

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

PRINTED: 07/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/06/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DURHAM NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 S LASALLE STREET</b> <b>DURHAM, NC 27705</b>		
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E 000	Initial Comments  An unannounced Recertification survey was conducted on 6/3/19 through 6/6/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #CU3W11.	E 000			
F 656 SS=D	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		7/3/19	

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

TITLE

(X6) DATE

Electronically Signed

06/28/2019

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 record review, observations, staff and resident interviews, the facility failed to implement a person centered care plan in the areas of self-administration of tube feeding for 1 of 2 residents (Resident #'s 33).</p> <p>Findings included:</p> <p>1. Resident #33 was admitted to the facility 3/30/17 and last re-entered the facility 3/24/18. A review of a quarterly MDS (Minimum Data Set-a tool used for resident assessment) dated 4/11/19 revealed Resident #33 was cognitively intact and displayed no behaviors or rejection of care. Resident #33 required extensive assistance for transfers, bed mobility and eating. All other activities of daily living required supervision only. Active diagnoses included, but were not limited to heart failure, cancer of the mouth, and other parts of the body. Resident #33 was assessed as having had a feeding tube.</p> <p>Resident #33's monthly May 2019 physician orders read, in part, "tube feeding bolus feed two cal (calorie) HN-Give 360mL (milliliter) VT (via tube) QID (four times per day); g tube site</p>	F 656	<p>1. 6/5/19 resident #33 was assessed by Director of Nursing for ability to self-administer tube feedings. Resident able to return demonstrate ability to safely self-administer tube feeding after measuring of tube feeding by licensed nurse and under supervision of licensed nurse. Resident desire to self-administer and ability to safely self-administer tube feeding communicated to physician and orders received for measuring of tube feeding, flush and monitoring of self-administration.</p> <p>6/5/19 resident #33 care plan updated to reflect self-administration of tube feeding.</p> <p>2. Residents receiving tube feeding have the potential to be affected.</p> <p>6/5/19 residents receiving tube feeding were interviewed by Director of Nursing for desire to self-administer tube feeding. No other residents receiving tube feeding expressed the desire to self-administer tube feeding.</p>		

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F 656	<p>Continued From page 2</p> <p>care-cleanse g tube site daily; check tube placement of feeding tube prior to tube feeding and medication administration by auscultation (listening)."</p> <p>Care plans last updated 5/29/19 were reviewed and revealed a care plan focused on Resident #33 being "The resident required tube feeding related to dysphagia d/t (due to) cancer of the mouth." The stated goals read, in part, "The resident will be free from aspiration. The resident maintain adequate nutritional and hydration status aeb (as evidenced by) no s/sx (signs and symptoms) of malnutrition or dehydration. The resident will remain free of side effects or complications related to (r/t) tube feeding. The resident's insertion site will be free of s/sx of infection." Interventions read, in part, "check for placement and gastric contents/residual volume per facility protocol and record. Keep head of bed elevated. Listen to lung sounds.</p> <p>Monitor/document/report to MD (physician) prn (as needed): aspiration-fever, SOB (shortness of breath), tube dislodged, infection at tube site, self-extubation, tube dysfunction or malfunction, abnormal breath/lung sounds, abnormal lab values, abdominal pain, distention, tenderness, constipation or fecal impaction, diarrhea, nausea/vomiting, dehydration. Obtain and monitor lab/diagnostic work. Report results to MD and follow up as indicated. Provide local care to g-tube (feeding tube) site as ordered and monitor for s/sx of infection." Further review of the care plan revealed it did not address that Resident #33 self-administered his own bolus tube feedings until the plan was updated on 6/5/19.</p> <p>An observation was conducted on 6/3/19 at 9:30AM of Resident #33 in his room. Tube</p>	F 656	<p>3. 6/5/19 education began for all licensed nurses by Director of Nursing, Assistant Director of Nursing and/or Nursing Supervisor related to self-administration of tube feedings to include if resident verbalized desire to self-administration tube feeding referral to be made to interdisciplinary team including physician and/or nurse practitioner for evaluation for ability to self-administer. Upon completion of evaluation by interdisciplinary team physician and/or nurse practitioner will provide physician's order for self-administration of tube feedings if appropriate. Upon receipt of physician's order for self-administration resident care plan will be updated to reflect desire and ability to self-administer tube feedings.</p> <p>Upon admission residents receiving tube feeding will be evaluated for the desire to self-administer tube feedings by licensed nurse admitting resident. If resident verbalizes desire to self-administer tube feeding referral to be made to interdisciplinary team including physician and/or nurse practitioner for evaluation for ability to self-administer. Upon completion of evaluation by interdisciplinary team physician and/or nurse practitioner will provide physician's order for self-administration of tube feedings if appropriate. Upon receipt of physician's order for self-administration resident care plan will be updated to reflect desire and ability to self-administer tube feedings.</p>		

