

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

PRINTED: 03/18/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345337 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/07/2019 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - ALAMANCE, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 215 COLLEGE STREET GRAHAM, NC 27253 | | |
| (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 | |
| E 000 | Initial Comments An unannounced Recertification survey was conducted on 2/4/19 through 2/7/19. The facility was found in compliance with the requirement CFR 438.73, Emergency Preparedness. Event ID # FHM511. | E 000 | | | |
| F 656 SS=E | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) 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 §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and | F 656 | | 3/7/19 | |

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

TITLE

(X6) DATE

Electronically Signed

03/01/2019

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 656 | <p>Continued From page 1</p> <p>desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record reviews, the facility failed to develop a comprehensive person-centered activity care plan that included individualized goals and approaches for 5 of 5 cognitively impaired residents that needed assistance with activities (Resident #30, #55, #66, #67 and #99).</p> <p>The findings included:</p> <p>1. Resident #30 was admitted to the facility on 6/19/12. The diagnoses included cognitive impairment, communication deficit and mental retardation.</p> <p>Review of the activity assessment dated 11/21/18, revealed resident preference in group activities with interest in exercise/sports, music, trips, shopping, outdoor activities, current events, movies, plays/theatre and dining out. The quarterly Minimum Data Set (MDS) dated 11/22/18, coded Resident #30's cognition was impaired and needed assistance with activities.</p> <p>Review of the activity assessment dated 11/21/18, revealed resident preference in group</p> | F 656 | <p>F-656</p> <p>1. For Residents # 30, #55, #66, #67 and #99 did not suffer any adverse effects from the failure to develop a comprehensive activity care plan. Their comprehensive person-centered and resident specific care plans were immediately changed to reflect individualized goals and approaches for cognitively impaired residents that needed assistance with activities on 2/14/19 by the Activity Director.</p> <p>2. For residents having the potential to be affected by the same deficient practice all residents comprehensive person-centered and resident specific activity care plans were reviewed for individualized goals and approaches by the Activity Director on 2/14/19. All resident activity care plans were amended by the Activity Director on 2/14/19 to reflect individualized goals and approaches for cognitively impaired residents that needed assistance with</p> | | |

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| F 656 | <p>Continued From page 2</p> <p>activities with interest in exercise/sports, music, trips, shopping, outdoor activities, current events, movies, plays/theatre and dining out.</p> <p>Review of the care plan dated 1/10/19, identified the problem as Resident #30 at times would disrupt activities by talking loudly, demands things, or becomes anxious/aggravated. The goal included resident would sit through an activity without any outburst once weekly. The approaches included offer 1:1 assistance to resident to help keep resident calm. Praise resident when resident has sat through an activity without an outburst and stop activities if resident seems to get aggravated.</p> <p>During an interview on 2/7/19 at 11:33 AM, the Minimum Data Set (MDS) Nurse stated the expectation was for all departments to ensure residents care plan were resident specific /person center to resident needs with measurable goals and approaches. The care plan should be updated quarterly and annually to represent resident changes/progress and discontinued when appropriate. Resident #30's activity care plan with the MDS nurse she stated the resident's care plan was a standard plan for all residents and it was not person-center or resident specific based on resident assessment or activities of interest.</p> <p>During an interview on 2/7/19 at 11:45 AM, the Administrator stated the expectation was to review the entire care plans for current resident issues with measurable goals and approaches to include resident specific areas and person centered. The care plans should be updated quarterly/annually for accuracy of service needed and/or discontinued. Review of the activities care</p> | F 656 | <p>activities.</p> <p>3.3. The Administrator educated the Activity Director and Activity Assistant on 3/1/19 on reviewing comprehensive resident specific person-centered care plans upon admission, quarterly and during annual assessments and with any significant change in status. Person-centered care plan that represent resident changes/progress will be revised and or discontinued when appropriate. This review for accuracy will occur following the MDS calendar for assessments by the Activity Director.</p> <p>4. An audit was developed that includes assessment reference dates and whether the activity care plan is current and meets the needs of the resident. To ensure accuracy of care plans, 100% of all assessments will be reviewed weekly by the IDT (Interdisciplinary Team), which includes the Director of Nursing, Social Worker, Staff Development Coordinator, MDS nurses, Social Worker, and Dietician, in the Clinical At Risk meeting for four weeks and then bi-weekly for two months, and/or until a pattern of compliance is achieved. The results will be noted and reviewed in the monthly Quality Assurance Committee meeting.</p> | | |

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| F 656 | <p>Continued From page 3</p> <p>plans revealed the goals did not reflect the resident assessments nor did they have measurable goals or approaches.</p> <p>2. Resident #55 was admitted to the facility on 12/23/15. The diagnoses included cognitive communication deficit and dementia.</p> <p>Review of the activity assessment dated 10/4/18, revealed resident preference in small group activities with interest in crafts, art, music, spiritual, religious activities, gardening/plants, animals/pets, current events, drawing/painting, movies, poetry and radio. Focused activities included 1:1 activity, creative/expressive activities, community outings, intellectually stimulating activities, religious/relaxation activities, talk-orientation activities and social interaction activities.</p> <p>The quarterly Minimum Data Set (MDS) dated 12/24/18, coded Resident #55's cognition was impaired and needed assistance with activities.</p> <p>Review of the resident's care plan dated 1/10/19, included a "problem" that specified Resident #55 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> | F 656 | | | |

