

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

PRINTED: 07/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER WAVERLY PLACE OF STOCKTON			STREET ADDRESS, CITY, STATE, ZIP CODE 501 EAST FRONT STREET, PO BOX #38 STOCKTON, IL 61085		
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F 000	INITIAL COMMENTS	F 000			
F 164 SS=D	<p>Annual Certification Survey</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the</p>	F 164			

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 164	<p>Continued From page 1</p> <p>confidentiality of a resident's electronic medical record.</p> <p>This applies to 1 resident (R13) reviewed for confidentiality in the supplemental sample.</p> <p>The findings include:</p> <p>On July 18, 2016 at 12 :25 PM, E3 Registered Nurse (RN) was preparing R13's noon medication. R13's electronic medication administration record was displayed on the computer screen on the medication cart. E3 walked away from the medication cart with R13's medical information displayed on the computer screen to answer the facility phone. E3 put the phone down and walked around the corner and out of sight of the medication cart. Z1 (Beautician) walked over to the medication cart and looked in the direction of the computer screen with R13's medical information visible. At 12:27 PM, E3 returned to the medication cart and stated, "I guess I should have locked it out."</p> <p>On July 18, 2016 at 12 :30 PM, E4 (RN) stated the staff is to use the lock out screen when they walk away from the medication cart so others cannot see private personal information of residents.</p> <p>On July 19, 2016 at 10 :25 AM, E2 (Wound Nurse-RN) stated when staff walk away from a computer screen they should push the lock icon which brings up the lock out screen. The lock out screen prevents confidential HIPPA (Health Insurance Portability and Accountability Act) and resident information from being seen by unauthorized people. Z1 is not authorized to see resident medical information.</p>	F 164			

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F 164	Continued From page 2 On July 19, 2016 at 12 :43 PM, E1 (Administrator) stated when staff walk away from computers screens they should power them off or lock them out. There is confidential and HIPPA information in the electronic record. The facility's Resident Rights booklet dated June 2009, shows " your facility may not give information about you or your care to any unauthorized person(s) without your permission." The facility's Electronic Medical Records policy dated December 2006, shows "3. Only authorized persons who have been issued a password and user ID code will be permitted access to the medical records system."	F 164			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide care and treatment to a stage IV and unstageable pressure ulcer. The facility failed to implement prescribed interventions for existing wounds and failed to	F 314			

