STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145774	A. BUILDING _____ B. WING _____	05/13/2016

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F 000	INITIAL COMMENTS	F 000		
F 280 SS=D	Annual Licensure and Certification 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to update a resident's Care Plan in the medical chart for one of 14 residents (R20) reviewed for care plan revisions in a sample of 14. Findings include: The facility's Care Planning 101 policy, undated,	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/19/2016

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F 280	Continued From page 1	F 280		

states, "The care plan reflects the resident's needs, strengths, and preferences identified in the comprehensive assessment...Interventions should be specific to the resident's needs, strength, and preferences identified by the assessment, MDS (Minimum Data Set) and CAA's (Care Area Assessment)."

R20's MDS assessment, dated 3/2/16, documents in Section A an admission date of 2/24/16. Section V of the same MDS has the following Care Area Results and Care Planning Decisions triggered: Cognitive Loss/Dementia, ADL (Activities of Daily Living) Functional/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, Pressure Ulcer, and Pain.

R20's Care Plan, dated 2/24/16, located in R20's Medical Record does not have any Care Plan Interventions for Cognitive Loss/Dementia and Nutritional Status.

On 5/13/16 at 9:40 a.m., E9 (Care Plan Coordinator) stated R20's Updated Care Plan was not printed off and displayed in R20's chart. Since the Care Plan was not updated in R20's chart, the staff would not know all the problems, goals, and/or interventions developed after the MDS Assessment and CAA results were finalized. The staff would refer to what is displayed in the chart, which was the Interim Care Plan. The Interim Care Plan does not contain Care Areas for Cognitive Loss and Nutrition Status. We have 14 days to update the Care Plan after the MDS Assessment is complete.

On 5/13/16 at 9:35 a.m., E3 (Administrator in Training) verified the updated Care Plan

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F 280	Continued From page 2 should've been completed after the Care Planning Conference and displayed in the chart for staff use.	F 280		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide nail care for one resident (R24) and change soiled clothing for two residents (R10 and R24) reviewed for accommodation of needs in a sample of 14. Findings include: Facility Certified Nurse Aide [CNA] Job Description (undated) documents that a Certified Nurse Aide provides personal care and assistance to residents to assure their safety and comfort. Facility Preventative Skin Care policy (undated), documents to provide preventative skin through washing...to keep them clean and well groomed. The policy also documents to keep the resident's fingernails short to prevent them from accidentally scratching themselves. R10's Minimum Data Set (dated 3/22/16) documents R10 as requiring extensive staff	F 312		

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assistance with hygiene, dressing and bathing.

R24's Minimum Data Set (dated 4/19/16) documents R24 as requiring extensive staff assistance with hygiene, dressing and bathing.

On 5/11/16 (at 11:00 am), 5/12/16 (11:55 am), and 5/13/16 (at 8:30 am) all of R24's untrimmed fingernails had black debris underneath all ten of the tips of the nails.

R24's most recent Shower/Abnormal Skin Report, dated 5/9/16, has no documentation of fingernail care.

On 5/11/16 (at 11:00 am) R24's shirt had white and brown scattered spots (that appeared to be dried food) on the front of the shirt from the collar to the mid abdominal area. On 5/12/16, at 11:55 am and 2:15pm, R24's shirt had multiple scattered white and brown spots (that appeared to be dried food) on the front from the collar to the abdominal area.

On 5/11/16, at 9:55 am, 10:50 am, 11:30 am, 1:10 pm and 2:35 pm, R10's shirt had multiple tan, white and brown spots (that appeared to be dried food) on the front abdominal area.

On 5/12/16 at 11:15 am, Z3 (R10's family) stated that, "sometimes Dad could use a bath." Z3 stated, "He is not as clean as I would like."

On 5/12/16, at 1:40 pm, E2 (Director of Nursing/DON) verified that the daily job duties of a CNA are dressing and grooming. E2 verified that CNA's would be expected to keep residents nails clean and trimmed and remove resident's soiled clothing.

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F 312	Continued From page 4 On 5/2/16, at 1:40 pm, E2 stated that R24, "chews tobacco and his [R24] nails get dirty all the time from the tobacco."	F 312		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to keep kitchen equipment clean and free of excessive dust buildup, failed to completely dry cups and bowls prior to stacking or storing them on flat trays that limits air circulation, and failed to date thickened liquids upon opening. These failures have the potential to affect all 56 residents that live in the facility. Findings include: 1. On 5/10/16 at 9:15 a.m., during initial tour with E10 (Dietary Manager), a fan located in the dishwasher area was turned on, with excessive dust buildup up blowing towards the clean dishes being removed from the dishwasher.	F 371		

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On 5/10/16 at 9:15 a.m., E10 verified the fan was dirty and stated, "(The fan) needs to be turned off until it is cleaned. It should not be blowing on clean dishes."

2. On 5/10/16 at 9:15 a.m., during initial tour with E10 (Dietary Manager), multiple clear plastic drinking cups and multiple black drinking mugs were in the dishwashing room were visibly wet laying on a flat tray with moisture buildup inside the cup.

On 5/10/16 at 9:15 a.m., E10 verified there was no air circulation to dry the cups placed directly on the trays and stated the cups should be dried fully before being placed on a tray.

The Centers for Medicare and Medicaid Services "Resident Census and Conditions of Resident", form 672, completed by the Facility on 5/10/16 lists 56 residents are living in the facility.

3. The facility policy Refrigerator and Freezer Storage, revised 10/14, states, "Mark the date that the original container is opened."

On 5/10/16 at 9:15 a.m., during initial tour with E10 (Dietary Manager), the three door reach-in cooling unit had one bottle of thickened liquid lemon flavored water opened and undated; one bottle of thickened liquid cranberry juice opened and undated; and one bottle of thickened liquid orange juice opened and undated. Manufacturer's instructions written on the bottles of thickened liquids states, "Ten day shelf life after opening."

On 5/10/16 at 9:15 a.m., E10 stated, "Opened thickened beverages should be dated upon

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F 371	Continued From page 6 opening." A diet order list, provided by E10, identifies one resident on the sample, R1, and three residents on the supplemental sample, R25 through R27, had physician orders for thickened liquids.	F 371		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide a medication regimen review for required gradual dose reduction recommendations to an attending physician for one of six residents (R1) reviewed for use of Antipsychotic medication in a total sample of 14. Findings include: R1's POS (Physician Order Sheet) dated 5/01/16 shows R1 has received Risperidone (Antipsychotic medication) 1 mg (milligram) daily at bedtime since it was ordered on 8/07/15. A Psychotropic Medication Consent-Antipsychotic form dated 8/07/15 states R1 is receiving	F 428		

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Risperidone for Explosive Personality Disorder. R1's current medical record contains only one Pharmacy Consultation Report dated 4/20/16 for Prozac 40 mg daily. There are no Pharmacy Consultation Reports for R1's Risperidone.

On 5/13/16 at 9:54 a.m., Z2 (Pharmacist) stated, "I told them (the facility) yesterday (R1) was up for review, I think it was December (2015). I had a note (R1) was to be reviewed for Risperidone but due to behaviors a reduction wasn't recommended. I have (R1) down to ask about it (today - 5/13/16)." On 5/13/16 at 11:10 a.m., Z2 stated Z2 and E8 (Resident Care Coordinator) meet monthly to discuss residents who are receiving psychotropic medications. Z2 indicated that Z1 (R1's Attending Physician) does not participate in Z2 and E8's monthly meeting. Z2 stated Z1 has not received a Pharmacy Consultation Report regarding R1's Risperidone since R1's initial orders of 8/07/15.