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| F 656 | Continued From page 4 During an interview on 2/7/19 at 11:33 AM, the Minimum Data Set (MDS) Nurse stated the expectation was for all departments to ensure resident care plans were resident specific /person center to resident needs with measurable goals and approaches. The care plan should be updated quarterly and annually to represent resident changes/progress and discontinued when appropriate. When Resident #55's activity care plan was reviewed with the MDS nurse she stated the resident's care plan was a standard plan for all residents and it was not person-center or resident specific based on resident assessment or activities of interest. During an interview on 2/7/19 at 11:45 AM, the Administrator stated the expectation was to review the entire care plans for current resident issues with measurable goals and approaches to include resident specific areas and person centered. The care plans should be updated quarterly/annually for accuracy of service needed and/or discontinued. Review of the activities care plans revealed the goals did not reflect the resident assessments nor did they have measurable goals or approaches. 3. Resident #66 was admitted to the facility on 2/20/13. The resident's diagnoses included cognitive communication deficit and dementia. Review of the activity assessment dated 12/31/18, revealed resident preference in small group activities and 1:1, with interest in exercise, sports, music, reading/writing, spiritual, religious activities, gardening/plants, animals/pets, current events, drawing/painting, movies, woodworking and outdoor games. Focused activities included | F 656 | | | |

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| F 656 | <p>Continued From page 5</p> <p>1:1 activity, creative/expressive activities, community outings, intellectually stimulating activities, religious/relaxation activities, talk-orientation activities and social interaction activities.</p> <p>The annual Minimum Data Set (MDS) dated 1/19/19, coded Resident #66's cognition was impaired and needed assistance with activities.</p> <p>Review of the resident's care plan dated 1/25/19, included a "problem" that specified Resident #66 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents ' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>During an interview on 2/7/19 at 11:33 AM, the Minimum Data Set (MDS) Nurse stated the expectation was for all departments to ensure resident care plans were resident specific /person center to resident needs with measurable goals and approaches. The care plan should be updated quarterly and annually to represent resident changes/progress and discontinued when appropriate. When Resident #55's activity care plan was reviewed with the MDS nurse she stated the resident's care plan was a standard plan for all residents and it was not person-center or resident specific based on resident</p> | F 656 | | | |

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| F 656 | <p>Continued From page 6 assessment or activities of interest.</p> <p>During an interview on 2/7/19 at 11:45 AM, the Administrator stated the expectation was to review the entire care plans for current resident issues with measurable goals and approaches to include resident specific areas and person centered. The care plans should be updated quarterly/annually for accuracy of service needed and/or discontinued. Review of the activities care plans revealed the goals did not reflect the resident assessments nor did they have measurable goals or approaches.</p> <p>4. Resident #67 was admitted to the facility on 11/15/16. The resident's diagnoses included cognitive communication deficit and dementia. The quarterly Minimum Data Set (MDS) dated 11/24/18, specified Resident #67's cognition was impaired and needed assistance with activities.</p> <p>Review of the activity assessment dated 12/31/18, revealed resident preference in small group activities with interest in crafts, art, music, spiritual, religious activities, gardening/plants, animals/pets, current events, drawing/painting, movies, poetry, wood working, word games and radio. Focused activities included 1:1 activity, creative/expressive activities, community outings, intellectually stimulating activities, religious/relaxation activities, talk-orientation activities and social interaction activities.</p> <p>Review of the resident's care plan dated 1/28/19, included a "problem" that specified Resident #67 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a</p> | F 656 | | | |

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| F 656 | <p>Continued From page 7</p> <p>week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>During an interview on 2/7/19 at 11:33 AM, the Minimum Data Set (MDS) Nurse stated the expectation was for all departments to ensure resident care plans were resident specific /person center to resident needs with measurable goals and approaches. The care plan should be updated quarterly and annually to represent resident changes/progress and discontinued when appropriate. When Resident #55's activity care plan was reviewed with the MDS nurse she stated the resident's care plan was a standard plan for all residents and it was not person-center or resident specific based on resident assessment or activities of interest.</p> <p>During an interview on 2/7/19 at 11:45 AM, the Administrator stated the expectation was to review the entire care plans for current resident issues with measurable goals and approaches to include resident specific areas and person centered. The care plans should be updated quarterly/annually for accuracy of service needed and/or discontinued. Review of the activities care plans revealed the goals did not reflect the resident assessments nor did they have measurable goals or approaches.</p> <p>5. Resident #99 was admitted to the facility on 10/8/18. The diagnoses included cognitive</p> | F 656 | | | |