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F 656	<p>Continued From page 3</p> <p>feeding formula in a graduated cylinder, and a piston syringe were observed on the bedside table. An interview was conducted at this time with Resident #33 and he stated he administered is own tube feeding. He stated he had always administered his own tube feeding since he was admitted to the facility. The nurses brought him the tube feeding formula and poured it into the graduated cylinder, and left the room. He also stated he changed the syringe on a daily basis.</p> <p>An observation was conducted on 6/5/29 at 1:00PM. Tube feeding formula was observed on the bedside table in a graduated cylinder. An interview with the resident at this time revealed he administered his own tube feeding.</p> <p>An interview was conducted with Resident #33 on 6/3/19 at 3:00PM. He revealed his supply of piston syringes in his nightstand drawer and stated he changed the syringe daily and administered his own tube feeding "whenever I get hungry."</p> <p>An interview was conducted with Nurse #5 on 6/4/19 at 12:30PM. She stated Resident #33 "sometimes" administered his own tube feeding, but she typically administered them. She stated, "I'm not sure if there's an order for him to self-administer so I'll talk to the NP (Nurse Practitioner) to obtain one for safety reasons." She also stated a resident who self-administered medications was educated and needed to return demonstrate proper technique and safety measures, She stated she believed she assessed Resident #33 when he was first admitted because he self-administered his tube feeds at home and continued to do that in the facility.</p>	F 656	<p>Residents receiving tube feeding will continue with comprehensive care plan review at least quarterly by MDS coordinator to include evaluation for desire to self-administer tube feedings. Upon completion of care plan review if resident verbalizes desire to self-administer tube feeding referral to be made to interdisciplinary team including physician and/or nurse practitioner for evaluation for ability to self-administer. Upon completion of evaluation by interdisciplinary team physician and/or nurse practitioner will provide physician's order for self-administration of tube feedings if appropriate. Upon receipt of physician's order for self-administration resident care plan will be updated to reflect desire and ability to self-administer tube feedings.</p> <p>MDS coordinator will report findings of comprehensive care plan reviews for residents receiving tube feeding to Director of Nursing weekly x 4 months then monthly thereafter.</p> <p>4. The Director of Nursing will report findings of comprehensive care plan reviews for residents receiving tube feedings to Quality Assurance and Performance Improvement Committee monthly x 4 months or until a pattern of compliance is achieved.</p>		

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F 656	Continued From page 4 An interview was conducted with the Director of Nursing (DON) on 6/5/19 at 10:00AM. She stated she was not aware of any resident who wished to self-administer tube feeding formula. She also stated if a resident wished to self-administer tube feeding formula they would need to return demonstrate proper technique, and they should be care planned for self-administration.  An additional interview was conducted with the DON on 6/5/19 at 2:10PM. She stated, "We've clarified with the physician about (Resident #33) self-administering his own tube feeding. We spoke to the resident and he verbalized his desire to self-administer his tube feeding. I asked his technique for measuring his tube feeding formula and he stated he put it in a graduated cylinder in his room. Then he administered his tube feeding. Due to the difficulty with reading the numbers in the graduated cylinder I asked the resident if he was agreeable to allowing the nurse to measure his formula and flush and dispense to him to self-administer. He agreed. My expectation for self-administration of tube feeding formula is if a resident desires to self-administer I would expect them to be evaluated for the ability to self-administer and then communicate with the physician."  An interview was conducted with the Administrator on 6/6/19 at 1:15PM. She stated her expectation for self-administering tube feeding formula was for the resident to be care planned and assessed for appropriateness.	F 656			
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)  §483.24(c) Activities.	F 679		7/3/19	

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F 679	<p>Continued From page 5</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review, the facility failed to provide an ongoing activity program that met the individual interests and needs to enhance the quality of life for 1 of 1 sampled cognitively impaired residents reviewed for activities (Resident #16).</p> <p>The findings included:</p> <p>Resident #16 was admitted to the facility on 3/26/19 with diagnoses that included hemiplegia affecting right dominant side, dysphagia and acute kidney disease.</p> <p>The resident's admission activity evaluation dated 3/26/19, revealed resident's activity preferences were listening to music, keeping up with news and participating in religious activities or practices.</p> <p>Review of the care plan dated 3/29/19 revealed Resident #16 was not care planned for activities.</p> <p>Resident #16's admission Minimum Data Set (MDS) assessment dated 4/5/19 revealed Resident #16 was assessed as severely cognitively impaired. The resident preference for customary routine and activities were indicated as family involvement in care plan, bed bath and</p>	F 679	<ol style="list-style-type: none"> <li>1. Resident #16 was provided with a radio in his room, and is currently being provided with in-room activities.</li> <li>2. All residents have the potential to be affected by this practice.</li> </ol> <p>All residents will be assessed for activities preferences on admission, during their quarterly assessment period and annually.</p> <ol style="list-style-type: none"> <li>3. On 6/6/19 the Administrator conducted staff education for the Activity Director and Activity Assistant on providing activity programs for all residents according to the interest which was assessed during admission.</li> </ol> <p>The activity staff will document on the participation records and one on one participation records to show that resident participated in activities. They will use (A) for attend and (R) for refusal.</p> <p>The Activity Director will monitor documentation of each resident's participation record once a week for four</p>		

