

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

PRINTED: 01/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2016
NAME OF PROVIDER OR SUPPLIER WESLEY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST GRANT STREET MACOMB, IL 61455		
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F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Annual Licensure and Certification</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	<p>Continued From page 1</p> <p>by: Based on record review and interview the facility failed to notify the physician of an increase in depression signs and symptoms for one of 15 residents (R7) reviewed for physician notification in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Depression policy dated 11/2015, documents the Mood Section D interview will be completed by the MDS (Minimum Data Set) Coordinator following the guidelines of the RAI (Resident Assessment Instrument) manual.</p> <p>The Centers for Medicare and Medicaid Services RAI Version 3.0 Manual, Mood Section D, dated October 2015 documents, "The resident's mood interview score provides a standard score which can be communicated to the resident's physician, other clinicians, and mental health specialists for appropriate follow up. A total severity score can be interpreted as a score of 5-9 indicates mild depression and a score of 10-14 indicates moderate depression. A summary of the frequency scores indicates the extent of potential depression symptoms."</p> <p>R7's Minimum Data Set (MDS) dated 7-31-15, documents R7's Mood Section D severity score at a "5" (indicating mild depression). R7's MDS dated 10-16-15, documents R7's Mood Section D severity score increased to a "10" (indicating moderate depression).</p> <p>R7's Progress Notes and Social Service Notes dated 7-31-15 through 1-11-16, do not include documentation of R7's physician being notified of</p>	F 157			

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F 157	Continued From page 2 R7's mood severity scores on 7-31-15 and 10-16-15. On 1-12-16 at 2:15 p.m., R7 stated, "I am depressed and would want my physician to know." On 1-12-16 at 2:00 p.m., E4 (MDS Coordinator) stated, "I do the depression score interviews and am responsible for notifying the physician. (R7's) last quarterly MDS dated 10-16-15 documents (R7) scored a 10 on the mood interview. I follow the RAI instructions of notifying the physician of a mood score of 10. I did not notify the physician of (R7's) mood score of 10."	F 157			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual	F 278			

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F 278	<p>Continued From page 3</p> <p>to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to accurately complete an MDS assessment for two of fifteen residents (R2, R8) reviewed for Minimum Data Set (MDS) accuracy in the sample of fifteen.</p> <p>Findings include:</p> <p>1. R2's MDS, dated 7/17/15, Section M documents that R2 had one stage three pressure ulcer measuring 2.8 cm (centimeters) x 1.5 cm x 0.3 cm.</p> <p>R2's Wound Nurse note, dated 7/15/15, documents that R2 had three pressure ulcers to R2's coccyx, two stage three pressure ulcers measuring 1.5 cm x 2.5 cm x 2 cm and 1 cm x 0.5 cm x 2 cm and one stage two pressure ulcer measuring 1 cm x 0.5 cm x 0.1 cm.</p> <p>R2's MDS, dated 10/9/15, Section J documents that R2 had one fall with no injury since Admission/Entry, Reentry, or Prior Assessment.</p> <p>R2's Incident report, dated 1/12/16, documents that R2 had a fall with no injuries on 10/10/15 at 8:54 p.m.</p>	F 278			

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F 278	Continued From page 4 On 1/12/16 at 1:30 p.m., E4 (MDS Coordinator) stated, "10/10/15 is the only fall we have for (R2). So, the 10/9/15 MDS must have been a coding error...(R2) had two stage three pressure ulcers and one stage two pressure ulcer according to the wound nurse notes, but (R2's) 7/17/15 MDS is only coded for one stage three pressure ulcer." 2. R8's MDS, dated 12/4/16, Section N documents that R8 did not receive any antibiotics in the seven day look back period of 11/28/15 to 12/4/15. R8's Medication Administration Record (MAR), dated 11/2015 and 12/2015, documents that R8 received Macrobid 100 mg (milligrams) twice a day for the diagnosis of Urinary tract infection (UTI) from 11/21/15 to 11/30/15. On 1/12/16 at 1:30 p.m., E4 (MDS Coordinator) stated, "On (R8's) 12/4/15 MDS, (R8) was coded as having a UTI and didn't receive any antibiotic. (R8) should have been coded for three days of antibiotics."	F 278			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.	F 279			

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F 279	<p>Continued From page 5</p> <p>The care plan must describe 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 §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop individualized comprehensive care plans with interventions for three of 15 residents (R7, R9, R14) reviewed for care plans in a sample of 15.</p> <p>Findings include:</p> <p>A Comprehensive Care Plan Procedure dated 9/2015 states, "It is the policy of this facility that the Interdisciplinary Team develop an individualized Comprehensive Care Plan including measurable goals and timetables to meet the psychological, medical, and nursing needs of the resident....The Comprehensive Care Plan: ...Identifies problem areas including, but not limited to those identified on the MDS (minimum data set assessment) 3.0...The Comprehensive Care Plan is developed within seven (7) days of the completions of the resident assessments or within twenty-one (21) days of the resident's admission."</p> <p>1. R7's Minimum Data Set (MDS) dated 7-31-15, documents R7's Mood Section D severity score at a "5" (indicating mild depression). R7's MDS</p>	F 279			

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F 279	<p>Continued From page 6</p> <p>dated 10-16-15, documents R7's Mood Section D severity score increased to a "10" (indicating moderate depression). R7's current comprehensive care plan does not include a plan of care or interventions to treat R7's depression symptoms.</p> <p>On 1-12-16 at 2:15 p.m., R7 stated, "I am depressed. I am almost 92 years old, in a nursing home, and do not get to see some of my family members. I don't feel like leaving my room or anything. No one at the facility has even talked to me about my depression."</p> <p>On 1-12-16 at 2:00 p.m., E4 (MDS Coordinator) stated, "I did not implement a care plan for (R7's) depression."</p> <p>On 1-13-16 at 2:05 p.m., E2 (Director of Nursing) stated, "(R7's) mood is so up and down that I would have wanted to have a care plan meeting. Interventions for depression should have went on (R7's) behavior sheets and care plan."</p> <p>2. A Skin Management Policy dated 11/2015 states, "It is the policy to identify, intervene, and treat residents who are either at risk or have developed compromised skin integrity. At risk residents are candidates for nursing interventions essential to reduce the risk of tissue breakdown. For residents with existing impaired skin integrity, treatment, evaluation, and monitoring are needed to prevent: (1) the progression of existing wounds)2) the development of new skin breakdown and (3) complications, such as infections." The policy also states, "Based on the Braden Scale (Pressure Ulcer Risk assessment) score and other risk factors, the nurse categorizes the</p>	F 279			