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| F 656 | <p>Continued From page 8</p> <p>communication deficit and dementia. The quarterly Minimum Data Set (MDS) dated 1/28/19, coded Resident #99's cognition was impaired and needed assistance with activities.</p> <p>Review of the activity assessment dated 1/7/19, revealed resident preference in small group activities and 1:1 with interest in card/board/games music, spiritual, religious activities, gardening/plants, animals/pets, current events, drawing/painting, movies, plays/theatre and coloring. Focused activities included 1:1 activity, creative/expressive activities, community outings, intellectually stimulating activities, religious/relaxation activities, talk-orientation activities and social interaction activities.</p> <p>Review of the resident's care plan dated 1/28/19, included a "problem" that specified Resident #99 required extensive assistance in activities. Resident enjoys bingo and music. The goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>During an interview on 2/7/19 at 11:33 AM, the Minimum Data Set (MDS) Nurse stated the expectation was for all departments to ensure resident care plans were resident specific /person center to resident needs with measurable goals and approaches. The care plan should be</p> | F 656 | | | |

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| F 656 | Continued From page 9 updated quarterly and annually to represent resident changes/progress and discontinued when appropriate. When Resident #55's activity care plan was reviewed with the MDS nurse she stated the resident's care plan was a standard plan for all residents and it was not person-center or resident specific based on resident assessment or activities of interest. During an interview on 2/7/19 at 11:45 AM, the Administrator stated the expectation was to review the entire care plans for current resident issues with measurable goals and approaches to include resident specific areas and person centered. The care plans should be updated quarterly/annually for accuracy of service needed and/or discontinued. Review of the activities care plans revealed the goals did not reflect the resident assessments nor did they have measurable goals or approaches. | F 656 | | | |
| F 679 SS=E | Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and record review, the facility failed to provide an | F 679 | | | 3/7/19 |
| | | | F-679 | | |

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| F 679 | <p>Continued From page 10</p> <p>on-going activity program as scheduled and that met the individual interest and needs to enhance the quality of life for 5 of 5 cognitively impaired residents reviewed for activities (Residents #30, #55, #66, #67 and #99).</p> <p>The findings included:</p> <p>1. Resident #30 was admitted to the facility on 6/19/12 and resided on the facility's 200 hallway. The resident's diagnoses included cognitive impairment, communication deficit and mental retardation.</p> <p>Resident #30 was coded on the quarterly Minimum Data Set (MDS) dated 11/22/18, as having impaired cognition and he needed assistance with activities.</p> <p>Review of the activity assessment dated 11/21/18, revealed resident preference in group activities with interest in exercise/sports, music, trips, shopping, outdoor activities, current events, movies, plays/theatre and dining out.</p> <p>Review of Resident #30's care plan dated 1/10/19, specified the resident would at times would disrupt activities by talking loudly, demanding things, or becoming anxious/aggravated. The goal included resident would sit through an activity without any outburst once weekly without any outburst. The approaches included offer 1:1 assistance to resident to help keep resident calm. Praise resident when resident has sat through an activity without an outburst and stop activities if resident seems to get aggravated.</p> <p>During an interview with Resident #30 on 2/4/19</p> | F 679 | <p>1. The facility Activity Director immediately gathered residents #30, #55, #66, #67 and #99 and took them to the scheduled activity. The activity programs according to the calendar will be followed at the designated times and locations and offered to all residents according to their interests.</p> <p>2. For residents having the potential to be affected by the same deficient practice: All residents had review of person-centered preferences by the Activity Director on 2/14/19. No other residents were adversely affected. An ongoing program to support residents in their choice of activities, both facilities sponsored group and individualized activities and independent activities, designated to meet the interest of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>3. The Administrator educated the Activity Director and Activity Assistant on 3/1/19 about the importance of daily activities for all residents and educated both employees to monitor both the attendance and record which residents attend according to their interest choices. The Activity Director will post the activity calendar monthly in the hallway and in residents rooms and will offer varied activities to meet the needs of all residents. The attendance will be recorded in an attendance book and the</p> | | |

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| F 679 | <p>Continued From page 11</p> <p>at 10:00 AM he reported being interested in music, sports, bingo, church and fun stuff.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/04/19: 10:00 AM coffee club, 3:00 PM Bingo and in room visits (no designated time frame)</p> <p>Observations of Resident #30 on 2/4/19 at 10:00 AM and at 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/05/19: 10:00 AM coffee club, 10:30 AM fancy fingers, 2:00 PM kingdom Hall and 3:00 PM volunteer's name (no description).</p> <p>Observations of Resident #30 on 2/5/19 at 10:00 AM, 10:30 AM, 2:00 PM and 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>During an interview on 2/6/19 at 11:27 AM, Nursing Assistant (NA) #2, who worked on the facility's 200 hallway, stated the expectation was for staff to get all residents up, ready for the activities and to take them to the scheduled activity and/or the main dining room if there were schedule activities. NA #2 indicated she had not taken any of the residents from the 200 hall to any of the scheduled activities that were scheduled to take place off the 200 hallway.</p> | F 679 | <p>electronic health record according to residents names and dates of attendance.</p> <p>4. An audit tool was developed to include dates, times, location and resident participation and to compare activity calendar to actual activity occurring. To ensure accuracy of activity calendars and attendance according to the resident choices, the Administrator will audit 15 activities weekly for four weeks, 10 and then bi-weekly for two months, and/or until a pattern of compliance is achieved. The results will be noted and reviewed in the monthly Quality Assurance Committee meeting.</p> | | |