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F 314	<p>Continued From page 3</p> <p>identify a pressure ulcer prior to it becoming unstageable.</p> <p>This applies to 2 of 2 residents (R1, R7) reviewed for pressure ulcers in the sample of 10.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R1's Admission Record dated May 16, 2016, shows he was admitted on February 11, 2016 with diagnoses of hip fracture, sepsis, dementia, urinary tract infection, and altered mental status. <p>The facility's initial Skin Observation Tool dated February 11, 2016, shows R1 had a stage II pressure ulcer on his coccyx (also referred to as right proximal buttock). The Braden Scale dated February 11, 2016, shows R1 was high risk for pressure ulcer. There were no other Braden scales performed.</p> <p>Z4's Medical Doctor visit note dated February 18, 2016, shows R1 was admitted with a stage II pressure ulcer on his buttocks.</p> <p>R1's Minimum Data Set (MDS) for February 24, 2016 showed R1 had one unstageable pressure ulcer. R1's MDS dated May 18, 2016 shows R1 has two unstageable pressure ulcers.</p> <p>R1's Medication Review Report shows an order for Dakins Solution apply to left buttock wound and right proximal buttock wound topically one time a day for wound care. Cleanse wound, apply skin prep to periwound, pack wound with Dakins soaked 4 X 4, cover with a 4 x 4, and the cover with a dry dressing. This order was obtained on June 16, 2016.</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>R1 had a Physician Order dated for June 21, 2016 and July 13, 2016 for vacuum assisted therapy. No vacuum assisted therapy dressing was in place to R1's wounds.</p> <p>R1's Physician Wound notes written by Z2 (Wound Medical Doctor) shows appointment is set up for July 13, 2016 to remove non viable tissue (debride) from R1's wounds. Z2 would like to proceed with starting the vacuum assisted therapy as soon as possible after the wounds have been debrided.</p> <p>Z2's Doctor's Progress Notes dated July 13, 2016, shows the left buttock (Ischial) wound is stage III with red granulation at the base and the right proximal buttock (coccyx) wound is stage IV with little slough. Plan to start vacuum assisted therapy.</p> <p>On July 18, 2016 at 2:50 PM, E3 registered nurse (RN) performed dressing changes on R1's pressure ulcers. E3 peeled one side of the paper tape from the dressing on R1's left hip and lifted one side of the dressing to visualize the wound. E3 stated there is not an open area. This surveyor observed a pencil size open wound with a reddened wound bed. E3 stated there is yellowish tan drainage on the gauze and then taped the same dressing back on the wound. E3 stated that the facility ran out of the prescribed bleach wound cleanser (Dakins solution) for the wounds on the right proximal and left buttock. E3 packed the right proximal buttock wound with multiple round fluid filled (tender wet) dressings and covered it with a dry dressing. E3 did not apply skin prep to the skin around this wound. E3 applied skin prep to the surrounding skin of the left buttock wound. R1's left buttock was not</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>large enough to be packed with the tender wet dressing so E3 placed the tender wet dressing on top of the wound without packing it. A dry dressing was then placed over this wound.</p> <p>On July 19, 2016 at 10:50 AM, there were no dressings present to R1's right proximal and left buttock wound. E3 stated, "I don't know how long the dressing has been off. There should be a dressing." E3 proceeded to apply skin prep to all areas around both wounds and then packed both wounds with gauze soaked in Dakins solution and covered them with a dry dressing. E3 applied skin prep to the area around the left hip wound, applied a topical antibacterial cream (silvadene) and then applied a dry gauze dressing. E4 RN stated, "The area on R1's left hip is opened."</p> <p>On July 19, 2016 at 2:00 PM, E2 stated she was not aware of an open area on R1's left hip. R1's Weekly Wound Report sheet dated July 19, 2016, shows an unstageable pressure ulcer to the left hip.</p> <p>R1's Physician Telephone Orders dated July 20, 2016, shows wound care left hip-wash area, apply silvadene to open area, skin prep to periwound, and cover with a dry dressing daily and as needed.</p> <p>On July 20, 2016 at 1:30 PM, Z2 stated, "I was not aware the the vacuum assisted therapy was not obtained for R1's wounds. Vacuum assisted therapy decreases the wound size and increases the wound healing. If the vacuum assisted therapy is not in place, the wounds would take longer to heal. I do expect there to be a dressing on R1's wounds at all times."</p>	F 314			

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F 314	<p>Continued From page 6</p> <p>R1's care plan revised on July 12, 2016 shows to administer treatments as ordered and monitor for effectiveness and monitor skin with twice daily cares and report any areas of concern.</p> <p>On July 19, 2016 at 1:10 PM, E2 Registered Nurse/Wound Care Nurse stated the Braden Scale should be done on admission, quarterly, and with significant change of conditions. The facility's Braden Scale for Predicting Pressure Sore Risk instructions shows to complete on admission for four weeks and then quarterly thereafter.</p> <p>The facility's Prevention of Pressure Ulcers Policy revised in October 2010 shows the facility should have a system/procedure to assure assessments are timely and appropriate and changes in condition are recognized, evaluated, reported to the practitioner, physician, and family, and addressed. Routinely assess and document the condition of the resident's skin and immediately report any signs of a developing pressure ulcer to the supervisor. It also states to document any change in the resident's condition in the medical record.</p> <p>2. On July 19, 2016 at 11:30 AM, E4 RN positioned R7 on his left side to perform a dressing change to R7's coccyx pressure ulcer. E4 lowered R7's urine soaked incontinence brief from R7's buttocks. R7's coccyx wound was open to air, without a dressing in place. The dressing was not in the urine soaked incontinence brief.</p> <p>On July 19, 2016 at 11:35 AM, E4 stated "I didn't know the dressing was off." E4 said the dressing sometimes comes off when it gets wet, but the CNA will notify us if it comes off.</p>	F 314			