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F 279	<p>Continued From page 7</p> <p>residents risk category...The nurse initiates appropriate interventions on the residents care plan..."</p> <p>R9's Wound Nurse's Note, dated 10/26/15, documents R9 developed a stage II pressure ulcer to the coccyx on that date. R9's wound nurse's note dated 1/01/16 documents R9 developed a new stage I pressure ulcer to the left coccyx on that date. R9's care plan dated 5/30/13 does not include a comprehensive care plan with interventions for the provision of care and treatment for R9's 10/26/15 pressure ulcer or R9's 1/01/16 pressure ulcer.</p> <p>On 1/13/16 at 2:15 p.m. E7 (Wound Nurse) stated E7 develops comprehensive care plans with interventions for residents with pressure ulcers. E7 also verified that R9 developed a stage II pressure ulcer to the coccyx on 10/26/15 and a stage I pressure ulcer to the coccyx on 1/01/16. E7 verified a comprehensive care plan with interventions was not developed for R9's 10/26/15 and 1/01/16 pressure ulcers.</p> <p>3. R14's Diagnoses record dated 6/08/15 documents R14 has diagnoses of End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>On 1/11/16 at 10:00 p.m. E8 (Licensed Practical Nurse) stated R14 receives Renal Dialysis three times per week through a dialysis shunt to R14's right arm.</p> <p>R14's care plan dated 12/03/15 does not include a comprehensive care plan with interventions to address R14's hemodialysis (Renal Dialysis)</p>	F 279			

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F 279	Continued From page 8 care.	F 279			
F 280 SS=D	<p>On 1/12/16 at 2:45 p.m. E4 (MDS Coordinator) verified R14's care plan does not include a comprehensive care plan with interventions to address R14's hemodialysis care.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to revise and update a care plan with interventions for a resident with swallowing difficulties (R8), and pressure ulcer prevention (R9) for two of 15 residents (R8, R9)</p>	F 280			

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F 280	<p>Continued From page 9 reviewed for care planning in the sample of 15.</p> <p>Findings include:</p> <p>1. R8's Minimum Data Set (MDS), dated 12/17/15, documents in Section K that R8 has coughing or choking during meals or while taking medication.</p> <p>R8's Progress noted, dated 8/1/15 at 11:10 a.m., documents: "Activity aide came to get (E8 LPN/Licensed Practical Nurse) stating (R8) was choking. Upon walking in (R8) had a half dollar size piece of food in the back of (R8's) mouth that R8 was trying to cough out. (R8) was taken out of activity and into bathroom and (R8) had dislodged it on her own and was spitting it out. The item was a partially chewed up piece of sausage from breakfast."</p> <p>R8's Progress note, dated 9/26/15 at 10:08 p.m., documents: "(Z1/R8's husband) took (R8) out at 10:00 a.m. this morning. (Z1) called at 4:00 p.m....(Z1) stated that (R8) choked several times and (Z1) was scared it may be the last time...(R8) came back with family at 5:50 p.m...(R8) was unable to eat or drink...The doctor on call was called and (R8) was sent to emergency room for possible aspiration."</p> <p>R8's Phone order, dated 9/26/15 at 7:37 p.m., documents that R8 received an order to be sent to the emergency room for evaluation and treatment for possible aspiration.</p> <p>R8's Progress note, dated 9/26/15 at 10:45 p.m., documents: "Nurse from emergency room called to report that (R8) would be returning to the facility with the diagnosis of Pneumonia bacterial</p>	F 280			

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F 280	<p>Continued From page 10</p> <p>right lower lobe and dysphasia from CVA (Cardiovascular Accident)."</p> <p>R8's Emergency room physician documentation, dated 9/26/15, documents: "(R8) presents to the emergency room via wheelchair with complaints of possible aspiration..."</p> <p>R8's Emergency Room physician's orders, dated 9/26/15, documents an order for aspiration precautions.</p> <p>R8's Progress note, dated 10/7/15 at 5:35 p.m., documents: "(Z2 R8's daughter) feeding (R8) in dining room. CNA (Certified Nursing Assistant) called nurse over stating that (R8) was choking on mashed potatoes. (R8) noted to have large bite of mashed potatoes in mouth. (R8) was able to clear own airway at this time."</p> <p>R8's Progress note, dated 1/11/16 at 1:02 p.m., documents: "(E18 LPN/Licensed Practical Nurse) was called to the dining room at 12:15 p.m. due to (R8) choking on (R8's) lunch. Two nurses were present along with E16(Activity Director/Feeding Assistant). (R8) was taking breaths and working on clearing the material in (R8's) throat...(R8) did get food particles dislodged and is now breathing without difficulty."</p> <p>On 1/13/16 at 12:10 p.m., R8 was being fed a pureed diet of pudding, applesauce, mashed potatoes with gravy, peas, meatloaf, and gelatin cake by E16 (Activity Director/Feeding Assistant). During this feeding, R8 had occasional coughing.</p> <p>R8's Care plan, dated 12/17/15, documents: "R8 does need some assistance with eating as well due to R8's advanced Parkinson's disease. R8</p>	F 280			

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F 280	<p>Continued From page 11</p> <p>has had multiple choking episodes while being fed. R8 had a swallow study done that did show a deficit but the doctor and family still wanted food to be regular consistency...9/27/15 R8 was diagnosed with aspiration pneumonia after taken to the emergency room after returning from an overnight stay and family became concerned because R8 had several choking episodes..." R8's Care plan has no documented new interventions added for R8's choking incident that occurred on 8/1/15, 9/26/15, 10/7/15, and 1/11/16.</p> <p>On 1/14/16 at 11:30 a.m., E4 (MDS Coordinator) stated no new interventions were added to R8's care plan to prevent R8's choking incidents that occurred on 8/1/15, 9/26/15, 10/7/15, and 1/11/16.</p> <p>2. A Skin Management Policy dated 11/2015 states, "It is the policy to identify, intervene, and treat residents who are either at risk or have developed compromised skin integrity. At risk residents are candidates for nursing interventions essential to reduce the risk of tissue breakdown. For residents with existing impaired skin integrity, treatment, evaluation, and monitoring are needed to prevent: (1) the progression of existing wounds (2) the development of new skin breakdown and (3) complications, such as infections." The policy also states, "Based on the Braden Scale (Pressure Ulcer Risk assessment) score and other risk factors, the nurse categorizes the residents risk category...The nurse initiates appropriate interventions on the residents care plan..."</p> <p>R9's Minimum Data Set assessment (MDS) dated 11/27/15 documents R9 requires extensive</p>	F 280			