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F 679	<p>Continued From page 6</p> <p>sponge bath preferred, listening to music, keeping up with news and participating in religious activities. Assessment indicated the resident was total dependence with one-person assistance for activities of daily living (ADL).</p> <p>During an observation on 6/3/19 at 2:22 PM, Resident #16 was observed lying in bed. Resident was unable to communicate but would open his eyes during a conversation. The resident did not have a radio or music player in his room. There was no television playing in his room.</p> <p>During an observation on 6/4/19 at 1:01PM, Resident #16 was observed lying in bed with his eyes opened. There was no television or music playing in his room.</p> <p>During an observations on 6/5/19 at 11:15 AM and at 2:30 PM, Resident #16 was observed lying in bed with his eyes opened. There was no television or music playing in his room. Resident was not provided any specific one to one activity by staff.</p> <p>Observation on 6/05/19 at 11:40 AM revealed a religious activity was taking place in the facility's main dining room. Observations of residents participating at this activity revealed Resident #16 was not in attendance.</p> <p>During an interview on 6/6/19 at 10:06 AM, Nurse #4, who regularly cared for Resident #16, stated Resident #16 could not verbally communicate and was total dependent on staff for activities of daily living. Nurse #4 further stated, he had not noticed staff conducting any one on one activities with the resident. Nurse # 4 indicated the resident</p>	F 679	<p>weeks then monthly to ensure all residents are provided with some type of activity.</p> <p>4. The Activity Director will report findings of activity participation record reviews to Quality Assurance and Performance Improvement Committee monthly x 3 months or until a pattern of compliance is achieved.</p>		

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F 679	<p>Continued From page 7</p> <p>was provided some stimulation when care was provided as staff would talk to the resident while providing care.</p> <p>During an interview on 6/6/19 at 12:03 PM, Nurse aide (NA) # 4, who regularly cared for Resident #16, stated, he had not observed Resident # 16 taken to any activities or activity staff conducting any one on one activities for the resident. NA # 4 stated Resident # 16 sometimes had therapy in his room and that was the stimulation the resident had.</p> <p>During an interview on 6/6/19 at 9:30AM, the activity director (AD) stated she was recently hired by the facility and was getting to know the residents. The AD stated, Resident #16 was not placed on the list of residents to receive one to one activities by the previous AD, so he was not scheduled to receive any one to one activities. The AD also stated the resident had not attended any recent group activities to her knowledge and she was unsure if staff provided him with the opportunity to attend group activities. The AD explained Resident #16 should be provided the opportunity to attend all group activities that were specified on his activity assessment as the ones he preferred. The AD indicated the activities assistant would volunteer to read the daily journal to the resident. The AD further indicated there was no documentation of when the activity was conducted, how long and what was the response of the resident as this was a goodwill gesture from the activity assistant. The AD stated the resident's previous roommate had a television and that was considered as a daily mental and sensory stimulation for the resident, but there currently was not a television in the resident's room. The AD confirmed that resident did not</p>	F 679			



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F 679	Continued From page 8 have any music or radio in his room prior to 6/5/19. The AD stated she was unsure why Resident# 16 was not care planned for activities and why the resident was not placed on the residents list to receive one to one activities.  During an interview on 6/6/19 at 1:23 PM, the Administrator stated it was the expectation that the activity staff include resident's preferences in the activity assessment and residents be care planned for activities accordingly. The Administrator stated the activity participation records should be utilized to accurately reflect the resident participation and the one to one activities should be planned as needed.	F 679			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 688		7/3/19	

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F 688	<p>Continued From page 9</p> <p>Based on observations, resident interview, family interview, staff interviews and record review, the facility failed to apply arm sling, arm rest on the left side and left hand splint for 1 of 1 resident with contracture (Resident #82).</p> <p>The findings included.</p> <p>Resident #82 was admitted to the facility on 11/8/18. The diagnoses included cerebrovascular accident, hemiplegia, hyperlipidemia, major depression, hypertension, dysphagia, speech and language deficits, diabetes, contractures of right hand and the end stage renal disease. The Minimum Data Set (MDS) dated 5/10/19, indicated resident had some cognition impairment and required total assistance with activities of daily living.</p> <p>Care plan dated 5/21/19 identified the problem as the resident has an activities of self-care deficit related to cerebrovascular accident. Resident currently requires total care, (L) flaccid hemiplegia, dysphagia, aphasia, muscle weakness. The goal included resident would maintain current level of function. The approaches included TRANSFER: The resident Dependent - mechanical lift 2 assistance BATHING: the resident is totally dependent on staff to provide a bath as necessary. BED MOBILITY: The resident is totally dependent on staff for repositioning and turning in bed. PERSONAL HYGIENE: the resident requires total assistance with personal hygiene care. DRESSING: The resident is totally dependent on staff for dressing. TRANSFER: The resident requires total assistance with transfer and TOILET USE: The resident is not toiletied.</p>	F 688	<ol style="list-style-type: none"> <li>1. Resident #82 was referred to occupational therapy and was poked up on occupational therapy caseload for management of contracture.</li> </ol> <p>Resident #82 treatment with sling to arm completed per physician order and has been discontinued.</p> <p>Resident #82 has wheelchair armrest support in place.</p> <ol style="list-style-type: none"> <li>2. Residents with contractures and limited range of motion have the potential to be affected.</li> </ol> <p>6/20/19 all residents were reviewed by Restorative Nursing Supervisor for the presence of contractures and limited range of motion. Residents noted with contractures and limited range of motion and screens submitted to the therapy department by the Restorative Nursing Supervisor for evaluation for contracture management.</p> <ol style="list-style-type: none"> <li>3. 6/6/19 education began for all nursing staff by Director of Nursing, Assistant Director of Nursing and/or Nursing Supervisor related to the application of ordered appliances including splints, slings and positioning devices.</li> </ol> <p>6/28/19 education completed by Director of Nursing for Restorative Nursing Supervisor, Restorative Nursing Assistants and Rehab director to include process for referrals to restorative nursing program for contracture management.</p>		