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| F 679 | Continued From page 12 During an interview on 2/6/19 at 11:29 AM, NA#3, who worked on the facility's 200 hallway, stated once the residents were bathed and dressed they were to be taken to the activity room on the 200 hallway for coffee and then to other activities. NA#3 stated she had taken residents to the activity room, but she was uncertain whether the activity took place and she had not taken any residents to any other activities that were scheduled. NA #3 stated the activities staff was responsible for doing the activity and NAs were responsible to assist with taking residents to the activities when available. During an interview on 2/6/19 at 11:40 AM, NA #4, who worked on the facility's 200 hallway, stated once residents were groomed and dressed in the morning they were to be taken to the 200 hallway activity room to watch television. NA #4 further stated the activities staff were expected to provide the scheduled activities and the NA staff were expected to assist with taking residents to the activities when we can. During an interview on 2/6/19 at 11:43 AM, NA #5, who worked on the facility's 200 hallway, stated the expectation of the NA staff was to ensure in the mornings the residents on the 200 hallway were up, dressed and ready for activities. NA #5 further explained the NA staff was expected to take residents to the 200 hallway activity room by 10:00 AM, for the scheduled coffee club activity and aides were to assist with taking residents to other activities in the facility when available. NA #5 stated the activity staff were expected to run the activities that was scheduled. | F 679 | | | |

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| F 679 | <p>Continued From page 13</p> <p>During an interview on 2/6/19 at 11:07 AM, the Activities Director (AD) indicated she was unaware the activities scheduled for the 200 hallway on 2/4/19 and 2/5/19 did not occur as scheduled and residents on the 200-hall area were not encouraged or offered participation in the scheduled activities that took place off the facility's 200 hallway. She further stated she did not have a system in place to ensure the cognitively impaired residents, including Resident #30, received or attended activities. The AD added the expectation was for the nurse aides to assist and bring residents to the activities. The AD reviewed several months of the scheduled activities and stated the current activities program does not incorporate residents with cognitive impairments. The AD stated the expectation was for her to document quarterly on resident participation and progress. The AD stated she did not have a system in place to ensure participation records and documentation were current.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for the activities staff to run the activities program as planned. In addition, all staff was expected to encourage resident participation and assist with taking residents to the activities. Review of the facility's activities calendar with the administrator revealed the scheduled daily activities did not always address the needs of residents with dementia or cognitive impairments. Additional, review of the activities progress notes revealed insufficient documentation of resident participation was incomplete for at least a year or more. The Administrator stated the expectation would be for the activities staff to document resident participation and document quarterly.</p> | F 679 | | | |

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| F 679 | <p>Continued From page 14</p> <p>2. Resident #55 was admitted to the facility on 12/23/15 and resided on the facility's 200 hallway. The resident's diagnoses included cognitive communication deficit and dementia. Resident #55's quarterly Minimum Data Set (MDS) dated 12/24/18, coded the resident's cognition as impaired and needed assistance with activities.</p> <p>Review of the resident's care plan dated 1/10/19, included a "problem" that specified Resident #55 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>During an interview with Resident #55 on 2/4/19 at 10:05 AM the resident reported interest in music, flowers, art and dancing.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/04/19: 10:00 AM coffee club, 3:00 PM Bingo and in room visits (no designated time frame).</p> <p>Observations of Resident #55 on 2/4/19 at 10:00 AM and at 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> | F 679 | | | |

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| F 679 | Continued From page 15 Review of the facility's activity calendar revealed the following activities were scheduled for 02/05/19: 10:00 AM coffee club, 10:30 AM fancy fingers, 2:00 PM kingdom Hall and 3:00 PM volunteer's name (no description). Observations of Resident #55 on 2/5/19 at 10:00 AM, 10:30 AM, 2:00 PM and 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar. During an interview on 2/6/19 at 11:27 AM, Nursing Assistant (NA) #2, who worked on the facility's 200 hallway, stated the expectation was for staff to get all residents up, ready for the activities and to take them to the scheduled activity and/or the main dining room if there were schedule activities. NA #2 indicated she had not taken any of the residents from the 200 hall to any of the scheduled activities that were scheduled to take place off the 200 hallway. During an interview on 2/6/19 at 11:29 AM, NA#3, who worked on the facility's 200 hallway, stated once the residents were bathed and dressed they were to be taken to the activity room on the 200 hallway for coffee and then to other activities. NA#3 stated she had taken residents to the activity room, but she was uncertain whether the activity took place and she had not taken any residents to any other activities that were scheduled. NA #3 stated the activities staff was responsible for doing the activity and NAs were responsible to assist with taking residents to the activities when available. | F 679 | | | |