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F 314	Continued From page 7 On July 19, 2016 at 1:10 PM, E2 stated "R7's dressing should be on." E2 said is the dressing comes off the CNA is to alert the RN. If R7 refused the dressing treatment there should be a progress note from RN documenting R7 refused treatment. R7's POS shows treatment order dated June 26, 2016 "Unstageable pressure ulcer at coccyx/buttocks-cleanse wound-apply medihoney to wound bed, skin prep peri-wound , cover with comfort border foam change daily PRN if soiled." R7's Administration Note Order dated July 16, 2016 at 10:16 AM shows on order for Medihoney Wound/Burn Dressing Gel "Apply to COCCYX/BILATERAL BUTTOCKS topically as needed for WOUND CARE Unstageable pressure ulcer at coccyx/buttocks-cleanse wound-apply medihoney to wound bed, skin prep peri-wound, cover with comfort border foam change daily. PRN if soiled CHANGE PRN DOCUMENT IF HE REFUSES TREATMENTS."	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident	F 315			

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F 315	<p>Continued From page 8</p> <p>who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide perineal and indwelling urinary catheter care to prevent infection.</p> <p>This applies to 1 of 3 residents (R3) reviewed for urinary catheters in the sample of 10.</p> <p>The findings include:</p> <p>On July 18, 2016 at 3:00 PM, E11 and E18 Certified Nursing Assistant (CNA) were performing perineal care and catheter care for R3. R3 was incontinent of stool and had an indwelling urinary catheter in place. R3 was positioned on her back. Her groin and in between her legs were visibly covered with stool. E11 used disposable wipes and wiped stool from in between R3's legs to her frontal peri area multiple times. With washcloths wet with soap and water, E11 then wiped R3's frontal peri area and indwelling urinary catheter from in between R3's legs toward her frontal peri area multiple times.</p> <p>On July 18, 2016 at 3:28 PM, E11 stated "you should wipe front to back."</p> <p>On July 19, 2016 at 1:10 PM, E2 Wound Registered Nurse stated during peri care you should wipe from front to back and during catheter care you should wipe down away from</p>	F 315		

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F 315	Continued From page 9 the frontal peri area toward the backside. "Wiping this way keeps bacteria from going into the residents vagina to prevent a urinary tract infection." R3's Minimum Data Set dated April 13, 2016 shows R3 is moderately cognitively impaired, has an indwelling urinary catheter, is always incontinent of bowel, and is totally dependent on staff for toileting. R3's Care Plan shows R3 has an indwelling urinary catheter and bowel incontinence with interventions of "clean peri-area with each incontinence episode. Wash perineum from front to back. Foley cath care every shift, washing tubing from body to outward down tubing." The facility's Perineal Care Policy dated October 2010 shows "Wash perineal area, wiping from front to back. Separate labia and wash area downward from front to back. (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.)"	F 315			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323			

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F 323	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to safely store toxic chemicals behind a locked door.</p> <p>This applies to 4 of 10 residents (R1, R2, R7, R9) reviewed for safety in the sample of 10 and 6 residents (R12, R19, R24, R28, R30, R33) in the supplemental sample.</p> <p>The findings include:</p> <p>On July 18, 2016 at 8:55 AM, during initial tour, the A hall shower room door was propped open. There was a can of disinfectant deodorizer, sani cloth wipes, dermal wound cleanser plus, misty disinfectant cleanser, and a sharps container with four razors inside. All chemicals and sharps were accessible to the residents. On July 19, 2016 at 1:30 PM, E14 Housekeeping supervisor stated that the items should be locked up.</p> <p>On July 19, 2016 at 8:35 AM, during the environmental tour with E14 and E1 Administrator, the above items were still accessible to residents. The B hall utility closet contained a disinfectant deodorizer spray. This door was not locked. The C hall bathroom contained a container of sani wipes. There was a container of sani wipes on the isolation cart in the hall, outside of room C15. E1 stated these items should not be here, they should be locked up.</p> <p>The facility's Psychotropic Medication list dated July 18, 2016, shows R2, R12, R19, R24, R28, R30, R33 have a diagnosis of dementia. R1 and R7's Physician Order Sheet dated July 2016, shows they have a diagnosis of dementia. R9's</p>	F 323			