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F 280	Continued From page 12 assistance for transfers, bed mobility, and bathing/hygiene. R9's assessment for Predicting Pressure Risk dated 12/11/15 documents R9 was a moderate risk for developing a pressure ulcer after having been assessed as a low risk for developing a pressure ulcer on the previous assessment 9/23/15. R9's pressure ulcer risk care plan dated 5/30/13 does not include documentation that R9's care plan was reviewed or updated with interventions to minimize R9's increased risk for developing a pressure ulcer after the 12/11/15 pressure ulcer assessment. On 1/13/16 at 2:15 p.m. E7 (Wound Nurse) verified R9's pressure ulcer prevention care plan interventions were not reviewed and updated following R9's increased pressure ulcer risk assessment 12/11/15.	F 280			
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 develop and implement	F 314			

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F 314	<p>Continued From page 13</p> <p>interventions to prevent the development of a pressure ulcer, and to prevent the progression of an existing pressure ulcer for one of two residents (R9) reviewed for pressure ulcers in a sample of 15.</p> <p>Findings include:</p> <p>A Skin Management Policy dated 11/2015 states, "It is the policy to identify, intervene, and treat residents who are either at risk or have developed compromised skin integrity. At risk residents are candidates for nursing interventions essential to reduce the risk of tissue breakdown. For residents with existing impaired skin integrity, treatment, evaluation, and monitoring are needed to prevent: (1) the progression of existing wounds)2) the development of new skin breakdown and (3) complications, such as infections." The policy also states, "Based on the Braden Scale (Pressure Ulcer Risk assessment) score and other risk factors, the nurse categorizes the residents risk category...The nurse initiates appropriate interventions on the residents care plan..."</p> <p>R9's Minimum Data Set assessments (MDS) dated 9/04/15 and 11/27/15 documents R9 requires extensive assistance for transfers, bed mobility, and bathing/hygiene.</p> <p>R9's assessment for Predicting Pressure Risk dated 9/23/15 documents R9 at low risk for developing a pressure ulcer.</p> <p>A Wound Nurse's note dated 10/26/15 documents R9 developed a new stage II pressure ulcer to the coccyx measuring 2 cm (centimeters) long x 1 cm wide on that date. R9's care plan</p>	F 314			

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F 314	<p>Continued From page 14</p> <p>dated 10/26/15 documents R9 is, "...At risk for skin breakdown due to (d/t) frequent bladder incontinence episodes...Stage II pressure ulcer to coccyx." R9's care plan does not include interventions for the care and treatment of R9's stage II pressure ulcer.</p> <p>R9's assessment for Predicting Pressure Risk dated 12/11/15 documents R9 was at moderate risk for developing a pressure ulcer. R9's care plan was not revised or updated with additional interventions following R9's new pressure ulcer risk assessment.</p> <p>A Wound Nurse's note dated 1/01/16 documents R9 developed a new stage I pressure ulcer to the "inner left coccyx" which measured 1cm long x 1 cm wide on that date. R9's care plan dated 1/01/16 noted that R9 had developed a stage I pressure ulcer but did not include new or additional interventions for the care, treatment, or prevention of a pressure ulcer.</p> <p>A Wound Nurse note dated 1/11/16 documents that R9's pressure ulcer to the inner left coccyx had progressed to a stage II pressure ulcer measuring 2 x 2 cm with a pink/red/white moist wound bed.</p> <p>On 1/11/16 at 10:35a.m. R9 was seated in a recliner in R9's room. R9 stated that it is R9's preference to sit in a recliner instead of laying in bed during the day. R9's recliner did not have a pressure relieving cushion for R9 to sit on. On 1/12/16 at 9:15a.m. R9 was again sitting in a recliner in R9's room, without a pressure relieving cushion in the recliner.</p> <p>On 1/12/16 at 10:00a.m. E7 (Wound Nurse)</p>	F 314			

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F 314	Continued From page 15 stated R9 has a cushion for pressure relief in R9's wheelchair. E7 stated that R9 prefers to sit in the recliner in R9's room instead of laying in the bed or sitting in R9's wheelchair. E7 verified R9 does not have a pressure relieving cushion to use in R9's recliner. E7 also stated, "We're really not offloading (repositioning for pressure relief) (R9) while (R9) is in the recliner." On 1/12/16 at 1:30p.m E8 (Licensed Practical Nurse) was changing R9's pressure ulcer dressing to the coccyx. R9's wound was approximately 2cm x 2cm, reddened around the edges with grayish-pink loose tissue covering all but a small open area along the fold of R9's buttocks. On 1/13/16 at 2:15p.m. E7 (Wound Nurse) verified R9 had developed a stage II pressure ulcer on 10/26/15. E7 verified no interventions were added to R9's care plan for the treatment of R9's pressure ulcer or prevention of future pressure ulcers. E7 verified R9's care plan was not revised following R9's 12/11/15 assessment indicating R9 was at moderate risk for developing additional pressure ulcers. E7 also verified once R9 developed a stage I pressure ulcer on 1/02/16, no new interventions were added to R9's care plan for the care and treatment of that pressure ulcer. E7 also verified R9's stage I pressure ulcer that developed 1/01/16 had worsened to a stage II pressure ulcer on 1/11/16.	F 314			
F 319 SS=D	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment	F 319			

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F 319	<p>Continued From page 16</p> <p>difficulty receives appropriate treatment and services to correct the assessed problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to notify the physician and implement care plan interventions when depressive symptoms developed for one of seven residents (R7) reviewed for depression in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Mental and Psychosocial Functioning policy dated 11/2015 documents, "The purpose is to ensure that residents receive care and services to assist in maintaining the highest level of mental and psychosocial well being. If a decline in resident mood, increase in depression, or presence of behaviors occur the team will consider possible interventions and/or treatment options. In the case of development or increase in behaviors a behavior tracking may be initiated."</p> <p>The facility's Depression policy dated 11/2015, documents the Mood Section D interview will be completed by the MDS (Minimum Data Set) Coordinator following the guidelines of the RAI (Resident Assessment Instrument) manual.</p> <p>The Centers for Medicare and Medicaid Services RAI Version 3.0 Manual, Mood Section D, dated October 2015 documents, "The resident's mood interview score provides a standard score which</p>	F 319			