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| F 679 | <p>Continued From page 16</p> <p>During an interview on 2/6/19 at 11:40 AM, NA #4, who worked on the facility's 200 hallway, stated once residents were groomed and dressed in the morning they were to be taken to the 200 hallway activity room to watch television. NA #4 further stated the activities staff were expected to provide the scheduled activities and the NA staff were expected to assist with taking residents to the activities when we can.</p> <p>During an interview on 2/6/19 at 11:43 AM, NA #5, who worked on the facility's 200 hallway, stated the expectation of the NA staff was to ensure in the mornings the residents on the 200 hallway were up, dressed and ready for activities. NA #5 further explained the NA staff was expected to take residents to the 200 hallway activity room by 10:00 AM, for the scheduled coffee club activity and aides were to assist with taking residents to other activities in the facility when available. NA #5 stated the activity staff were expected to run the activities that was scheduled.</p> <p>During an interview on 2/6/19 at 11:07 AM, the Activities Director (AD) indicated she was unaware the activities scheduled for the 200 hallway on 2/4/19 and 2/5/19 did not occur as scheduled and residents on the 200 hall area were not encouraged or offered participation in the scheduled activities that took place off the facility's 200 hallway. She further stated she did not have a system in place to ensure the cognitively impaired residents, including Resident #55, received or attended activities. The AD added the expectation was for the nurse aides to assist and bring residents to the activities. The AD reviewed several months of the scheduled</p> | F 679 | | |

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| F 679 | <p>Continued From page 17</p> <p>activities and stated the current activities program does not incorporate residents with cognitive impairments. The AD stated the expectation was for her to document quarterly on resident participation and progress. The AD stated she did not have a system in place to ensure participation records and documentation were current.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for the activities staff to run the activities program as planned. In addition, all staff was expected to encourage resident participation and assist with taking residents to the activities. Review of the facility's activities calendar with the administrator revealed the scheduled daily activities did not always address the needs of residents with dementia or cognitive impairments. Additional, review of the activities progress notes revealed insufficient documentation of resident participation was incomplete for at least a year or more. The Administrator stated the expectation would be for the activities staff to document resident participation and document quarterly.</p> <p>3. Resident #66 was admitted to the facility on 2/20/13 and resided on the facility's 200 hallway. The resident's diagnoses included cognitive communication deficit and dementia. The annual Minimum Data Set (MDS) dated 1/19/19, coded Resident #66's cognition as impaired and needed assistance with activities.</p> <p>Review of the resident's care plan dated 1/25/19, included a "problem" that specified Resident #66 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a</p> | F 679 | | | |

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| F 679 | <p>Continued From page 18</p> <p>week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>During an interview with Resident #66 on 2/4/19 at 10:00 AM, he reported interest in music, church, writing and woodwork.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/04/19: 10:00 AM coffee club, 3:00 PM Bingo and in room visits (no designated time frame).</p> <p>Observations of Resident #66 on 2/4/19 at 10:00 AM and at 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/05/19: 10:00 AM coffee club, 10:30 AM fancy fingers, 2:00 PM kingdom Hall and 3:00 PM volunteer's name (no description).</p> <p>Observations of Resident #66 on 2/5/19 at 10:00 AM, 10:30 AM, 2:00 PM and 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> | F 679 | | | |

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| F 679 | Continued From page 19 During an interview on 2/6/19 at 11:27 AM, Nursing Assistant (NA) #2, who worked on the facility's 200 hallway, stated the expectation was for staff to get all residents up, ready for the activities and to take them to the scheduled activity and/or the main dining room if there were schedule activities. NA #2 indicated she had not taken any of the residents from the 200 hall to any of the scheduled activities that were scheduled to take place off the 200 hallway. During an interview on 2/6/19 at 11:29 AM, NA#3, who worked on the facility's 200 hallway, stated once the residents were bathed and dressed they were to be taken to the activity room on the 200 hallway for coffee and then to other activities. NA#3 stated she had taken residents to the activity room, but she was uncertain whether the activity took place and she had not taken any residents to any other activities that were scheduled. NA #3 stated the activities staff was responsible for doing the activity and NAs were responsible to assist with taking residents to the activities when available. During an interview on 2/6/19 at 11:40 AM, NA #4, who worked on the facility's 200 hallway, stated once residents were groomed and dressed in the morning they were to be taken to the 200 hallway activity room to watch television. NA #4 further stated the activities staff were expected to provide the scheduled activities and the NA staff were expected to assist with taking residents to the activities when we can. During an interview on 2/6/19 at 11:43 AM, NA #5, who worked on the facility's 200 hallway, stated the expectation of the NA staff was to | F 679 | | | |