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F 323	Continued From page 11 Physician Order Sheet dated July 2016, shows R9 is developmentally delayed. The Material Safety Data Sheet (MSDS) for the Disinfectant Deodorizer revised on December 22, 2009, shows it is harmful or fatal if swallowed. Inhalation of mists or vapors may cause irritation to nose, throat, and mucous membranes, and pulmonary irritation. The MSDS for the Sani-Cloth Plus Germicidal Disposable Cloth with an issue date of June 12, 2015, shows it could cause serious eye damage/eye irritation. This product is a hazardous chemical. The MSDS for Misty Disinfectant Foam Cleanser dated June 27, 2001, shows inhalation of vapors can be harmful, eye and skin contact could cause irritation, and possible chemical pneumonitis if it is aspirated into the lungs. The Safety Data Sheet for the Dermal Wound Cleanser not dated, shows slight eye irritation and ingestion of large quantities can be hazardous due to the presence of benzethonium chloride.	F 323			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications	F 332			

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F 332	<p>Continued From page 12 as ordered. There were 30 opportunities with 4 errors resulting in a 13.33% error rate.</p> <p>This applies to 2 of 12 residents (R1 and R14) observed in the medication pass.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On July 18, 2016 at 1:45 PM, E3, Registered Nurse (RN) prepared R1's medication for administration through R1's gastrostomy tube (abdominal feeding tube). E3 emptied the contents of a capsule of amoxicillin 500 milligrams-mg (antibiotic), a capsule of acidophilus (probiotic), a packet of Juven (nutritional supplement) and 5 milliliters of ferrous sulfate 220 mg into a seven ounce cup and added five ounces of water. E3 mixed the contents of the cup. E3 and E4 (RN) entered R1's room. E3 administered the medication through R1's gastric tube. When finished there was a white powder residue and orange liquid remaining in the bottom of the cup. E3 threw the cup away with the residue and liquid. E3 was asked if R1 received the ordered dose of medications. E3 stated R1 may have not received the full medication and she should have rinsed the cup to ensure R1 received the full dose. <p>On July 19, 2016 at 9:50 AM, E4 stated she saw the white residue and orange liquid in the cup after E3 administered R1's medication. E4 stated, "E3 should have added more water and remixed and then administered to ensure R1 received the full dose of medication."</p> <p>On July 19, 2016 at 10:25 AM, E2 (Wound Nurse-RN) stated the nurse should "look in the cup to make sure all medication is out of the cup,</p>	F 332			

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F 332	Continued From page 13 if not, flush the cup with water and administer. R1 probably did not receive the full dose of medication." 2. On July 19, 2016 at 7:45 AM, E3 prepared R14's morning medications. E3 placed one tablet of Oyster Shell Calcium 500 mg into a medication cup. E3 administered the medication to R14. R14's Physician Orders dated July 10, 2016, shows R14 is to receive Oscal 500 mg/200 unit D-3 (calcium supplement with vitamin D) one tablet once a day for bone health. On July 19, 2016 at 10:25 AM, E2 (Wound Nurse-RN) stated, "E3 should have given the right medication. E3 would have had to get an order to give the calcium (without the Vitamin D)." The facility's Administering Medications dated April 2010, shows "3. Medications must be administered in accordance with the orders, including any time frames. 6. The individual administering the medication must check the label three (3) times to verify the right medication, right dosage, right time and right method (route) of administering before giving the medication.	F 332			
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza	F 334			