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F 688	<p>Continued From page 10</p> <p>Occupational Therapy evaluation and Plan of Treatment dated 11/8/18 indicated at Goal #5 resident would be assessed for the left-hand splint for contracture management and prevention as needed. Goal #6 resident and staff would be educated on positioning and handling of resident in bed, and in wheelchair, fall precautions, management of the left upper extremity (LUE) in the wheelchair using a half lap tray to prevent elbow/shower injury as needed.</p> <p>Review of the Restorative Nursing Program for Resident #82 dated 11/21/18. Resident #82 was to participate in Passive Range of Motion (PROM) of Left Hand, wrist and fingers prior to application of left-hand splint to prevent contractures. Resident to wear left resting hand splint x 6 hours per day, 6 days a week to prevent the development of contractures and to promote resident skin integrity.</p> <p>Review of the hospital health after visit summary and physician order dated 5/30/19 documented the resident was to wear sling when out of bed to protect incision for 1 week.</p> <p>Review of the nursing note dated 5/30/2019 documented Resident #85 returned from hospital following appointment for left arm AV fistula. Dressing intact with surgical glue and clear dressing at fistula. Positive thrill and bruit noted, arm to be maintained in elevated position with sling x 1 week.</p> <p>During an observation on 6/4/19 at 9:20 AM, incontinent care and bed bath was performed. Following the completion of care the Nurse Aides #10 and NA#13 transferred resident to the wheelchair with the hoyo lift, but did not apply the</p>	F 688	<p>6/28/19 residents with physician's orders for splinting, slings and positioning devices were reviewed. Orders for splinting, slings or positioning devices were placed on the resident Medication Administration Record requiring licensed nurse to ensure splint, sling and/or positioning device in place per physician's orders.</p> <p>The Assistant Director of Nursing, Unit Coordinator and/or Restorative Nursing Supervisor will review Medication Administration Records in coordination with rounds to ensure that splint, slings and positioning devices are completed and documented per physician orders daily x 2 weeks, weekly x 4 233ks, then monthly x 4 months.</p> <p>4. The Director of Nursing will report findings of the Medication Administration Record audits as it relates to the application of splints, slings and positioning devices to the Quality Assurance and Performance Improvement Committee monthly for 4 months or until a pattern of compliance is achieved.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 688	<p>Continued From page 11</p> <p>arm sling, armrest support or left-hand splint. The hand splint and sling were observed in the drawer when staff was searching for personal clothing. The armrest support was left in the chair across the room</p> <p>During an interview on 6/4/19 at 9:30 AM, NA#13 stated she was unaware of Resident #82 should wear an arm sling, hand splint or apply the armrest support to the wheelchair.</p> <p>During an observation on 6/4/19 at 10:00 AM, resident in room without arm sling, hand splint or armchair support. Resident #82 sitting in wheelchair looking out of the window.</p> <p>During an observation on 6/ 4/19 at 12:30 PM, Resident #82 sitting in room without arm sling, wheelchair armrest support or hand splint.</p> <p>During a telephone interview on 6/4/19 at 1:10PM, the responsible person indicated she was unaware of when the splint should be applied to the resident's arm or when the arm cushion applied to the chair. The responsible person stated most of the time the splint was not on Resident #82 and it was in a drawer somewhere.</p> <p>During an observation on 6/4/19 at 1:38 PM, Resident #82 was sitting in wheelchair by the window without the left arm sling, armrest support and left-hand splint in place.</p> <p>During an interview on 6/4/19 at 1:48 PM, Nurse #4 was not aware of Resident #82 ' s application orders for left hand splint, armrest support and the arm sling.</p>	F 688			

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F 688	<p>Continued From page 12</p> <p>During an observation on 6/4/19 at 3:30 PM, Resident #82 was sitting in wheelchair near the window. Resident #82 did not have arm sling, armrest support under her arm or the left-hand splint in place.</p> <p>During an observation on 6/5/19 at 10:00 AM, Resident#82 was seated in the hall with transportation staff preparing to leave for dialysis. Resident #82 did not have the arm chair support in place, it was attached to the back of the resident's wheelchair. The resident did not have the arm sling in place</p> <p>During an interview on 6/4/19 at 10:02 AM, NA#1 stated she did not know anything about the hand splint. NA#12 stated she was rushing and did not put the arm support on the chair and just put it on the back of the chair. She was unaware the arm sling had to be applied. Nurse #2 stated the resident was supposed to have the arm sling in place until 6/9/19. Nurse#2 stated she transcribed the order and it was to be worn when resident out of bed x 1 week. Discontinue date would be 6/9/19. Nurse#2 indicated she did not know about the hand splint. Staff pulled out of the drawer and returned it to the drawer instead of applying it to the resident prior to resident leaving the facility. The NAs assisting Resident #82 was unaware of when the sling was to be applied. It was found in the resident's drawer across the room.</p> <p>During an interview on 6/06/19 at 10:45 AM, the Physical Therapist stated the resident was not on current caseload but had been referred to restorative nursing program dated 11/21/18.</p> <p>During an interview on 6/6/19 at 10:50 AM, the Occupational Therapist stated the assessment of</p>	F 688			

