

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

PRINTED: 11/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>145244</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/05/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKE SHORE HLTHCARE &amp;REHAB CTR</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7200 NORTH SHERIDAN ROAD<br/>CHICAGO, IL 60626</b>                           |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| F 000   | INITIAL COMMENTS   | F 000  |  |  |  |
| F 246<br>SS=E   | <p>Annual Licensure and Certification</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION<br/>OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive<br/>services in the facility with reasonable<br/>accommodations of individual needs and<br/>preferences, except when the health or safety of<br/>the individual or other residents would be<br/>endangered.</p> <p>This REQUIREMENT is not met as evidenced<br/>by:<br/>Based on observation,interview and record<br/>review, the facility failed to ensure that call lights<br/>were accessible for 3 of 8 residents (R3, R5,<br/>R12), reviewed for accommodation of needs, in<br/>the sample of 30 and 5 residents (R40, R41,<br/>R42,R 43, R44) from the supplemental sample.</p> <p>Findings include;</p> <p>On 11/2/15 during initial tour, with E3 DON<br/>(Director of Nursing) at approximately 10:30am,<br/>R3 was observed in bed, positioned to the right<br/>side, facing the right side of the bed. R3's call<br/>light was observed to be hanging on the left side<br/>of the bed, behind R3 and near the floor. R3 is a<br/>total assist, requires total assistance to turn,<br/>position. R3's MDS (Minimum Data Sets)<br/>Functional Status for 10/21/15 indicate that R3's<br/>upper left extremity is contracted.</p> <p>During the same initial tour, R12 was observed in<br/>bed with the call light hanging off of the bed near</p> | F 246  |  |  |  |

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

TITLE

(X6) DATE

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 246   | Continued From page 1<br>the floor. R12 was asked if the call light was<br>within reach, and R12 indicated that it was not.<br><br>Review of the facility's policy on Call Lights dated<br>October 2010, indicate in #5 of the general<br>guidelines "When the resident is in bed or<br>confined to a chair, to be sure the call light is<br>within easy reach of the resident."<br>On 11/2/15, during the initial tour of the second<br>floor that started at 9:52 AM, observed R40's call<br>light string hanging on the floor, on the right side<br>of R40's bed and not within reach. Observed<br>R41's call light cord wrapped around R41's left<br>bedside rail and not within reach. Observed R42's<br>call light cord hanging on the floor on the right<br>side of R42's bed and not within reach. Observed<br>R5's call light cord hanging down toward the floor<br>on the right of R5's bed and not within reach.<br>Observed R43's call light cord hanging on the<br>floor on the left side of R43's bed and not within<br>reach; and observed R44's call light cord hanging<br>on the floor on the left side of R44's bed not<br>within reach. | F 246  |  |  |  |
| F 309<br>SS=D   | 483.25 PROVIDE CARE/SERVICES FOR<br>HIGHEST WELL BEING<br><br>Each resident must receive and the facility must<br>provide the necessary care and services to attain<br>or maintain the highest practicable physical,<br>mental, and psychosocial well-being, in<br>accordance with the comprehensive assessment<br>and plan of care.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, interview, and record   | F 309  |  |  |  |

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| F 309   | <p>Continued From page 2</p> <p>review, the facility failed to ensure that a respiratory inhalation medication was available and administered for 1 of 8 residents (R11) with a chronic respiratory condition, reviewed for physician orders, in the sample of 30.</p> <p>Findings include:</p> <p>R11 was admitted to the facility on 10/28/15. R11's Cardiology Consultation dated 10/30/15 documents diagnoses that include: COPD (Chronic Obstructive Pulmonary Disease), Congestive Heart Failure, and Pulmonary Hypertension.</p> <p>On 11/3/15 at 10:40am, R11 was laying flat in the bed. Nasal cannula and tubing were lying on the floor. Nebulizer mask was lying on top of the oxygen tank and not in use. R11 stated, "I have been having difficulty with breathing and have been asking them (the nurses and respiratory therapist) for my medication. I have had COPD for a while and know that Mucomyst (respiratory medication) works for me."</p> <p>E8 RN (Registered Nurse) entered into R11's room on 11/3/15 at 10:45am. E8 stated, "R11 wants to get Mucomyst instead of the other medication ordered. He spoke with E23 RT (Respiratory Therapist). I have to look into R11's chart to see what the recommendations are for his treatment. He has not had any Nebulizer treatment today."</p> <p>Review of R11's Cardiology Consultation Progress Note (dated 10/30/15) indicated resident wants his specific meds and does not want to discuss about anything else.</p> | F 309  |  |  |  |