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F 319	<p>Continued From page 17</p> <p>can be communicated to the resident's physician, other clinicians, and mental health specialists for appropriate follow up. A total severity score can be interpreted as a score of 5-9 indicates mild depression and a score of 10-14 indicates moderate depression. A summary of the frequency scores indicates the extent of potential depression symptoms."</p> <p>R7's Minimum Data Set (MDS) dated 7-31-15, documents R7's Mood Section D severity score at a "5" (indicating mild depression). R7's MDS dated 10-16-15, documents R7's Mood Section D severity score increased to a "10" (indicating moderate depression).</p> <p>R7's Progress Notes and Social Service Notes dated 7-31-15 through 1-11-16, do not document that R7's physician was notified of R7's mood severity scores on 7-31-15 and 10-16-15. R7's current care plan does not include a comprehensive care plan with interventions to treat R7's depression signs and symptoms.</p> <p>On 1-11-16 from 9:00 a.m. to 3:00 p.m., 1-12-16 from 9:00 a.m. to 3:00 p.m., and 1-13-16 from 9:00 a.m. to 5:50 p.m., R7 remained in R7's room with the exception of mealtimes.</p> <p>On 1-12-16 at 2:15 p.m., R7 stated with teary eyes, "I am depressed. I am almost 92 years old, in a nursing home, and do not get to see some of my family members. I don't feel like leaving my room or anything. No one at the facility has even talked to me about my depression."</p>	F 319			

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F 319	Continued From page 18 On 1-12-16 at 2:00 p.m., E4 (MDS Coordinator) stated, "I do the depression score interviews and am responsible for notifying the physician. (R7's) last quarterly MDS dated 10-16-15 documents (R7) scored a 10 on the mood interview. I follow the RAI instructions of notifying the physician of a mood score of 10. I did not notify the physician of (R7's) mood score of 10. I did not implement a care plan for (R7's) depression." On 1-13-16 at 6:00 p.m., E4 stated, "When (R7) scored a "10" on a mood interview no new treatment or interventions were implemented for depression. (R7) did tell me that (R7) feels down and depressed. I do not typically have a basis when getting a mood score on when I decide to do interventions for depression." On 1-13-16 at 2:05 p.m., E2 (Director of Nursing) stated, "(R7's) mood is so up and down that I would have wanted to have a care plan meeting. Interventions for depression should have went on (R7's) behavior sheets and care plan." On 1-13-15 at 5:45 p.m., E5 (Social Service Director) stated, "If a resident is assessed for possible depression, (E4) takes care of the treatment and care plans for depression. I am not aware of any treatment or interventions implemented for (R7's) depression."	F 319			
F 323 SS=D	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	Continued From page 19 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to implement a fall intervention for one of seven residents (R5) reviewed for falls in a sample of 15. Findings include: R5's fall investigation dated as revised 11/16/15 documents R5 had an unwitnessed fall in R5's room on 9/22/15. The fall investigation documents the intervention of, "...(chair) alarm at all times." was added to R5's care plan as a fall prevention measure. On 1/11/16 at 11:00 a.m. E6 (Certified Nurse Aide) removed R5's chair alarm from R5's chair and placed it into a bag attached to R5's walker. E6 proceeded to assist R5 to walk into the dining room. Once R5 was seated, E6 left the dining room without reattaching R5's alarm to R5's chair. On 1/11/16 at 11:15a.m. E6 verified R5 was suppose to have an alarm attached to R5's chair at all times. E6 also verified E6 did not attached R5's alarm to R5's chair after seating R5 in the dining room.	F 323			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name.	F 356			

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F 356	<p>Continued From page 20</p> <ul style="list-style-type: none"> o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility nurse staff hours information posting failed to include the actual nursing hours worked. This failure has the potential to affect all 67 residents in the facility.</p> <p>Findings include:</p> <p>The facility's Daily Staff Posting Policy dated</p>	F 356			

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F 356	Continued From page 21 11/2015, documents the facility's staff posting will be posted at the beginning of every shift and will include the total number of actual hours worked by licensed and unlicensed nursing staff responsible for resident care. On 1/11/16 at 9:30 am, during facility tour, and 1/12/16 at 1:00 p.m., the nurse staffing information postings were located on the wall next to the nurses' station and the rehabilitation department's bulletin board. These nurse staffing information postings did not include the direct care staff actual hours worked. On 1-12-16 at 1:25 p.m., E1 (Administrator) stated, "The daily staffing does not include the actual hours worked of direct care staff. It should have included the actual hours worked according the regulation." The Centers for Medicaid and Medicare Services (CMS) form 672 , the Resident Census and Condition of Resident's Report dated 1/11/16 and signed by E4 (Minimum Data Set (MDS) Coordinator), documents at the time of the survey 67 residents resided in the facility.	F 356			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by:	F 364			

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F 364	<p>Continued From page 22</p> <p>Based on observation, interview and record review the facility failed to serve food at palatable temperatures. This failure has the potential to affect two of thirteen residents (R1, R3) reviewed for food palatability in a sample of 15, and 19 residents (R19 - R23, R27 - R40) in the supplemental sample.</p> <p>Findings include:</p> <p>The policy titled Dietary Department, Food Temp Policy, reviewed 11/2015 states, "Keep hot food at 135 degrees or higher; Keep cold food at 41 degrees or lower....Dietary Aides serving Rehab will temp food when putting food on buffet and salad bar..."</p> <p>On 1/11/15 at 11:30 AM E11 (Dietary Aide) took temperatures of the food items in the Rehabilitation unit dining room and verified the following foods were not within the correct temperature range: Peaches 49.8 degrees Fahrenheit; Vanilla Pudding 50.9 degrees Fahrenheit; Turkey 132.9 degrees Fahrenheit. At 11:55 AM E11 took and verified the temperature of the cheesecake at 61.3 degrees Fahrenheit.</p> <p>On 1/11/15 at 11:45 am E11 (Dietary Aide) took temperatures of the food items in the Memory Care Unit dining room, and verified the following foods were not within the correct temperature range: Peaches 52.3 degrees Fahrenheit; Applesauce 49.2 degrees Fahrenheit, and Cheesecake 59.0 degrees Fahrenheit. On 1/12/16 R10 (Dietary Manager) verified that the temperatures were not within the correct temperature range.</p>	F 364			