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F 688	<p>Continued From page 13</p> <p>resident was upon admission and the resident was referred to the restorative nursing program on 11/21/18. The OT stated staff were trained on the application of the hand splint and required time frame for the use of the splint on 11/21/18 of applying and removing the splint within a 6-hour period.</p> <p>During an interview on 6/6/19 at 10:55 AM, NA #14 and NA#15, both indicated they had not received any referrals for the resident regarding splint application or the use of the support lap tray. They both stated they did not know the resident had the splint or that restorative services were needed. If the referral was made it would have gone to the Restorative Nurse Supervisor and then a restorative plan would be given to us of when to apply the splints or the support tray.</p> <p>During an interview on 6/6/19 at 11:00 AM, Nurse #5, Restorative Nurse supervisor, stated she did not receive any referrals for splint application for the resident or was aware of the splint/ lap tray. She further stated that all residents with contractures would be re-evaluated.</p> <p>During an interview on 6/6/19 at 11:15 AM, the Director of Nursing (DON) stated that the referral for the resident had not been submitted to the restorative nurse. DON further stated the rehab department did another evaluation of the resident and would be training staff and looking at the process to ensure all residents with contractures would be appropriately evaluated and treated in accordance to referrals. The nursing staff would follow-up with the assessments from rehab and train staff on application of splints and the care plans would be updated accordingly.</p>	F 688			

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F 688	Continued From page 14 During an interview on 6/6/19 at 11:20 AM, the Administrator stated the DON was responsible for ensuring resident with contractures were properly assessed and splints applied in accordance to program and followed by the restorative program when referred.	F 688			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and  §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility failed to administer via tube feeding the correct dose of Isosource (nutritional formula), and failed to keep head of bed elevated during continuous tube feeding as ordered by	F 693	1. Resident #51 receiving correct dose of Isosource tube feeding per physician order.  Resident #51 head of bed elevated during	7/3/19	

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F 693	<p>Continued From page 15</p> <p>physician, for 1 of 3 sampled resident (Residents # 51).</p> <p>Findings included:</p> <p>Resident #51 admitted on 3/9/14. Review of the recent entry Minimum Data Set assessment, dated 5/1/19, revealed he was severe cognitively impaired. His diagnoses included Smith-Lemli-Opiz syndrome (genetic disorder with developmental disability and multiple organs failure), quadriplegia (paralysis of all four limbs), hearing and vision loss, chronic respiratory failure, tracheostomy (artificial windpipe) and gastrostomy (surgically opening in to stomach). The resident required total assistance with activity of daily living (ADL) and was always incontinent for bowel and bladder. The resident received tube feeding (placing food in to the stomach via tube).</p> <p>Review of Resident 51 ' s plan of care, dated 4/17/19, revealed he received continuous tube feeding with monitoring.</p> <p>1.Record review revealed the physician ' s order, dated 5/1/19, for Resident #51, to receive continuous tube feeding with Isosource 1.5 kcal (Kilocalorie)/ml (milliliter) at the rate of 40 ml/hour (ml per hour).</p> <p>Review of Resident 51 ' s Medication Administration Record for June 2019, including 6/3/19 and 6/4/19, revealed he received continuous tube feeding with Isosource 1.5 kcal/ml at the rate of 40 ml/hour.</p> <p>On 6/3/19 at 9:40 AM, during the observation, Resident #51 was in bed. The tube feeding system was connected to the gastrostomy port</p>	F 693	<p>tube feeding.</p> <p>2. Residents receiving tube feeding have the potential to be affected.</p> <p>6/5/19 residents receiving tube feeding were reviewed by the Director of Nursing. Residents were noted to be receiving correct dose and form of physician ordered tube feeding with head of bed elevated during tube feeding administration.</p> <p>3. 6/5/19 education began by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor related to administration of tube feedings per physician order and head of bed elevated during tube feeding administration.</p> <p>The Director of Nursing, Assistant Director of Nursing and/or Nursing Supervisor will complete tube feeding observation audits to include verification of correct dose and form of tube feeding administered and head of bed elevated during tube feeding administration. Tube feeding observation audits will be completed daily x 2 weeks, then weekly x 4 weeks then monthly x 3 months.</p> <p>4. The Director of Nursing will report findings of tube feeding observation audits to Quality Assurance and Performance Improvement Committee monthly x 4 months or until a pattern of compliance is achieved.</p>		