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| F 309   | <p>Continued From page 3</p> <p>Review of R11's Pulmonary Progress Note (dated 11/2/15) and documented by E23 indicated that R11 was seen at the request of the nurse for clarification of resident's request for Mucomyst. R11 has been refusing treatments and states they do no good without Mucomyst. The doctor Z4 (Physician) was called and agreed with order to change nebulizer treatments to every six hours and add Mucomyst 20 percent (two milliliters). The nurse took telephone order.</p> <p>On 11/3/15 at 11:30am accompanied by E8, R11's current POS (Physician Order Sheet) was reviewed. POS documents an order (dated 11/2/15) for Duoneb and Mucomyst every six hours. E8 stated that the order was not transcribed onto the MAR (Medication Administration Record). E8 stated, "When we (nurses) receive an order, we put on the POS, then the MAR and then fax it to the pharmacy. I am not sure why the nurse who signed it out did not write it on the MAR."</p> <p>R11's POS documented an order dated 11/2/15 for the respiratory medications. R11's MAR (dated 11/3/15-11/30/15) was reviewed on 11/3/15. The MAR does not indicate that Duoneb or Mucomyst (respiratory medications) were administered to R11</p> <p>On 11/3/15 at 10:45am, E4 ADON (Assistant Director of Nursing), reviewed R11's current POS and stated, "I have to see why the order was not carried out or not on the MAR."</p> <p>On 11/4/15 (two days after order written) at 1:10pm, R11 stated, "I still haven't received my Mucomyst and it is still hard for me to breathe now. The other medication just doesn't open up</p> | F 309  |  |  |  |

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| F 309   | <p>Continued From page 4</p> <p>my bronchial tubes." E8 entered into room and assessed resident.</p> <p>E3 DON (Director of Nursing) stated on 11/4/15 1:45pm, "It is the expectation of the LPN's (Licensed Professional Nurses) or RN's to write an order on the MD (doctor) sheet and then transcribe it onto the MAR. Once they (nurses) sign it off, they fax it to pharmacy and then keep the fax transmission form."</p> <p>E4 stated, "We have been waiting to get an order clarification." E4 was asked for the copy of the fax transmission that indicates an order clarification was sent to the pharmacy. E4 stated on 11/5/15 at 12:05pm, "I can't find the fax transmission for 11/2/15."</p> <p>On 11/5/15, E23 stated, "I made the recommendation on 11/2/15 and then gave the order to E24 (LPN). I cannot transcribe the order, but I told the nurse about the R11's order and handed the phone to E24 around 4:00pm or 5:00pm so that she could take the order."</p> <p>On 11/5/15, Z2 (Pharmacist) was called by the surveyor for clarification of when initial order for Mucomyst was received. Z2 stated that R11's order for Duoneb and Mucomyst was received on 11/2/15 at 4:39pm. Then on 11/3/15 at 10:37am, "I (Z2) called and spoke to E4 and clarified the order with him. The triage technician (Z3) called the facility again on that day (11/3/15 at 4:44pm) and spoke to E8 inquiring about R11's order again. We kept calling to clarify the order. We did not receive a faxed order for clarification from the facility until 11/4/15 (two days after ordered)."</p> <p>On 11/5/15 at 11:05am, R11 stated, "I still haven't</p> | F 309  |  |                            |  |

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| F 309   | Continued From page 5<br>got my medication (Mucomyst)."  | F 309  |  |                            |  |
| F 314<br>SS=D   | <p>E4 stated that it is the expectation of the nurses to notify the doctor if a resident does not receive a medication. Review of R11's Nursing Clinical Note Entry from dates 11/2/15-11/4/15 does not document any communication to the doctor regarding R11 not receiving a prescribed medication. The facility failed to transcribe an order onto a resident's MAR after receiving the physician's order. The facility also failed to ensure that an ordered medication was available and administered in a timely manner for a resident complaining of difficulty of breathing.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to timely treat the presence of pain during a pressure ulcer dressing change for 1 resident (R16) of 4 residents reviewed for pain, in a sample of 30.</p> <p>Findings Include:</p> | F 314  |  |                            |  |