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F 364	Continued From page 23 A Diet Type report dated 1-11-6, documents R19, R20, R22, R29, R31, R32, R37, and R38 eat from the Rehabilitation unit dining room. This same Diet report documents R1, R3, R21 R23, R27, R28, R30, R33, R34, R35, R36, R39, and R40 eat from the Memory Care Unit dining room.	F 364			
F 373 SS=J	483.35(h) FEEDING ASST - TRAINING/SUPERVISION/RESIDENT A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if the feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and the use of feeding assistants is consistent with State law. A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system. A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care. NOTE: One of the specific features of the	F 373			

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F 373	<p>Continued From page 24</p> <p>regulatory requirement for this tag is that paid feeding assistants must complete a training program with the following minimum content as specified at §483.160:</p> <ul style="list-style-type: none"> o A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following: <ul style="list-style-type: none"> Feeding techniques. Assistance with feeding and hydration. Communication and interpersonal skills. Appropriate responses to resident behavior. Safety and emergency procedures, including the Heimlich maneuver. Infection control. Resident rights. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse. <p>A facility must maintain a record of all individuals used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents with complicated feeding problems were fed by a licensed staff, and to have a charge nurse assessment prior to allowing unlicensed staff feed residents for one of six residents (R8) reviewed for swallowing difficulties in the sample of fifteen. These failures resulted in unlicensed staff (E16) feeding R8 and R8 choking on 1/11/16. This failure result in an immediate</p>	F 373			

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F 373	<p>Continued From page 25 jeopardy.</p> <p>While the Immediate Jeopardy was removed on 1/14/16 at 2:45 p.m., the facility remains out of compliance at a severity level two. Additional time is needed to monitor the effectiveness of facility policy changes regarding resident feeding, resident dietary risk assessments and investigation of resident choking incidents.</p> <p>Findings include:</p> <p>The facility's Resident Attendant policy, no date available, documents: "The facility will use the resident attendant to assist certain residents as assigned in eating and taking fluids...Only those residents who have been evaluated by a nurse or dietitian as appropriate for feeding by resident attendants will be assigned to them; i.e. residents eating in the dining room under supervision and no residents that tend to aspirate or otherwise pose a risk during the feeding process..."</p> <p>1. R8's Electronic Record, documents that R8 has a diagnosis of Parkinson's disease.</p> <p>R8's Minimum Data Set (MDS), dated 12/17/15, documents in Section K: Swallowing/Nutritional Status that R8 has coughing or choking during meals or while taking medication, and in Section G: Functional Status that R8 is totally dependent on one assist staff for eating.</p> <p>The facility's Resident's to be fed list, no date available, documents: "Residents to be fed by Certified staff only-CNA's (Certified Nursing Assistant), LPN (Licensed Practical Nurse), RN (Registered Nurse): R8."</p>	F 373			

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F 373	<p>Continued From page 26</p> <p>R8's Physician's Orders, dated 1/2016, documents that R8 received an order on 9/2/15 for a regular diet with pureed texture.</p> <p>R8' Care plan, dated 12/17/15, documents: "R8 does need some assistance with eating as well due to R8's advanced Parkinson's disease. R8 has had multiple choking episodes while being fed. R8 had a swallow study done that did show a deficit but the doctor and family still wanted food to be regular consistency. After R8's last choking episode on 9/1/15 doctor did change diet to pureed and family agreed...9/27/15 R8 was diagnosed with aspiration pneumonia after taken to the emergency room after returning from an overnight stay and family became concerned because R8 had several choking episodes...Interventions: Diet as ordered: General pureed; do not feed R8 unless R8 is completely alert; Monitor for signs/symptoms of dysphagia."</p> <p>R8's Care plan has no documentation specifying which staff members are able to feed R8. On 1/14/16 at 11:30 a.m., E4 (MDS/Care plan Coordinator) confirmed this was not on the care plan.</p> <p>R8's Nutritional Assessment, dated 7/2/15, documents: "Nutritional Risk Assessment Summary: Difficulty chewing and delayed pharyngeal swallowing phase. Speech therapy working with (R8). Nursing notes that resident coughs some when fed..."</p> <p>R8's Speech therapy progress and discharge summary, dated 7/24/15, documents: "Impact on burden of care/daily life: at risk for aspiration/pneumonia, malnutrition/dehydration. Precautions: aspiration..."</p>	F 373			

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F 373	Continued From page 27 R8's Progress noted, dated 8/1/15 at 11:10 a.m., documents: "Activity aide came to get (E8/LPN) stating (R8) was choking. Upon walking in (R8) had a half dollar size piece of food in the back of (R8's) mouth that (R8) was trying to cough out. (R8) taken out of activity and into bathroom and (R8) had dislodged it on her own and was spitting it out. The item was a partially chewed up piece of sausage from breakfast." R8's X-ray video fluoroscopy report, dated 8/5/15, documents the reason for the exam was choking and the results were stasis or pooling with various substances, and there was element of penetration with thin liquids and nectar. R8's Progress note, dated 8/7/15 at 8:36 a.m., documents: "(R8) became choked at breakfast when (Z1 /R8's husband) was feeding (R8) a regular diet of pancakes and sausage. (R8) was finally able to swallow and clear (R8's) airway. (Z1) then gave (R8) pudding to which (R8) began coughing while swallowing." R8's Speech therapy progress and discharge summary, dated 8/17/15, documents: "Summary of skilled services provided since start of care: Safe swallow guidelines developed and the staff inservicing completed. Impact on Burden of Care/daily life: at risk for aspiration/choking. Precautions: aspiration..." R8's Progress note, dated 8/23/15 at 12:13 p.m., documents: "(R8) became choked on prime rib at lunch. Was able to cough and expel food." R8's Progress note, dated 9/1/15 at 9:32 p.m., documents: "At 5:50 p.m., (E14 LPN) called to dining room by (E17 RN/Paid feeding assistant instructor) and (R8) was noted with eyes open, mouth open unable to speak or expel air. (E14)	F 373			