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F 693	<p>Continued From page 16</p> <p>via working feeding pump. There was plastic bag of Isosource 1.2 kcal/ml, at the rate of 40 ml/hour, labeled as 6/3/19.</p> <p>On 6/3/19 at 10:30 AM, during an interview, Nurse #1 indicated that Resident #51 received continuous tube feeding with Isosource 1.5 kcal/ml, at the rate of 40 ml/hour. The nurse mentioned that the floor nurses were responsible for tube feeding management, included accuracy of the rate and feeding formula.</p> <p>On 6/3/19 at 11:30 AM, during the observations, Resident #51 was in bed. The tube feeding system was connected to the gastrostomy port via working feeding pump. There was the same plastic bag of Isosource 1.2 kcal/ml, at the rate of 40 ml/hour, labeled as 6/3/19.</p> <p>On 6/3/19 at 1:50 PM, during the observation, Resident #51 was in bed. The tube feeding system was connected to the gastrostomy port via working feeding pump. There was new plastic bag of Isosource 1.2 kcal/ml, at the rate of 40 ml/hour, labeled as 6/3/19.</p> <p>On 6/4/19 at 8:50 AM, during the observation, Resident #51 was in bed. The tube feeding system was connected to the gastrostomy port via working feeding pump. There was plastic bag of Isosource 1.2 kcal/ml, at the rate of 40 ml/hour, labeled as 6/4/19.</p> <p>On 6/4/19 at 9:00 AM, during an interview, Nurse #2 indicated that Resident #51 received continuous tube feeding with Isosource 1.5 kcal/ml, at the rate of 40 ml/hour. She stated that precious shift nurse installed this tube feeding formula. The surveyor asked Nurse #2 to come to</p>	F 693			

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F 693	<p>Continued From page 17</p> <p>the resident ' s room and check the current formula, Resident #51 received via tube feeding pump. The nurse was not aware it was Isosource 1.2 instead of 1.5 kcal/ml, and confirmed it was the responsibility of all nurses to follow the physician ' s order for tube feeding. She replaced the tube feeding bag with the right dose of nutritional formula.</p> <p>On 6/5/19 at 1:20 PM, during an interview, the Director of Nursing indicated that she expected the staff to follow physician ' s orders, including the dose of nutritional formula for tube feeding.</p> <p>2. Record review revealed the physician ' s order, dated 5/1/19, for Resident #51, to have head of bed elevated 45 degree during the tube feeding and one hour after it stopped.</p> <p>On 6/3/19, during continuous observation at 9:40 AM, 10:30 AM, 11:50 AM, 1:10 PM and 2:25 PM, Resident #51 was in bed with tube feeding via pump in progress. The had of bed was in flat position.</p> <p>On 6/3/19 at 2:30 PM, during an interview, Nurse Aide #2 indicated that Resident #51 received tube feeding and his head of bed should be elevated. She provided care for the resident during the shift, but was not aware his head of bed was in flat position.</p> <p>On 6/3/19 at 2:35 PM, during an interview, Nurse #1 indicated that Resident #51 received continuous tube feeding with head of bed elevated 45 degree all of the time. When the nurse aides needed to provide care, they asked the floor nurse to stop feeding pump, put down the head of bed, performed ADL care, elevated</p>	F 693			

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F 693	Continued From page 18 the head of bed and asked the nurse to resume feeding pump. He was not aware that Resident #51 had his head of bed flat during the shift.  On 6/5/19 at 1:20 PM, during an interview, the Director of Nursing indicated that she expected the staff to follow physician 's orders, including the head of bed elevation for tube feeding. The nurse aides were trained to flat the head of bed providing ADL care and elevate it back after that. The nurse aides could clarify it with the floor nurse at any time.	F 693			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to label and date food	F 812	1. No resident was found to be affected by this deficient practice.	7/3/19	

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F 812	<p>Continued From page 19</p> <p>items in 1 of 1 walk-in refrigerator, 1 of 1 reach in refrigerator and 2 of 2 nourishment refrigerators, failed to discard foods past their use-by date in the reach in refrigerator and 1 of 2 nourishment refrigerators, failed to maintain a clean ice scoop holder and ice scoop and maintain 2 of 2 nourishment refrigerators clean. The facility also failed to maintain proper temperatures (equal to or less than 41 degrees Fahrenheit (F)) for 2 of 2 nourishment refrigerators.</p> <p>Findings include:</p> <p>1 a. An observation of the walk-in refrigerator on 6/3/19 at 9:20 AM, revealed a clear plastic bag with some chopped meat and an opened clear plastic bag that was half filled with shredded salad that were not labelled. The refrigerator also contained an opened bag of white colored cheese with a label dated "5/23/19". There was no use by date on it.</p> <p>During an interview on 6/3/19 at 9:30 AM, the dietary cook stated the chopped meat was ham and it was to be used for lunch on 6/3/19. The dietary cook also stated the cheese was mozzarella cheese and she was unsure of the use by date of the cheese. She stated the salad was used for afternoon lunch preparation and was unsure why the bag was not labeled.</p> <p>1 b. An observation of the reach-in refrigerator on 6/3/19 at 9:25 AM, revealed a clear plastic container containing light yellow colored food labelled "pudding" with use by date "5/31/19". The refrigerator also contained 4 dessert plates containing white mushy food wrapped with plastic wrapper. The plates were not labelled. During an interview with the dietary cook, she indicated the</p>	F 812	<p>All food in the walk in refrigerator and the two nourishment refrigerators will be labeled and dated prior to going into the refrigerator.</p> <p>All food that was not labeled and dated and the ones that were labeled and dated that were past their use by date were discarded.</p> <p>The ice scoop and ice scoop holder were cleaned.</p> <p>The two nourishment refrigerators were cleaned.</p> <p>The temperature in the two nourishment refrigerators were turned up to ensure that the temperature was maintained at 40 degrees or less.</p> <p>2. All residents have the potential to be affected.</p> <p>3. 6/25/19 education was completed for dietary, housekeeping and maintenance staff by housekeeping supervisor, dietary manager and Administrator on cleaning the refrigerators daily and dietary on the importance of keeping the ice scoop and ice scoop holder clean.</p> <p>Housekeeping will ensure that the nourishment refrigerators will be cleaned daily.</p> <p>Dietary will label, date all nourishments they put in the refrigerator and discard out</p>		