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| F 314   | <p>Continued From page 6</p> <p>Face sheet indicates that R16 is a 54 year old female admitted to the facility with diagnoses that include: sacral pressure ulcer and downs syndrome</p> <p>On 11/3/15 at 1:13 PM, during a pressure ulcer dressing change to the sacrum, R16 yelled out when E11 (Wound Care Coordinator) removed the old dressing. R16 yelled out twice when E11 cleansed the wound with 0.9% saline soaked gauze pads. R16 continued to yell out when E11 used a tongue blade and packed the wound with gauze pads soaked in dakin's (medicated) solution, using a tongue blade. When R16 yelled out as E11 cleansed the wound E11 stated, "It's ok." When R16 yelled out as E11 cleansed the wound E12 (Licensed Practical Nurse) stated, "We're almost done." When R16 yelled out as E11 packed the wound, E11 stated, "I'm almost done." E11 also stated in part that R16's sacral pressure ulcer was a stage 4 wound.</p> <p>On 11/3/15 at 1:24 PM, when the pressure ulcer dressing was completed, E11 stated, "We are done, sorry we had to do this."</p> <p>On 11/3/15 at 1:25 PM, when asked, E11 and E12, were unable to state if R16's yelling out could be an indication of her pain during the sacral pressure ulcer dressing.</p> <p>On 11/3/15 at 1:30 PM, E12 stated, "I would think R16 was in pain when she yelled out, when the old dressing was pulled out and the new dressing was put in."</p> <p>On 11/3/15 at 1:35 PM, E11 stated, "I assess pain when wound care is started and during wound care. If a resident is in pain, you could stop wound care."</p> <p>On 11/3/15 at 1:42 PM, E13 (Registered Nurse) stated in part that E13 usually works on the 2nd floor and usually cares for R16. "R16 is non-verbal. When R16 is in pain she grits her</p> | F 314  |  |                            |  |

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| F 314   | Continued From page 7<br>teeth and she yells. When R16 yells, we think she is in pain."<br>R16's physician order sheet dated 11/1/15 indicates the following order: site: sacrum: cleanse with normal saline solution, pat dry, apply dakin's solution, cover with dry dressing, change twice daily and as needed.<br>R16's treatment administration record indicates that R16 received a dressing change to the sacrum on 11/3/15 on the 7-3 shift.<br>R16's physician order sheet dated 9/23/15 indicates current prescription orders for tramadol 50 milligrams, one tablet by mouth daily and 1 hour before change dressing and for acetaminophen 160 milligrams/5 milliliter liquid, 650 milligrams/20.3 milliliters, per gastrostomy tube/by mouth for pain every 6 hours as needed<br>R16's medication administration record indicates that on 11/3/15, R16 received one dose of acetaminophen, 650 milligrams by mouth, at 9:00 AM for sacral pain, with fair result and one dose of tramadol, 50 milligrams by mouth, at 12:30 PM for sacral pain/wound change, with fair result.<br>R16's potential for pain related to stage IV pressure ulcers care plan, with a goal date of 1/1/16 documents: assess and monitor for non-verbal indicators of pain, monitor and report to nurse signs and symptoms of pain or worsening pain, and monitor for effectiveness of medications as implemented interventions<br>Controlled Substances Proof of Use sheet indicates that on 11/3/15, R16 received a dose of tramadol 50 milligrams at 12:30 PM.<br>Wound care note dated 11/2/15 indicates that R16 has a stage IV sacral wound, with 3 centimeter of undermining and an additional treatment goal of pain evaluation & management.<br>E11 and E12 failed to reassess R16's pain during the pressure ulcer dressing change. After | F 314  |  |                            |  |



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| F 314   | Continued From page 8<br>acknowledging the possibility of R16's yelling<br>being caused by pain, E12 did not initiate and<br>implement any interventions to address R16's<br>yelling.<br>The facility's Pain Assessment and Management<br>policy with an October, 2010 revision date,<br>documents in part the following:<br>Purpose: The purposes of these guidelines are<br>to help the staff identify pain in the resident, and<br>to develop interventions that are consistent with<br>the resident's goals and needs and that address<br>the underlying causes of pain.<br>Identification/Evaluation: Recognizing pain:<br>1. Observe the resident (during rest and<br>movement) for physiologic and behavioral<br>(non-verbal) signs of pain.<br>Possible Behavioral Signs of Pain:<br>a. Verbal expressions such as groaning, crying,<br>screaming<br>Identifying the Causes of Pain:<br>2. Review the resident's clinical record to<br>identify conditions or situations that may<br>predispose the resident to pain, including:<br><br>b. Skin/Wound Conditions:<br>1. Pressure, venous or arterial ulcers<br>The facility's Pressure Ulcer Treatment policy with<br>an October, 2010, revision date documents in<br>part the following:<br>Stage IV Protocol: Stage IV Pressure Ulcer<br>Interventions/Care Strategies<br>3. Manage pain. | F 314  |  |                            |  |
| F 323<br>SS=E   | 483.25(h) FREE OF ACCIDENT<br>HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident<br>environment remains as free of accident hazards<br>as is possible; and each resident receives  | F 323  |  |                            |  |

