the initial tour of the kitchen which began at 12:00 PM on 9/03/13, there were three 1-gallon containers (Italian sauce, ranch dressing and stir fry sauce) which had been opened and stored in the walk-in refrigerator with no open dates on them. In addition in the reach-in refrigerator there was a piece of cream cheese approximately 8 inches x 4 inches x 4 inches wrapped in clear plastic cling, with green and gray furry like substance on the top left side corner with no open date presence on the wrapping. The Dietary Manager (DM), who was present during the initial tour, stated the open food items in storage should have been dated.

At 1:36 PM on 9/05/13 the DM stated opened food items, food items removed from original packaging and leftover food items should have labels and dates on them. He reported the dietary employees who opened food items or placed leftover in storage were responsible for placing labels and dates on them. The DM also commented that when he was not engaged in other clinical responsibilities, he monitored the storage for appropriate labeling and dating.

On 9/05/13 at 1:50 PM an interview was conducted with Dietary Technician #1 who stated dietary employees were required to label foods containers placed in storage.

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td>Assigned dietary staff will check all opened containers for labeling and date twice daily.</td>
</tr>
<tr>
<td></td>
<td>Temperature Log has been revised to include checking all opened containers for label and date for open date, expire date and initial.</td>
</tr>
<tr>
<td></td>
<td>Exhibit C Refrigerator/Freezer Temperature and Open Container Log Policies and Procedures on food storage have been revised and updated to include frequency of checks on opened containers and staff responsible for same.</td>
</tr>
<tr>
<td></td>
<td>Temperature log will be monitored daily by Dietary Supervisor and/or Dietary Manager – Log will be initialed daily by Dietary Supervisor and or Dietary Manager</td>
</tr>
<tr>
<td></td>
<td>Monthly logs will be kept on file and audited quarterly by facility Quality Assurance Committee. Exhibit C</td>
</tr>
<tr>
<td></td>
<td>Inservice Education provided to all Dietary Staff on above mentioned changes. Exhibit D</td>
</tr>
<tr>
<td></td>
<td>Dietary Manager will maintain log and will present compliance findings quarterly to the QA Committee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion Date</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/25/13</td>
<td>Dietary Staff, Head Cook in a.m; Tray Tech in p.m and DM</td>
</tr>
<tr>
<td>DON&amp;DM</td>
<td>9/25/13</td>
</tr>
<tr>
<td>9/26/13</td>
<td>Dietary Supervisor / Dietary Manager ongoing</td>
</tr>
<tr>
<td>DON</td>
<td>Completed 9/25/13</td>
</tr>
<tr>
<td>DON</td>
<td>9/25/13</td>
</tr>
<tr>
<td>ON- GOING</td>
<td></td>
</tr>
</tbody>
</table>
**INITIAL COMMENTS**

Surveyor: 27871
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (211) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

**NFPA 101 LIFE SAFETY CODE STANDARD**

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

**42 CFR 483.70(a)**

NFPA 101 LIFE SAFETY CODE STANDARD

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct

**ASG security Co. will install a new switch with labeling to identify it as the South Hall exit door emergency release on 10/10/2013.**

Safety rounds will now include switch releases, safety rounds are used to identify life safety issues within the organization.

Release switch will be tested and documented quarterly for one year and then annually. Four preventive maintenances have been created and the log is kept at nurse's station.

**Wing back chair and chair Lift were immediately removed from corridor by room 1075 at the beauty shop. All Nursing Center Staff were in-serviced beginning 09/25/13 thru 10/11/2013.**

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

**TITLE**

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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 discloseable 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 discloseable 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.
K 000  INITIAL COMMENTS

Surveyor: 27871
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (211) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:
- **NFPA 101 LIFE SAFETY CODE STANDARD**
  - Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 7.2.1

K 038  SS=E

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: South Hall exit door does not have an emergency release switch at nurse's station. Also switch must be identified.

K 072  SS=E

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct

K 072

Wing back chair and chair lift were immediately removed from corridor by room 1075 at the beauty shop. All Nursing Center Staff were in-service beginning 09/25/13 thru 10/11/2013.

Rounds will be made by Director of Plant Ops or designee daily to assure compliance

ASG security Co. will install a new switch with labeling to identify it as the South Hall exit door emergency release on 10/10/2013.
<table>
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 072</td>
<td>Continued From page 1 exits, access to, egress from, or visibility of exits. 7.1.10</td>
<td>K 072</td>
<td>Rounds will be made by Director of Plant Ops or designee daily to assure compliance, identify other life safety issues and ensure deficient practice does not recur. Rounding log daily rounding</td>
<td></td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

Surveyor: 27871
Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: at time of survey wing back chair and chair lift was stored on corridor by room's 1075 and 1093.

42 CFR 483.70(a)
### Summary Statement of Deficiencies

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</thead>
<tbody>
<tr>
<td>K072</td>
<td>Continued From page 1</td>
<td></td>
<td>Release switch will be tested and documented quarterly for one year and then annually.</td>
<td>Plant Ops ongoing</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

Surveyor: 27671
Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include:
- At time of survey wing back chair and chair lift was stored on corridor by room's 1075 and 1083.

42 CFR 483.70(a)