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F 373	<p>Continued From page 28</p> <p>and (E17) assisted (R8) to feet and (E14) began Heimlich maneuver. After three thrusts (R8) was able to expel air, small amount of food and water. (R8) able to breath at this time and lips noted blue but color returning to lips...Lung sounds noted to be clear and diminished bilateral anterior and posterior. (R8) noted with wet harsh non-productive cough..."</p> <p>R8's Physician Progress note, dated 9/2/15 at 3:33 p.m., documents: "Diet changed due to choking episode on 9/1/15."</p> <p>R8's Nutritional Assessment, dated 9/24/15, documents: "Nutritional Risk Assessment Summary: Difficulty chewing and delayed pharyngeal swallowing phase. Speech therapy working with (R8). Nursing notes that (R8) chokes some when fed prior to the pureed diet..."</p> <p>R8's Progress note, dated 9/26/15 at 10:08 p.m., documents: "(Z1) took (R8) at 10:00 a.m. this morning. (Z1) called at 4:00 p.m....(Z1) stated that (R8) choked several times and (Z1) was scared it may be the last time...(R8) came back with family at 5:50 p.m...(R8) was unable to eat or drink...The doctor on call was called and (R8) was sent to emergency room for possible aspiration."</p> <p>R8's Phone order, dated 9/26/15 at 7:37 p.m., documents that R8 received an order to be sent to the emergency room for evaluation and treatment for possible aspiration.</p> <p>R8's Progress note, dated 9/26/15 at 10:45 p.m., documents: "Nurse from emergency room called to report that (R8) would be returning to the facility with the diagnosis of Pneumonia bacterial</p>	F 373			

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F 373	<p>Continued From page 29</p> <p>right lower lobe and dysphagia from CVA (Cerebrovascular Accident)."</p> <p>R8's Emergency room physician documentation, dated 9/26/15, documents: "(R8) presents to the emergency room via wheelchair with complaints of possible aspiration..."</p> <p>R8's Emergency Room physician's orders, dated 9/26/15, documents an order for aspiration precautions.</p> <p>R8's Progress note, dated 10/7/15 at 5:35 p.m., documents: "(Z2/R8's daughter) feeding (R8) in dining room. CNA called nurse over stating that (R8) was choking on mashed potatoes. (R8) noted to have large bite of mashed potatoes in mouth. (R8) was able to clear own airway at this time."</p> <p>R8's Nutrition note, dated 10/8/15 at 4:22 p.m., documents: "(R8) has continued to loose weight and presents with chewing/swallowing difficulty in the form of choking..."</p> <p>R8's Progress note, dated 11/26/15 at 2:04 p.m., documents: "(R8) was out with family and began choking. Once (R8's) throat was cleared (R8) was struggling with (R8's) breathing. Family brought (R8) back to the facility and (R8) is now breathing fine with no trouble."</p> <p>R8's Progress note, dated 12/5/15 at 11:55 a.m., documents: "(R8) got choked up on (R8's) lunch, but was able to clear it herself by coughing and deep breathing."</p> <p>R8's Nutrition Note, dated 12/10/15 at 12:18 p.m., documents: "Regular pureed diet...Continues with</p>	F 373			

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F 373	<p>Continued From page 30</p> <p>occasional choking episodes. Swallow evaluation competed with recommendations for pureed diet..."</p> <p>On 1/11/16 at 11:50 a.m., R8 was being fed pureed broccoli, mashed potatoes, beef, and applesauce by E16 (Activity Director/feeding assistant).</p> <p>R8's Progress note, dated 1/11/16 at 1:02 p.m., documents: "(E18 LPN/Licensed Practical Nurse) was called to the dining room at 12:15 p.m. due to (R8) choking on (R8's) lunch. Two nurses were present along with E16(Activity Director/Feeding Assistant). (R8) was taking breaths and working on clearing the material in (R8's) throat...(R8) did get food particles dislodged and is now breathing without difficulty."</p> <p>On 1/13/16 at 12:10 p.m., R8 was being fed a pureed diet of pudding, applesauce, mashed potatoes with gravy, peas, meatloaf, and gelatin cake by E16. During this feeding, R8 had occasional coughing.</p> <p>On 1/13/16 at 12:25 p.m., E16 stated, "I am the Activity Director not a CNA. I just completed the feeding classes. Often when (R8) eats (R8) coughs. (R8) has swallowing issues. I was feeding (R8) on 1/11/16 when (R8) had a choking spell. After I fed (R8) a small bite of mashed potatoes (R8) started gagging, and it looked like (R8) might vomit. So I got the nurses and CNAs. I jump in and help residents who need assistance feeding. I can assist any of the residents...I completed the feeding program 12/29/15."</p> <p>On 1/13/16 at 1:55 p.m., E18 (LPN) stated, "On 1/11/16 (E16) was feeding (R8) when (R8)</p>	F 373			

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F 373	<p>Continued From page 31 choked."</p> <p>On 1/13/16 at 2:10 p.m., E17 (Paid Feeding Assistant Instructor) stated, "The feeding assistants are allowed to feed almost anyone as long as they don't have a swallowing/choking issues or frequent aspirations....At times (R8) can be fed by a paid feeding assistant on certain days but not all days...(E16) was feeding (R8) today. I don't think there was an actual written feeding assessment done."</p> <p>On 1/13/16 at 3:55 p.m., E21 (Paid Feeding Assistant) stated, "I have a certificate for paid feeding assistance completed on 8/6/2014. I have fed (R8) who I've fed only one time on 1/8/15..."</p> <p>On 1/13/16 at 6:20 p.m., Z1 was assisting R8 with drinking a glass of chocolate milk with a straw when R8 began coughing trying to catch R8's breath. Z1 removed R8's drink and pushed R8 forward in R8's high back wheelchair. Z1 began rubbing R8's back and R8 was able to clear the liquids herself.</p> <p>On 1/13/16 at 6:25 p.m., E17 stated, "I am over the paid feeding assistant program. I have taught two classes in the last year. The paid feeding assistants can feed anyone as long as the nurse taking care of the resident says it is ok. I am not aware of any assessment done by the nurses of which residents are able to be fed safely by a feeding assistant. I put (R8) on the only to be fed by CNA or nurses' list because (R8) has Parkinson's swallowing issues. Paid feeding assistants usually are not allowed to feed (R8). (E16) fed (R8) at lunch 1/13/16...(E16) has taken the feeding class, but is not a CNA. (E16) feeds any resident, including (R8)...The doctor ordered</p>	F 373			