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| F 323   | <p>Continued From page 9</p> <p>adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, and interview and record review, the facility failed to secure two oxygen tanks inside the room of one of one resident (R3), inside the sample of 30 residents, reviewed for hazards, and Based on interview and record review, the facility failed to prevent the occurrence of an avoidable injury involving one resident (R13), out of 4 residents reviewed for falls, in the sample of 30, and 2 residents from the supplemental sample (R31, R32).</p> <p>Findings include:</p> <p>On 11/2 15, at approximately 10:30am during initial tour with E3 DON (Director of Nursing). Observed inside the room of R3, there was one oxygen concentrator with the tubing attached to R3. In the other corner of the room noted two regular oxygen tanks that were unsecured. E3 immediately removed the unsecured oxygen tanks. E1 (Administrator) stated during presentation on 11/4/15 at 11:00am, that, "R3's Hospice staff was told not to leave the unsecured oxygen tanks in R3's room."</p> <p>Review of the facility's policy on oxygen storage dated August 2009 states "Critical and semi-critical items will be sterilized /disinfected in a central processing location and stored appropriately until use."</p> | F 323  |  |  |  |

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| F 323   | <p>Continued From page 10</p> <p>R13 is a 64 year old admitted to the facility on 12/22/11.</p> <p>On 11/3/15 at 12:30pm during interview, R13 stated, "I fell here (at the facility) because the ice cooler was leaking. They used to keep an ice cooler on a cart in the hallway for residents to be able to get ice themselves. The cooler would always leak and they would keep towels down on the floor. I fell from the water leaking on the floor and broke my ankle. I ended up with a cast and ended up needing physical therapy."</p> <p>Review of Incident Report dated 6/5/15, indicated R13 slid down to the floor when coming out from the pantry to warm his coffee. R13 was able to move all extremities but complained of pain in the left ankle. Resident slipped on water on the floor coming from the ice cart. An x-ray of the left ankle was ordered immediately.</p> <p>Incident Investigation Worksheet dated 6/5/15 indicated that the fall was witnessed by another resident and stated, "I saw R13 fall, slide down to the floor and sit down." The Incident Investigation Worksheet documents that the root cause of the fall was due to water from the ice cart that was dripping on the floor near the pantry.</p> <p>Review of the State Report faxed to IDPH (Illinois Department of Public Health) documents that the results of the x-ray indicated Osteopenia with linear lucenies through the medial malleoli (suspicious for fractures). Results were relayed to the doctor with orders to send resident out to the local hospital for further evaluation. The housekeeping department completed an environmental check of pantry area for water on</p> | F 323  |  |  |  |

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| F 323   | <p>Continued From page 11<br/>the floor and cleaned up (post-fall).</p> <p>An x-ray report (results from the portable x-ray<br/>taken at the facility) dated 6/5/15, documents in<br/>part, there is faint lucency through the distal fibula<br/>(calf bone) as well suspicious for fracture.</p> <p>A local hospital record dated 6/6/15(one day after<br/>fall) indicated that R13 was seen for an ankle<br/>fracture.</p> <p>State Report dated 6/11/15, indicated R13<br/>complained of left ankle, which initial x-ray at the<br/>facility showed as suspicious for fracture and later<br/>confirmed at the local hospital's emergency room<br/>as a left ankle fracture.R13 was sent back to the<br/>facility the same day with a left ankle cast and<br/>splint wrapped in ace bandage and new pain<br/>medication orders. The conclusion on the State<br/>Report documents that R13 lost his footing and<br/>balance when he slipped on a wet spot on the<br/>floor coming from a leak on the 3rd floor ice cart,<br/>sustaining a mechanical fall and left ankle<br/>fracture.</p> <p>R13's Care Plan Report documented that the<br/>resident has a cast on left leg/foot due to a<br/>fracture secondary to a fall on 6/5/15.</p> <p>Review of R13's Physical Therapy Plan of Care<br/>10/12/15, documents a medical diagnosis of<br/>stress fracture, unspecified ankle, initial<br/>encounter for fracture. The reason for referral<br/>indicates R13 is a 64 year old who fell down<br/>approximately four months ago breaking his<br/>ankle. Recently visited an ortho doctor who<br/>allowed him to put weight on the left lower<br/>extremity. The therapy necessity indicates skilled<br/>physical therapy is necessary to improve balance</p> | F 323  |  |  |  |