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| F 679 | <p>Continued From page 20</p> <p>ensure in the mornings the residents on the 200 hallway were up, dressed and ready for activities. NA #5 further explained the NA staff was expected to take residents to the 200 hallway activity room by 10:00 AM, for the scheduled coffee club activity and aides were to assist with taking residents to other activities in the facility when available. NA #5 stated the activity staff were expected to run the activities that was scheduled.</p> <p>During an interview on 2/6/19 at 11:07 AM, the Activities Director (AD) indicated she was unaware the activities scheduled for the 200 hallway on 2/4/19 and 2/5/19 did not occur as scheduled and residents on the 200-hall area were not encouraged or offered participation in the scheduled activities that took place off the facility's 200 hallway. She further stated she did not have a system in place to ensure the cognitively impaired residents, including Resident #66, received or attended activities. The AD added the expectation was for the nurse aides to assist and bring residents to the activities. The AD reviewed several months of the scheduled activities and stated the current activities program does not incorporate residents with cognitive impairments. The AD stated the expectation was for her to document quarterly on resident participation and progress. The AD stated she did not have a system in place to ensure participation records and documentation were current.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for the activities staff to run the activities program as planned. In addition, all staff was expected to encourage resident participation and assist with taking residents to the activities. Review of the</p> | F 679 | | | |

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| F 679 | <p>Continued From page 21</p> <p>facility's activities calendar with the administrator revealed the scheduled daily activities did not always address the needs of residents with dementia or cognitive impairments. Additional, review of the activities progress notes revealed insufficient documentation of resident participation was incomplete for at least a year or more. The Administrator stated the expectation would be for the activities staff to document resident participation and document quarterly.</p> <p>4. Resident #67 was admitted to the facility on 11/15/16 and resided on the facility's 200 hallway. The resident's diagnoses included cognitive communication deficit and dementia. The quarterly Minimum Data Set (MDS) dated 11/24/18, coded Resident #67's cognition as impaired and needed assistance with activities.</p> <p>Review of the resident's care plan dated 1/28/19, included a "problem" that specified Resident #67 required extensive assistance in activities related to memory related to dementia. The goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/04/19: 10:00 AM coffee club, 3:00 PM Bingo and in room</p> | F 679 | | | |

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| F 679 | <p>Continued From page 22 visits (no designated time frame).</p> <p>Observations of Resident #67 on 2/4/19 at 10:00 AM and at 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/05/19: 10:00 AM coffee club, 10:30 AM fancy fingers, 2:00 PM kingdom Hall and 3:00 PM volunteer's name (no description).</p> <p>Observations of Resident #67 on 2/5/19 at 10:00 AM, 10:30 AM, 2:00 PM and 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>During an interview on 2/6/19 at 11:27 AM, Nursing Assistant (NA) #2, who worked on the facility's 200 hallway, stated the expectation was for staff to get all residents up, ready for the activities and to take them to the scheduled activity and/or the main dining room if there were schedule activities. NA #2 indicated she had not taken any of the residents from the 200 hall to any of the scheduled activities that were scheduled to take place off the 200 hallway.</p> <p>During an interview on 2/6/19 at 11:29 AM, NA#3, who worked on the facility's 200 hallway, stated once the residents were bathed and dressed they were to be taken to the activity room on the 200 hallway for coffee and then to other activities. NA#3 stated she had taken residents to the</p> | F 679 | | | |

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| F 679 | <p>Continued From page 23</p> <p>activity room, but she was uncertain whether the activity took place and she had not taken any residents to any other activities that were scheduled. NA #3 stated the activities staff was responsible for doing the activity and NAs were responsible to assist with taking residents to the activities when available.</p> <p>During an interview on 2/6/19 at 11:40 AM, NA #4, who worked on the facility's 200 hallway, stated once residents were groomed and dressed in the morning they were to be taken to the 200 hallway activity room to watch television. NA #4 further stated the activities staff were expected to provide the scheduled activities and the NA staff were expected to assist with taking residents to the activities when we can.</p> <p>During an interview on 2/6/19 at 11:43 AM, NA #5, who worked on the facility's 200 hallway, stated the expectation of the NA staff was to ensure in the mornings the residents on the 200 hallway were up, dressed and ready for activities. NA #5 further explained the NA staff was expected to take residents to the 200 hallway activity room by 10:00 AM, for the scheduled coffee club activity and aides were to assist with taking residents to other activities in the facility when available. NA #5 stated the activity staff were expected to run the activities that was scheduled.</p> <p>During an interview on 2/6/19 at 11:07 AM, the Activities Director (AD) indicated she was unaware the activities scheduled for the 200 hallway on 2/4/19 and 2/5/19 did not occur as scheduled and residents on the 200-hall area were not encouraged or offered participation in the scheduled activities that took place off the</p> | F 679 | | | |