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F 373	<p>Continued From page 32</p> <p>a pureed diet for (R8) due to (R8's) choking."</p> <p>Z3's (R8's Hospice Doctor) Progress note's, dated 1/14/16, documents: "9/29/15: (R8) has increased dysphagia and is on a pureed diet...10/6/15: (R8) coughs and chokes with bigger intake...12/29/15: (R8) choking and dysphagia...1/12/16: (R8) had single episode of choking..."</p> <p>On 1/14/16, E18 (LPN) stated, "It is sporadic with (R8)...We watch (R8) for coughing while (R8) is eating...I did not do a risk management 1/11/16 with the choking incident. It was reported to the family and hospice. Up until 1/13/16 the feeding assistants could feed anybody. No other interventions to prevent choking have been implemented for (R8)...Paid feeding assistants can feed all other residents. There is no formalized assessment done to determine which residents the paid feeding assistants can feed."</p> <p>On 1/14/16 at 9:40 a.m., E2 (Director of Nursing) stated, "The paid feeding assistants are not allowed to feed (R8). (R8) is the only resident the paid feed assistants can not feed. (E16) I know was feeding (R8) 1/13/16 and was not suppose to. (E16) should have known (E16) was not suppose to feed (R8). (E16) was told this in the paid feeding assistant class. (E16) was certified on 12/29/15 as a paid feeding assistant...There is no formal assessment done by the nurses, care plan coordinator, or myself of the residents to decide who the paid feeding assistants can feed. It is not on the resident's plan of care if the resident can be fed by the paid feeding assistants. The nurses notify me if the Heimlich was done if choking occurred. The nurses do not do risk management for that...I do not know if this</p>	F 373			

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F 373	<p>Continued From page 33</p> <p>was put on the care plan or new interventions implemented...We do not do actual investigations with the choking incidents, not on paper. When the Heimlich maneuver was performed on (R8) I'm not sure if it was reported to the state agency. I do not feel that is is safe for a paid feeding assistant to feed (R8) because of (R8's) choking episodes."</p> <p>On 1/14/16 at 9:55 a.m., Z4 (Speech Language Pathologist), stated, "I've seen (R8) quite a bit. (R8) was discharged for speech therapy several months ago...Someone needs to feed (R8) who is trained and licensed because (R8) is a choking hazard. (R8) pockets food, inhales food, and (R8's) alertness level varies throughout the day."</p> <p>On 1/14/16 at 10:50 p.m., E 24 (Medical Director) stated, "(R8) choked previously while (R8) was at home prior to admission...(R8) is a very difficult feed. (R8) is especially high risk for choking because of (R8's) diagnosis of a special form of Parkinson's disease. It is Pseudobulbar or swallowing difficulty type of Parkinson's...I think (R8) has a complicated swallowing problem that requires certified or licensed staff to feed (R8)."</p> <p>On 1/14/16 at 1:00 p.m., an Immediate Jeopardy was identified to have begun on 1/11/16 when R8 was fed by an unlicensed staff member (E16) and R8 choked.</p> <p>E1 (Administrator) and E2 (Director of Nursing) were notified of the Immediate Jeopardy on 1/14/16 at 1:00 p.m.</p> <p>The surveyor confirmed through interview and</p>	F 373			

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F 373	Continued From page 34 record review the facility took the following actions to remove the immediate jeopardy. 1. The facility suspended the use of Paid feeding Assistants 1/14/16 at 1:30 p.m. by E1 (Administrator) for all residents. 2. Feeding assistants were notified of the suspension of the program immediately by E1 (Administrator). 3. Only CNA and Licensed or Registered Nurses will be permitted to feed residents. 4. Dietary risk assessments will be completed on all residents by E2 (Director of Nursing), E4 (Minimum Data Set Coordinator), and E7 (Restorative/Wound Nurse) to identify feeding problems, such as difficulty swallowing, recurrent lung aspiration, and tube or parental/intravenous feedings by 1/15/16 at 1:00 p.m. 5. Any dietary risk assessment that verifies a complicated feeding problem will be provided feeding assistance by a CNA or Licensed or Registered Nurse to be completed by 1/15/16 at 4:00 p.m. 6. Care plans for residents with a complicated feeding problem will be updated to reflect the dietary risk assessment to be completed by 1/15/16 at 4:00 p.m. by E2 (Director of Nursing), E4 (Minimum Data Set/Care plan Coordinator), and E7 (Restorative/Wound Nurse). 7. A risk management report will be completed by the nurse on duty for each choking incident. The report will include details regarding the incident, including resident name, time, staff present,	F 373			

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F 373	Continued From page 35 cause, witness, notification of physician, Power of Attorney, Administrator, and Director of Nursing. A follow up investigation will be completed for each choking incident; which may include interventions, care plan changes, resident and staff education on alternate feeding techniques. Risk management reporting for choking incidents will be implemented immediately on 1/14/16 at 3:00 p.m.	F 373			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441			

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F 441	<p>Continued From page 36</p> <p>hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to use clean washcloths and scissors and perform hand hygiene for two of eight residents (R8, R12) reviewed for infections in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Handwashing/Hand hygiene policy, dated 11/2015, documents: "Purpose: to prevent the spread of infection and disease to other residents, personnel, and visitors. To keep hands free from potential infectious material...When to wash hands: After touching excretions (feces, urine, or material soiled with them) or secretions (from wounds, skin infections, etc.) before touching any resident again</p> <p>1. On 11/11/16 at 11:40 a.m., R8 was incontinent of urine. E26 (Certified Nursing Assistant) provided perineal care and without removing gloves E26 applied a new adult brief. E26 then removed E26's gloves and without washing E26's hands, E26 proceeded to dress R8, and with the assistance of E28 (Certified Nursing Assistant) positioned R8 to the side of R8's bed and</p>	F 441			

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F 441	<p>Continued From page 37</p> <p>transferred R8 to R8's high back wheelchair. E26 made R8's bed, and then pushed R8 to the dining room. After E26 left the dining room, E26 entered the soiled utility to wash E26's hands.</p> <p>On 1/11/16 at 11:55 a.m., E26 stated, "I should have washed my hands after perineal care on (R8)."</p> <p>2. The facility's Perineal Care policy, dated 11/2015, documents: "Use caution to prevent re-contamination of cleansed area. Do not touch already cleansed areas with contaminated areas of cleaning clothes."</p> <p>On 1/11/16 at 10:30 a.m., E26 (Certified Nursing Assistant) and E20 (Certified Nursing Assistant) provided a bed bath to R12. E26 washed R12's upper body, and then removed R12's urine soiled adult brief and proceeded to wash R12's perineal area. E26 placed the soiled washcloth back in the bath basin water and then used it again on R12's perineal area. E26 placed the soiled washcloth in the contaminated basin and then removed the washcloths from the basin and placed them in a soiled linen trash bag. E26 got a new towel and dipped it into the contaminated water to wash R12's buttocks. E26 dipped the contaminated towel in the bath basin water again and proceeded to wash R12's buttocks again. Once E26 was done washing R12's buttocks, E26 removed E26's gloves, and without cleansing hands, E26 applied a new pair of gloves and proceeded to dress R12 and with the assistance of E20 transferred R12 to R12's recliner. Then E26 removed gloves and washed E26's hands.</p> <p>On 1/11/16 at 11:15 a.m., E26 stated, "I wash my hands when I go in for cares, and then again after</p>	F 441			