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| F 323   | <p>Continued From page 12<br/>and fall recovery skills in order to decrease risk<br/>for falls.</p> <p>On 11/5/15 at 9:55am, R31 stated, "I remember<br/>the ice cart. I was told by one of the CNA's<br/>(Certified Nursing Assistants) that the cart was<br/>taken away because it used to leak."</p> <p>On 11/5/15 at 10:00am, R32 stated, "They would<br/>put towels down on the floor around the cart<br/>because it would leak sometimes. They would put<br/>a sign up sometimes."</p> <p>E21 (Maintenance Director) stated on 11/5/15 at<br/>10:55am, "We used to have hydration carts, but<br/>we don't use them anymore because of<br/>contamination and they use to drip on the floor<br/>sometimes. Ice would drop on the floor and then<br/>melt. Water would drip from the bottom tray of the<br/>cart. This would happen often."</p> <p>E23 LPN (Licensed Practical Nurse) stated on<br/>11/5/15 at 11:30am, "R13 went into pantry on<br/>6/5/15 in order to warm his coffee. I heard a loud<br/>thump on the floor and then rushed to the<br/>resident. The ice carts would sometimes drip<br/>because ice would melt on the floor. They<br/>(housekeeping) would put thick towels on the<br/>floor around the cart.</p> <p>Surveyor inquired to E1 (Administrator) regarding<br/>R13's fall incident. E1 stated on 11/5/15 at<br/>12:30pm, "I am responsible for what goes on in<br/>the facility. Could the fall have been avoidable?<br/>Yes it could have, 100 percent."</p> <p>The facility's policy Safety Precautions, General<br/>(12/09) documents in part: Keep floors dry of<br/>spills. Clean up immediately.</p> | F 323  |  |                            |  |

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| F 323   | Continued From page 13   | F 323  |  |  |  |
| F 371<br>SS=F   | <p>Review of the facility's Fall Management Guidelines (10/2014) presented by E3 (Director of Nursing), documents in part: Some environmental factors which may be associated with falls or the risk of falling may need to be reviewed and considered as ongoing fall prevention strategies. These factors may include, but not limited to: wet floors.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -<br/>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br/>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and record review facility failed to ensure adequate and effective sanitization in the three compartment sink and ensure food service equipment, utensils and work surfaces are sanitary. This has the potential for food borne illness affecting all 216 residents receiving oral diets.</p> <p>Findings include:</p> <p>Facility Census and Conditions of Residents report for 11/2/15 indicates 224 residents in house. E3 (Director of Nursing) indicated that 8</p> | F 371  |  |  |  |

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| F 371   | <p>Continued From page 14</p> <p>residents do not to receive anything by mouth (NPO).</p> <p>On 11/3/15 at 11:00am with E14 (Dietary Manager) observed E15 (AM Cook) prepare the pureed food items for the lunch meal served 11/3/15. After pureeing the Lasagna Casserole, E15 proceeded to the three compartment sink to wash and sanitize the food processor (blender type). E15 washed it in soapy water, rinsed in clean water and dipped the blender in the sanitizing solution for less than five seconds and placed the blender directly on the adjacent drying surface to drain. E15 then took the same blender to puree the Italian Vegetable for the lunch meal.</p> <p>On 11/3/15 at 12:05pm observed E16 (Dietary Aide) washing pots and pans. E16 likewise dipped and splashed full size bun pans that do not completely submerge in the sanitizing solution. E16 turned them around in the sanitizing solution but left each side submerged for less than 10 seconds before removing the pans to the drain board. At 2:15pm E17 surveyor observed (PM Pot Washer/Dietary Aide) just dipping pots and pans into the sanitizing solution for less than five seconds and placing on to the adjacent drain board. E14 stated to surveyor in part that she very recently spoke with E16 and told him to submerge pans in the sanitizing solution for at least 30 seconds.</p> <p>On 11/4/15 at 1:30 pm with E14 present observed E19 (PM Dietary Aide) washing pots and pans. E19 was noted to just dip a large stainless steel bowl in the sanitizing solution for less than three seconds and placing it on the adjacent drain board. E14 re-stated to surveyor that pots and pans should be submerged in the sanitizing</p> | F 371  |  |                            |  |