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| F 679 | <p>Continued From page 24</p> <p>facility's 200 hallway. She further stated she did not have a system in place to ensure the cognitively impaired residents, including Resident #67, received or attended activities. The AD added the expectation was for the nurse aides to assist and bring residents to the activities. The AD reviewed several months of the scheduled activities and stated the current activities program does not incorporate residents with cognitive impairments. The AD stated the expectation was for her to document quarterly on resident participation and progress. The AD stated she did not have a system in place to ensure participation records and documentation were current.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for the activities staff to run the activities program as planned. In addition, all staff was expected to encourage resident participation and assist with taking residents to the activities. Review of the facility's activities calendar with the administrator revealed the scheduled daily activities did not always address the needs of residents with dementia or cognitive impairments. Additional, review of the activities progress notes revealed insufficient documentation of resident participation was incomplete for at least a year or more. The Administrator stated the expectation would be for the activities staff to document resident participation and document quarterly.</p> <p>5. Resident #99 was admitted to the facility on 10/8/18 and resided on the facility's 200 hallway. The resident's diagnoses included cognitive communication deficit and dementia. The quarterly Minimum Data Set (MDS) dated 1/28/19, coded Resident #99's cognition as impaired and needed assistance with activities.</p> | F 679 | | | |

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| F 679 | <p>Continued From page 25</p> <p>Review of the resident's care plan dated 1/28/19, included a "problem" that specified Resident #99 required extensive assistance in activities. Resident enjoys bingo and music. The care plan goal included resident would be able to remember and complete a simple activity task three times a week. The approaches included encourage resident to participate in activities of interest such as watching others dance, watching television, socializing, eat out, current events and dance/music, modify approaches according to residents' ability and response to levels during activities, remind and assist resident to/from and during activities and simplify and breakdown task to encourage resident participation in activities.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/04/19: 10:00 AM coffee club, 3:00 PM Bingo and in room visits (no designated time frame).</p> <p>Observations of Resident #99 on 2/4/19 at 10:00 AM and at 3:00 PM revealed he was in the 200 hallway activity room not engaged in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>Review of the facility's activity calendar revealed the following activities were scheduled for 02/05/19: 10:00 AM coffee club, 10:30 AM fancy fingers, 2:00 PM kingdom Hall and 3:00 PM volunteer's name (no description).</p> <p>Observations of Resident #99 on 2/5/19 at 10:00 AM, 10:30 AM, 2:00 PM and 3:00 PM revealed he was in the 200 hallway activity room not engaged</p> | F 679 | | | |

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| F 679 | <p>Continued From page 26</p> <p>in any activity and not participating in the activities that were scheduled at these times on the activity calendar.</p> <p>During an interview on 2/6/19 at 11:27 AM, Nursing Assistant (NA) #2, who worked on the facility's 200 hallway, stated the expectation was for staff to get all residents up, ready for the activities and to take them to the scheduled activity and/or the main dining room if there were schedule activities. NA #2 indicated she had not taken any of the residents from the 200 hall to any of the scheduled activities that were scheduled to take place off the 200 hallway.</p> <p>During an interview on 2/6/19 at 11:29 AM, NA#3, who worked on the facility's 200 hallway, stated once the residents were bathed and dressed they were to be taken to the activity room on the 200 hallway for coffee and then to other activities. NA#3 stated she had taken residents to the activity room, but she was uncertain whether the activity took place and she had not taken any residents to any other activities that were scheduled. NA #3 stated the activities staff was responsible for doing the activity and NAs were responsible to assist with taking residents to the activities when available.</p> <p>During an interview on 2/6/19 at 11:40 AM, NA #4, who worked on the facility's 200 hallway, stated once residents were groomed and dressed in the morning they were to be taken to the 200 hallway activity room to watch television. NA #4 further stated the activities staff were expected to provide the scheduled activities and the NA staff were expected to assist with taking residents to the activities when we can.</p> | F 679 | | | |

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| F 679 | <p>Continued From page 27</p> <p>During an interview on 2/6/19 at 11:43 AM, NA #5, who worked on the facility's 200 hallway, stated the expectation of the NA staff was to ensure in the mornings the residents on the 200 hallway were up, dressed and ready for activities. NA #5 further explained the NA staff was expected to take residents to the 200 hallway activity room by 10:00 AM, for the scheduled coffee club activity and aides were to assist with taking residents to other activities in the facility when available. NA #5 stated the activity staff were expected to run the activities that was scheduled.</p> <p>During an interview on 2/6/19 at 11:07 AM, the Activities Director (AD) indicated she was unaware the activities scheduled for the 200 hallway on 2/4/19 and 2/5/19 did not occur as scheduled and residents on the 200-hall area were not encouraged or offered participation in the scheduled activities that took place off the facility's 200 hallway. She further stated she did not have a system in place to ensure the cognitively impaired residents, including Resident #99, received or attended activities. The AD added the expectation was for the nurse aides to assist and bring residents to the activities. The AD reviewed several months of the scheduled activities and stated the current activities program does not incorporate residents with cognitive impairments. The AD stated the expectation was for her to document quarterly on resident participation and progress. The AD stated she did not have a system in place to ensure participation records and documentation were current.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for the activities staff to run the activities program as</p> | F 679 | | | |