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F 334	<p>Continued From page 14</p> <p>immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding</p>	F 334			

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F 334	<p>Continued From page 15</p> <p>the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to follow the influenza administration policy by administering an influenza vaccine after a resident's healthcare power of attorney declined the vaccine.</p> <p>This applies to 1 of 5 residents (R2) reviewed for immunizations in the sample of 10.</p> <p>The findings include:</p> <p>R2's Consent to Administer Influenza Vaccine dated October 13, 2015, shows Z3 (R2's healthcare power of attorney) declined consent for R2 to receive the influenza vaccine.</p> <p>The facility's Immunization Report printed on July 19, 2016, shows R2 consented to the influenza vaccine and that it was administered on October 21, 2015.</p>	F 334			

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F 334	Continued From page 16 On July 20, 2016 at 8:30 AM, E1 (Administrator) stated, "I do not know why R2 received the influenza vaccine. He should not have received it if it was refused." The facility's Influenza Immunizations policy, not dated, shows the resident or the resident's legal representative has the opportunity to refuse the immunization.	F 334			
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow the menu for residents on pureed diets for the noon meal on July 18, 2016. This applies to 3 of 3 residents (R2, R3, R9) reviewed for pureed diets in the sample of 10 and two residents (R11, R12) in the supplemental sample. The findings include: On July 18, 2016 at 11:15 AM, E13 Dietary Cook pureed chili and mixed vegetables for the noon meal.	F 363			

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F 363	<p>Continued From page 17</p> <p>On July 18, 2016 at 11:20 AM, E13 said she was all done with the pureed foods.</p> <p>On July 18, 2016 at the noon meal R2, R3, R9, R11, and R12 were served pureed chili, vegetables, mashed potatoes, and apple crisp.</p> <p>On July 19, 2016 at 1:40 PM, E13 said she normally would have pureed the cornbread for the noon meal on July 18, 2016 but she was short on time and just served mashed potatoes instead.</p> <p>On July 19, 2016 at 2:40 PM, E1 Administrator said the menu should be followed and residents with pureed diet should receive the same as general diet. Cornbread should have been pureed, "it was not appropriate to run out of time and not puree the cornbread."</p> <p>The facility's Puree Diet list dated July 20, 2016 shows 5 residents (R2, R3, R9, R11, R12).</p> <p>The facility's Spread Sheet Menu 2016 for week 4 shows for lunch Monday: chili, garden fresh lettuce and tomato salad, choice of dressing, apple crisp, cheesy cornbread, margarine, coffee/tea, and condiments.</p> <p>The facility's Spread Sheet Menu 2016 Daily Spreadsheet for Week 4 Monday shows for pureed lunch: pur Home Made Chili, pur ckd veg, pur Apple Crisp, and pur bread.</p> <p>The facility's Dietary Department Food Preparation Cycle Menus shows "Cycle Menus are planned to meet the nutritional needs of the clients in accordance with Nutritional Board of the Institute of Medicine Dietary Reference Intakes."</p>	F 363			

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F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to remove an expired multi dose vial of tuberculin and an expired multi use vial of influenza from circulation.</p> <p>This applies to all 38 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents dated July 18, 2016, shows the facility census was 38.</p>	F 425			

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F 425	<p>Continued From page 19</p> <p>On July 19, 2016 at 8:45 AM, there was an opened tuberculin multi dose vial dated June 1, 2016 and an opened multi dose vial of influenza vaccine in the medication room refridgerator. The Influenza vaccine expired at the end of the influenza season (March 2016).</p> <p>On July 19, 2016 at 1:10 PM, E2 Registered Nurse/Wound Care (RN/WCC) stated, "The tuberculin solution expires 30 days from the date opened.</p> <p>The manufacturer insert for the tuberculin solution, shows vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p>	F 425			