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| F 371   | <p>Continued From page 15<br/>solution for at least 30 seconds.</p> <p>On 11/4/15 at 2:00pm E14 presented an undated washing procedure for the three compartment sink. Step four states: After rinsing ware, submerge into sanitizer for at least one minute.</p> <p>On 11/3/15 at 11:00am with E14, observed a food pinching tong hooked over the stove oven handle door. E15 (AM Cook) opened the oven door and the tong was in direct contact with the rubber floor mat. E15 continued to puree Lasagna casserole for the lunch meal. E15 went into the utensil drawer and was moving utensils around to secure the correct size. E15 picked up the utensil by the serving utensil interior with his bare hands and later placed a 6 inch deep steamtable pan for the pureed vegetables with bare hands on the interior surface directly on the work table. In addition, recipe book binders were in direct contact with the work table and were soiled with dried food stains and discolored soiled exterior surfaces.</p> <p>On 11/4/14 9:15am with E14 noted a meat slicer covered with a plastic bag cover. E14 indicated that it was covered after it was cleaned. Upon inspection, and removal of the circular blade guard there were unidentifiable dried food remnants on the interior blade and hard to reach blade guard surfaces. In addition, there were unidentifiable accumulated dried food crumbs gathered directly below the circular blade equipment surface. E14 stated "this should have been cleaned more thoroughly."</p> <p>Facility presented a undated policy titled Cleaning Schedule. Policy states: The facility stores, prepares, distributes and serves food in a sanitary manner to prevent food borne illness.</p> | F 371  |  |                            |  |



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| F 371   | Continued From page 16<br>Procedure states: A daily cleaning schedule will be posted in the kitchen with specific cleaning assignments to include both routine cleaning/sanitizing tasks along with deep cleaning tasks. The Food Service Director or someone designated as the person in charge will review the cleaning schedule each day to assure the tasks have been completed in a satisfactory manor.   | F 371  |  |  |  |
| F 431<br>SS=E   | 483.60(b), (d), (e) DRUG RECORDS,<br>LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to | F 431  |  |  |  |

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| F 431   | <p>Continued From page 17</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to remove expired medications from the current medication supply, for four of four residents (R33, R38, R45, and R46), reviewed for medication storage, in the supplemental sample and based on observation, interview and record review, the facility failed to date medication injection vials, upon opening, for one of one resident (R21), in the sample of 30 and six residents (R34, R35, R36, R37, R39, and R46) in the supplemental sample.<br/>Findings Include:<br/>On 11/2/15 at 2:47 PM, during the inspection of the medication cart for rooms 401-406 and 422-427, there was one, opened 10 milliliter vial of Novolog insulin injection for R34 without a documented opened date; one, opened 10 milliliter vial of Humalog insulin injection for R35 without a documented opened date; one, opened 1 milliliter vial of heparin Sodium injection, 5,000 units/milliliter, for R36 without a documented opened date; and one, unopened bottle of niacin 250 milligrams, 100 capsules/bottle, with a documented expiration date of March, 2015.<br/>On 11/2/15 at 2:56 PM, E25 (Licensed Practical Nurse) stated in part that insulin vials should be dated when opened and opened insulin vials are good for 28 days and should be thrown away after 28 days.<br/>On 11/2/15 3:00 PM, E25 also stated in part that</p> | F 431  |  |                            |  |