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| F 679 | Continued From page 28 planned. In addition, all staff was expected to encourage resident participation and assist with taking residents to the activities. Review of the facility's activities calendar with the administrator revealed the scheduled daily activities did not always address the needs of residents with dementia or cognitive impairments. Additional, review of the activities progress notes revealed insufficient documentation of resident participation was incomplete for at least a year or more. The Administrator stated the expectation would be for the activities staff to document resident participation and document quarterly. | F 679 | | | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and | F 690 | | 3/7/19 | |

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| F 690 | <p>Continued From page 29</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to keep a resident's urinary catheter drainage bag from touching the floor for 1 of 1 sampled residents with an indwelling urinary catheter (Resident #55).</p> <p>The findings included:</p> <p>Resident #55 was admitted on 12/23/15. The resident's diagnoses included urinary retention. The quarterly Minimum Data Set (MDS) dated 12/24/18, indicated Resident #55 had cognitive impairments and required total assistance with activities of daily living.</p> <p>Review of the care plan dated 1/10/19 identified the problem as Resident #55 has potential for urinary tract infection (UTI) related to the history of urinary tract infection, and the use of an indwelling urinary catheter. The diagnoses include urinary retention, hypertension and gastro-esophageal reflux disease. The goal included Resident #55 would not exhibit signs of urinary tract infection. The approaches included</p> | F 690 | <p>F-690</p> <ol style="list-style-type: none"> For Resident #55, did not suffer any adverse effects from her catheter touching the floor. The facility Charge Nurse #2 immediately removed the catheter bag from touching the floor. The catheter bag was secured to the bed frame without touching the floor. For residents having the potential to be affected by the same deficient practice all residents with indwelling catheters were evaluated to see if their catheters were touching the floor. This was conducted by the Director of Nursing and Staff Development Coordinator On 2/6/19. No other residents were identified or affected. The Staff Development Nurse and Director of Nursing conducted 100% education to Licensed Nurses and Certified Nursing Assistants regarding catheter bag not being placed on to the | | |

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| F 690 | <p>Continued From page 30</p> <p>Administer medications as ordered and evaluate and document and report effectiveness and any adverse side effects. Assess for UTI (burning, pain w/urination, urgency, frequency, bladder cramps/spasms, low back pain, flank pain, malaise, nausea, vomiting, pain/tenderness over the bladder, chills, fever, foul odor of urine, concentrated urine, blood in urine, confusion, unexplained change in mental status) and report to physician.</p> <p>During a continuous observation on 02/06/19 from 8:10 AM to 10:38 AM, Resident #55 was lying in bed sleep with the bed was in the lowest position on the floor. The urinary drainage bag was detached from the bed lying on the floor. The drainage bag was not secured to Resident #55. Several staff entered the room to provide care for the roommate. Staff did not check Resident #55's drainage bag that was lying on the floor. On 02/06/19 at 10:38 AM Nurse #2 enter room and picked the drainage bag off the floor and reposition the bag onto the bed frame.</p> <p>During an interview on 2/6/19 at 10:38 AM, Nurse #2 was asked what the required position of the drainage bag and she stated the drainage bag should be secured and below the bladder. The expectation would be for all staff to ensure the drainage bag was properly placed and secured.</p> <p>During an interview on 2/6/19 at 11:35 AM, the Director of Nursing stated the expectation was for the drainage bag should not to be lying on the floor. The bed should be positioned at proper level to ensure the drainage bag was secured to resident leg and/or bed. The nurse, charge nurse and unit manager should be checking to make sure all of the catheter drainage bags were</p> | F 690 | <p>floor at any time and secured to bed/chair and below the residents bladder. Any licensed nurse or CNA who is either on LOA, vacation or PRN status will be educated upon returning to their assignments.</p> <p>4. To ensure accuracy of catheter bag placement not being on the floor, a daily audit tool was created that includes whether the catheter bag is touching the floor. The Director of Nursing or designee will audit 100% of the resident population with an indwelling catheter daily each shift for 2 weeks and then weekly each shift for 2 weeks and then every shift bi-weekly for 4 weeks. The results will be brought to our Monthly QAPI meeting to evaluate the need for additional interventions or a pattern of compliance is achieved.</p> | | |

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| F 690 | <p>Continued From page 31 secured properly and not on the floor.</p> <p>During an interview on 2/6/19 at 2:30 PM, Nurse Manager stated the expectation was for the aides and nursing to check proper positioning and anchoring of the drainage bag to ensure it was secured either to resident or bed.</p> <p>During an interview on 2/7/19 at 8:17 AM, the Administrator stated the expectation was for nursing to ensure the drainage bags were secured properly and positioned correctly. The catheter should not be on the floor at any time.</p> | F 690 | | |