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F 441	Continued From page 38 I'm done with cares. Sometimes I wash my hands when I change my gloves and sometimes I don't. I probably should have washed my hands when I changed my gloves today. I should have gotten clean water after cleaning (R12's) perineal area and a clean towel for (R12's) buttocks." 3. On 1/11/16 at 2:40 p.m., E7 (Wound Nurse) removed a soiled dressing from R12's right hip. E7 removed E7's gloves and applied a new pair without cleansing E7's hands. E7 sprayed R12's wound with Xylocaine (analgesic spray) and removed E7's gloves and applied a new pair without cleansing E7's hands. E7 sprayed R12's wound with wound cleanser and patted it dry with gauze. E7 removed a pair of scissors from E7's pockets and without sanitizing, used the scissors to cut clear occlusive dressing that was applied to the surrounding wound area. E7 placed the scissors back in E7's pocket and removed E7's gloves and without cleansing hands applied a new pair of gloves. E7 removed the scissors again from E7's pocket and without sanitizing, cut black foam to size, and laid the scissors on R12's bed. Then, E7 packed the wound with the black foam, covered the wound with clear occlusive dressing, and applied the wound vac to R12's right hip. Then, E7 placed the scissors back in E7's pocket without sanitizing, and E7 removed E7's gloves and washed E7's hands. On 1/11/16 at 3:15 p.m., E7 stated, "I sanitized my scissors in my office prior to coming down to (R12's) room, but took them out of my pocket. My pocket is probably not a clean surface. I should have sanitized/washed my hands after I removed the old dressing..."	F 441			
F 465	483.70(h)	F 465			

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F 465 SS=C	<p>Continued From page 39</p> <p>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep ceiling vents and the surrounding tiles clean, failed to replace water stained ceiling tiles, failed to repair open holes in the ceiling tile in the food supply room, and failed to keep a fan clean that was directed toward clean dishes. These failures have the potential to affect all of the 67 residents residing in the facility.</p> <p>Findings include:</p> <p>The Policy titled Dietary Department Cleaning Policy, reviewed 11/2015 states "Each dietary employee will be responsible for cleaning the food service delivery area they are assigned to each day.</p> <p>The Policy titled Dietary Department Maintenance Policy, no date, states "Each dietary employee will be responsible for notifying the Director of Dietary Services or shift supervisor of any problems with kitchen equipment."</p> <p>On 1/11/16 at 9:30 AM during the Dietary tour with E10 (Food Service Director), the vent, which is 18" (inches) by 18", and surrounding ceiling tiles over the food preparation area by the oven and ranges, had dark debris and dust. The ceiling vent, which is 18" by 18" over the cold tray</p>	F 465			

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F 465	Continued From page 40 line area, had a build up of dust and debris. The ceiling vent, which is 8" by 10" over a food storage rack in the food room, had a thick layer of dust and debris. A ceiling tile over a food storage rack in the food supply room had two holes that were each 1 1/2" in diameter. On 1/12/16 at 11:15 AM, E10 verified that the vents and surrounding tiles needed to be cleaned and the tile needed to be replaced due to the holes. On 1/11/16 at 9:45 AM during the Dietary tour with E10, in the dishwashing area where clean, washed dishes are held, five ceiling tiles had large water stains that were dark brown in color on the edges and black in the middle. A fan with thick dust and debris sat in the dishwashing area blowing toward clean dishes. On 1/12/16 at 11:15 AM E10 verified ceiling tiles should be replaced because of the water damage and the fan needed to be cleaned and should not have been directed toward the clean dishes. The Centers for Medicaid and Medicare Services (CMS) form 672, the Resident Census and Condition of Resident's Report dated 1/11/16 and signed by E4 (Care Plan Coordinator), documents at the time of the survey 67 residents resided in the facility.	F 465			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by:	F 502			

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F 502	<p>Continued From page 41</p> <p>Based on interview and record review the facility failed to obtain a urine sample for a urinalysis with culture and sensitivity for six days after the the physician's order was received for one of five residents (R11) reviewed for Urinary Tract Infections in a sample of 15.</p> <p>Findings include:</p> <p>R11's nurses' notes dated 10/20/15 document, "(R11) has had increased behaviors recently. Dr (doctor) asked to do a UA (urinalysis) with C&S (culture and sensitivity)..." to see if R 11 had a Urinary Tract Infection (UTI).</p> <p>R11's nurses' notes dated 10/20/15 and written on a fax sheet sent to Z5(R11's physician) states, " May we do a UA with C&S if indicated due to increased behaviors?" On the bottom of the faxed nurse's note dated 10/20/15 is a reply signed by Z5 agreeing with the request for a UA C&S for R11.</p> <p>R11's physician's orders (POS) dated 10/20/15 verify that R11 was ordered to have a UA with C&S on that date.</p> <p>Nurses' notes dated 10/20/15 to 10/27/15 do not include documentation that R11's urine sample was obtained or sent for laboratory testing. The nurses' notes also do not include documentation R11's physician was notified that R11's urine sample could not be obtained until 10/26/15.</p> <p>R11's urinalysis laboratory (Lab) report dated 10/26/15 documents R11's urine was positive for bacteria. R11's lab report also documents the lab did not receive R11's urine sample from the facility until 10/26/15. R11's lab report dated</p>	F 502			

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F 502	Continued From page 42 10/27/15 documents R11's urine contained the organism Echerichia Coli. A POS dated 10/26/15 documents R11 was prescribed the antibiotic Macrobid Capsule 100 mg (milligrams) two times daily for the treatment of a Urinary Tract Infection (UTI). On 1/14/16 at 11:55 Z5 stated, "Once an order is given for a UA C&S it should be obtained by the facility within two days. Facility staff should notify me at that time if they are unable to obtain the UA."	F 502		