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F 812	<p>Continued From page 20</p> <p>plates contained pie slices. The dietary cook was unable to state when the pies were placed in the refrigerator and who placed them in there.</p> <p>During an interview on 6/4/19 at 3:50 PM, the Dietary Manager (DM) stated the dietary cooks and dietary staff were responsible to label any opened food and left-over food that was stored in the walk in and reach in refrigerators. The DM indicated the kitchen uses labels with the name of the product and dates for the date of preparation and use by date. DM stated all food should be appropriately discarded after the use by date.</p> <p>During an interview on 6/6/19 at 1:23 PM, the Administrator stated it was her expectation that staff label and date foods before placing them in the refrigerator. She stated the foods should be checked daily and discard accordingly.</p> <p>2. An observation on 6/3/19 at 9:30 AM of the ice scoop holder and scoop revealed the ice scoop had black spots on it and the ice scoop holder had light brown base. During an interview on 6/3/19 at 9:30 AM with the dietary cook, she indicated the scoop and ice scoop holder were washed daily and unsure why both were unclear.</p> <p>During an interview on 6/4/19 at 03:50 PM, the Dietary Manager (DM) stated the ice scoop and ice scoop holder should be washed after every meal.</p> <p>Review of the Facility policy "Food: Safe Handling for foods from visitors" read in part " When food items are intended for later consumption, the responsible staff member will label foods with the resident name and the current date. Refrigerator and freezer for storage of foods brought in by</p>	F 812	<p>dated items.</p> <p>Staff will use the employee refrigerator located in the employee lounge.</p> <p>Dietary will monitor temperatures in the nourishment refrigerators daily.</p> <p>Dietary will clean ice scoop and ice scoop holder daily.</p> <p>The Administrator will review monitoring tools weekly x 4 weeks then monthly x 2 months.</p> <p>4. The administrator will report findings of audit tools to Quality Assurance and Performance Improvement Committee monthly x 3 months or until a pattern of compliance is achieved.</p>		

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F 812	<p>Continued From page 21</p> <p>visitors will be properly maintained and equipped with thermometer, have temperature monitored daily for refrigeration less or equal to 41-degree Fahrenheit (F). Daily monitoring for refrigerator storage duration and discard of any food items that have been stored 7 days or greater. Cleaned weekly".</p> <p>3 a. An observation of the nourishment refrigerator which was indicated as "NS1" by staff on 6/3/19 at 9:30 AM, revealed the refrigerator's temperature at 43-degree F. The nourishment refrigerator contained milk and supplement. There was water over the food and floor of the refrigerator. The refrigerator also contained a plastic white grocery bag with a container of food, that was not labeled or dated, a brown colored 12 ounce (oz.) to go cup with lid, a half 16 oz bottle of soda labeled "Dr. Pepper", a bottle labelled "ranch dressing", and a half 18 oz water bottle. On the bottom shelf was an unopened cardboard box labelled " Jimmy Dean breakfast bowl" with water under the box. The floor of the refrigerator had spilled water and food stains.</p> <p>Review of the "storage temperature record" for June 2019 that was displayed outside the nourishment refrigerator revealed the temperature recorded on June 1st was 43 degrees F, June 2nd was 42 degrees F and June 3rd was 43 degrees F.</p> <p>During an interview on 6/3/19 at 9:32 AM, the dietary cook stated the dietary staff checked the nourishment refrigerator temperature prior to placing nourishments in the refrigerator. She was unsure if maintenance was notified and work order was placed. The dietary cook stated the nursing staff were responsible for labelling food</p>	F 812			

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F 812	<p>Continued From page 22</p> <p>brought in by resident's family members. The dietary cook indicated the nursing staff was responsible to maintain a clean refrigerator.</p> <p>During an interview on 6/3/19 at 9:35 AM, Nurse # 2 stated the resident's food that was brought in by family should be labelled by staff placing the food in the refrigerator. Nurse # 2 indicated the dietary staff were responsible to maintain a clean the refrigerator.</p> <p>During an interview on 6/4/19 at 3:50 PM, the Dietary Manager (DM) stated the nursing staff was responsible to label the foods brought in by resident's family with the resident's name and date. The DM indicated the nourishment refrigerators were cleaned by the housekeeping staff frequently. The DM manager stated the dietary cook had informed the maintenance department about temperatures being above normal for the nourishment refrigerator (NS1).</p> <p>3b. An observation of the nourishment refrigerator which was indicated as "NS2" by staff on 6/3/19 at 9:40 AM revealed the internal temperature of the nourishment refrigerator was 45 degrees F. Observations revealed a grey colored grocery bag with a container of food and a white colored grocery bag containing a container with food that were not labelled. The refrigerator also contained a white colored grocery bag containing 2 containers with food that was labelled with a resident's name and a date "5/21/19". The refrigerator also contained an opened a bottle labelled "ranch dressing that was not labelled with the date it was opened. The door of the refrigerator contained 3 opened 8 oz water bottles, a crumbled aluminum foil with food wrapped in a crumbled brown paper napkin with</p>	F 812			