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| F 431   | Continued From page 18<br>the heparin vial is a one-time dose vial and should have a documented opened date and should have been discarded after use.<br>On 11/2/15 at 3:14 PM, during the inspection of the 4 South medication room refrigerator, there were two, opened 10 milliliter vials of Levenir insulin injection for R37 without documented opened dates; one, opened 10 milliliter vial of Humalog insulin injection for R21, without a documented opened date; one, opened 10 milliliter vial of lantus insulin injection for R38, with a documented opened date of 10/1/15 and documented expiration date of 10/29/15; and one opened 10 milliliter vial of Humalog insulin injection for R39, without a documented opened date.<br>On 11/2/15 at 3:22 PM, E26 (Licensed Practical Nurse) stated in part that insulin vials should be dated upon opening and are good for 28 days.<br>On 11/2/15 at 3:34 PM, during the inspection of the medication cart for rooms 407-421, there were two, opened 1 milliliter vials of Heparin Sodium injection, 5000 units/milliliter without a documented opened date (house stock); one, opened 12 ounce bottle of antacid liquid with a documented expiration date of October, 2015; one, opened bottle of Vitamin E 1000 International Units, 100 softgels/bottle, with a documented use by date of October, 2015; one, opened bottle of calcium carbonate 1250 milligrams, 100 tablets/bottle, with a documented date of October, 2015; one, opened bottle of chewable vitamin C 500 milligrams, 100 tablets/bottle, with a documented expiration date of January, 2015; one, unopened bottle of simethicone 80 milligrams, 100 tablets/bottle, with a documented expiration date of May, 2015.<br>On 11/2/15 at 3:43 PM, E27 (Licensed Practical Nurse) stated in part that opened, one dose | F 431  |  |                            |  |

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| F 431   | <p>Continued From page 19</p> <p>heparin vials, should be discarded. All nurses are responsible for checking the expiration dates of the medications on the cart. The nurses check the expiration dates daily before giving medications and check the medication carts monthly for expiration medications.</p> <p>On 11/2/15 at 3:49 PM, during the inspection of the 4 North, medication room refrigerator, there was one, opened 10 milliliter vial of Humalog insulin injection for R45, with a documented opened date of 10/1/15 and a documented expiration date of 10/31/15; and one, opened 10 milliliter vial of Lantus insulin injection for R46, without a documented opened date.</p> <p>On 11/2/15 at 4:11 PM, during the inspection of the 2 North medication room refrigerator, there was one, opened 10 milliliter vial of Lantus insulin injection for R46 with a documented opened date of 9/22/15 and a documented expiration date of 10/19/15 and one, opened 10 milliliter vial of Humalog insulin injection for R46 with a documented opened date of 10/3/15 and documented expiration date of 10/31/15.</p> <p>On 11/2/15 at 4:45 PM, during the inspection of the medication cart for rooms 201-202, 224-235, there was one, opened and one, unopened 12 ounce bottle of antacid liquid with a documented expiration date of October, 2015.</p> <p>On 11/2/15 at 5:35 PM, during the inspection of the medication cart for rooms 203-214, bed 1, there was one, unopened bottle of calcium carbonate 1250 milligrams, 100 tablets/bottle, with a documented expiration date of October, 2015 and one, opened 12 ounce bottle of antacid liquid with a documented expiration date of October, 2015.</p> <p>On 11/2/15 at 5:46 PM, E20 (Registered Nurse) stated in part that expired medications should be discarded. The nurses check the medication</p> | F 431  |  |  |  |

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| F 431   | <p>Continued From page 20</p> <p>carts once a week for expired medications.</p> <p>On 11/2/15 at 6:25 PM, during the inspection of the medication cart for rooms 214, bed 2 to 223, bed 1, there was one, opened 12 ounce bottle of antacid liquid with a documented expiration date of October, 2015.</p> <p>On 11/3/15 at 9:48 AM, during inspection of the medication cart for rooms 301-306 and 322-327, there was one, unopened 1 milliliter vial of ketorolac 30 milligrams/milliliter for R33, with a documented expiration date of November 1, 2015.</p> <p>The facility's Storage of Medications policy with a revision date of April, 2007 documents in part the following, in the Policy Interpretation and Implementation section:</p> <p>1. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p> <p>The facility's Administering Medications policy with a revision date of December, 2012 documents in part the following, in the Policy Interpretation and Implementation section:</p> <p>9. The expiration/beyond use date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container.</p> <p>The policy did not contain information regarding opening one dose medication containers/vials.</p> <p>The facility's Recommended Minimum Medication Storage Parameters, for injectable medications, with last revision date of September 29, 2015 documents in part the following:</p> <p>Insulin Vials: Based on American Diabetes Association guidelines, all unopened insulins are recommended to be stored in the refrigerator. All vials should be dated when opened and</p> | F 431  |  |                            |  |

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| F 431   | Continued From page 21<br>discarded 28 days after opening  | F 431  |  |                            |  |