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F 812	<p>Continued From page 23</p> <p>no label. The floor of the refrigerator dirty and had orange stains on it.</p> <p>During an interview on 6/4/19 at 03:50 PM, the Dietary Manager (DM) stated the nursing staff was responsible to label the foods brought in by resident's family with the resident's name and date. The DM indicated the nourishment refrigerators were cleaned by the housekeeping staff frequently.</p> <p>During an interview on 6/5/19 at 9:00 AM, the Nurse Supervisor stated the temperatures of the refrigerator was maintained by dietary staff and maintenance staff, the housekeeping staff were responsible for cleaning the refrigerator on regular basis. The nurse supervisor stated the nursing staff were responsible for labeling the food prior to placement in the refrigerator and disposing any food after a week. The supervisor also stated staff personal food should not be placed in the nourishment refrigerator.</p> <p>During an interview on 6/5/19 at 1:27 PM, the Housekeeping manager stated he was recently made aware that the housekeeping department was responsible for cleaning the nourishment refrigerators. He stated his staff will now be cleaning on regular basis.</p> <p>During an interview on 6/3/19 at 9:44AM, the maintenance director indicated the maintenance assistance also checked the temperatures of the nourishment refrigerators twice a day. The maintenance director stated the maintenance department kept temperature logs for nourishment refrigerators. He stated he had not received any work orders related to the nourishment refrigerators neither did his assistance informed him that the temperatures</p>	F 812			



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F 812	Continued From page 24 were above normal.  Review of the nourishment refrigerator (NS1) temperature log provided by maintenance assistance for May 2019 revealed temperatures at 42 degrees F on 5/6/19.  Review of the nourishment refrigerator (NS2) temperature log provided by maintenance assistance for May 2019 revealed the following temperatures: on 5/6/19, 5/10/19 and on 5/13/19 at 43 degree F and on 5/16/19 and 5/28/19 at 42 degree F.  During an interview on 6/3/19 at 9:54 AM, the maintenance assistant confirmed the nourishment refrigerators temperatures were monitored twice a day. The maintenance assistant indicated, she was unaware that the refrigerator temperature should be below 41 degrees. The assistant stated she had not notified the maintenance director about the high temperatures.  During an interview on 6/6/19 at 1:23 PM, the Administrator stated it was her expectation that the nourishment refrigerators were maintained at appropriate temperature and resident's foods labelled by staff prior to be placed in the refrigerator. The administrator also stated a work order for maintenance should be placed if the refrigerator temperatures were above normal. The administrator indicated the food should be checked and discarded appropriately from the nourishment refrigerator. The administrator stated the nourishment refrigerators should be cleaned on regular basis by the housekeeping staff.	F 812			
F 867	QAPI/QAA Improvement Activities	F 867		7/3/19	

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F 867 SS=E	Continued From page 25 CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following a recertification survey in May 2018 and subsequently recited in June 2019 on the current recertification and complaint survey.  The recited deficiency was in the area of maintaining proper temperature in refrigerators. The deficiency was recited in the current recertification survey. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance (QA) Program.  The findings included:  The tag was cross-referenced to:  F812 - Food Procurement, Store/Prepare/Serve-Sanitary  Based on observations, record review and staff interviews the facility failed to label and date food items in 1 of 1 walk-in refrigerator, 1 of 1 reach in refrigerator and 2 of 2 nourishment refrigerators, failed to discard foods past their use-by date in	F 867	1. Plan of correction completed and submitted for tags F812  2. All residents have the potential to be affected.  3. 6/28/19 education completed for all members of the Quality Assurance and Performance Improvement Committee. Education to include development, modification and monitoring of Quality Assurance Plans.  Quality Assurance and Performance Improvement Committee will meet monthly to review all current Quality Assurance plans with modifications done as needed at that time.  Each department will review approaches to monitoring performance and outcomes and provide summary of it's findings to the Quality Assurance and Performance Improvement Committee monthly.  A representative of the Regional Clinical Team will attend the Quality Assurance and Performance Improvement Committee monthly x 3 months to assure		

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F 867	<p>Continued From page 26</p> <p>the reach in refrigerator and 1 of 2 nourishment refrigerators, failed to maintain a clean ice scoop holder and ice scoop and maintain 2 of 2 nourishment refrigerators clean. The facility also failed to maintain proper temperatures (equal to or less than 41 degrees Fahrenheit (F)) for 2 of 2 nourishment refrigerators.</p> <p>During the previous survey on 5/17/18, the facility was cited for failure to maintained clean kitchen equipment and proper temperature in reach in refrigerator in the kitchen and two nourishment refrigerators on the floor.</p> <p>On 6/6/19 at 2:00 PM, during an interview, the Administrator indicated that the facility was currently working with QAA/QAPI comities to improve the monitoring of equipment in the kitchen and on the floor. The deficiency reappeared due to difficulties of refrigerator system repair and consistent temperature monitoring.</p>	F 867	<p>ongoing compliance.</p> <p>4. The Administrator will present findings of Quality Assurance plan review and modifications monthly to the Quality Assurance and Performance Improvement Committee ongoing.</p>		