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F 000	INITIAL COMMENTS	F 000		
F 154 SS=D	Annual Licensure and Certification survey 483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to inform and obtain consent prior to the use of anti psychotic medication. This applies to one (R 6) of four residents reviewed for psychotropic medication use in the sample of 20. The findings include: The face sheet documents R6 was admitted on July 1, 2015 with the following pertinent diagnosis: post stroke, dysphasia and aphasia. The face sheet also documents Z3 as the power of attorney for healthcare. Nursing Progress Note dated July 2, 2015 states, " Resident in bed, sleeping, no apparent distress, noted ..... Ativan was given to the resident at	F 154		

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

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F 154	Continued From page 1 bedtime per daughter request..." Consent/Psychotropic Medication dated July 2, 2015 was signed by R 6. The Brief Interview for Mental Status (BIMS) Form dated July 12, 2015 scores R6 with a 6 out of 15 for cognitive ability. The BIMS dated August 4, 2015 scores R6 with a 4 out of 15 for cognitive ability. On August 4, 2015 at 10:29 AM, R6 was sitting in a wheelchair. Z3 was present in the room. Z3 said R6 was a poor historian since her decline with a stroke and needs help making health care decisions. On 8/5/2015 at 9:20 AM, R6 was again sitting in a wheelchair. Z4 was present. Z4 said she was upset because she was informed on July 3, 2015 R 6 was given a sedative on July 2, 2015. Z4 said she did not want R6 to receive a sedative. On 8/6/2015 at 9:08 AM, Z2 and Z4 were in the room brushing R6's hair. Z2 said said he has power of attorney and he did not give consent for R6 to have a sedative, no one notified him. On August 7, 2015 at 9:26 AM, E2 (Director of Nursing) said she spoke with E16 (Nurse) who is currently on a medical leave. E2 (DON) said E16 was the nurse who administered the sedative and E16 said R6 was given a sedative because R6 signed the consent on her own. Psychotropic Medication Policy revised July 14, 2015 states, "8. If an order is obtained for Psychotropic Medication, the resident, family or POA must be informed of the risks and benefits	F 154		

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F 154	Continued From page 2 of the medication. The facility must obtain consent. If the family or significant other is not able to sign the consent, phone consent will be taken with two nurses verifying the consent."	F 154		
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 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. 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. 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. 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. This REQUIREMENT is not met as evidenced by:	F 164		

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F 164	Continued From page 3 Based on Observation and record review the facility failed to provide privacy during a subcutaneous injectable medication administration. This applied to one resident (R37) in the supplemental sample reviewed for privacy. The findings include: On 8/5/15 at 12:20 PM, R37 was in her room eating lunch. R37's room mate was also in the room eating lunch. E6 (LPN, Licensed Practical Nurse) came into the room and approached R37 with the insulin filled syringe and instructed R37 that she will now give her insulin. E6 exposed R37's abdomen and gave the injection. There was no privacy curtain pulled or privacy offered to R37. R37's room door was also open. The facility policy with a date of 7/14 and titled "Injections," documents under the heading subcutaneous: 4. Explain the procedure to the resident and provide privacy.	F 164		
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.	F 246		

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F 246	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review the facility failed to answer call lights timely. This applies to six residents (R2, R4, R6, R12, R17) reviewed for accommodation of need in the sample of 20 and one (R65) in the supplemental sample. The Findings Include: 1). The Guest Advisory Council Meeting Minutes dated April 29, 2015 states, " Residents mentioned concerns with call lights and staff response time." Guest Advisory Council Meeting Minutes were reviewed for the months of May, June and July of 2015. None of the minutes addressed the concern with call lights. On 8/4/2015 at 10:29 AM, R6 was sitting in a wheelchair. Z3 was present in the room. Z3 was upset because the facility takes more than 40 minutes to answer the call light and R6 is incontinent and in a wheelchair. Z3 was concerned R6 would fall because of the untimely response. Z3 said he has communicated this to everyone but it does not do any good no one addresses it. On 8/5/2015 at 9:54 AM, R4 was sitting in a wheelchair with a neck brace on her neck. R4 said, " honey they don't answer call lights at all here." R4 said she uses her neck brace due to a fall that she had while at home.	F 246		

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F 246	Continued From page 5 On 8/6/2015 at 11:42 AM, R17 was sitting in the room in wheelchair. R17 said he did not want to incriminate anyone but call light response time takes hours. On 8/7/2015 starting at 9:26 AM, E1(Administrator) and E2 (Director of Nursing) both said none of the residents here have ever complained of call light response time. 2. On August 4, 2015, during the initial tour, R65 stated, " They take a long time to come when you push the button. " (Call light). R65 stated he did pee himself one time while waiting up to 30 minutes for help. On August 04, 2015 at 10:45 AM, R 12 was observed in the room sitting in her wheelchair. R 12 expressed, " I have a hip replacement so I am here for rehab (Physical Therapy). I am upset because I need help to use the bathroom. I cannot pull my pants up because of my (hip) surgery. It takes a while to wait for someone to help you at times. I do pull the string (call light). I do not know if they hear it or not. I was sitting on the toilet waiting for help for probably about 20 minutes and that hurts." The admission record showed R12 was admitted to the facility on August 26, 2015 with diagnosis including difficulty in walking and right hip replacement. R12's on going Minimum Data Set (MDS)/ in progress showed R12 needs the assistance of at least two during transfer.	F 246		
F 279	483.20(d), 483.20(k)(1) DEVELOP	F 279		

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F 279 SS=E	Continued From page 6 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. 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). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a plan of care to monitor possible side effects and complications related to the use of an anti-coagulant medication / blood thinner (Coumadin). This applies to three (R11, 12, and R 16) of three residents reviewed for the use of Coumadin in the sample of 20 and one resident (R 23) in the supplemental sample. The findings include: R11, 12, and R 16 and R 23 were admitted in the facility and was initiated on Coumadin (blood thinner/ anti-coagulant) therapy. There was no	F 279		

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F 279	Continued From page 7 plan of care initiated for the use of this medication. On August 05, 2015, at 11:38 AM, E 4 (Minimum Data Set/Care Plan Coordinator) stated, " there were no care plan developed for these residents. " On 08-06-15 at 10:20 AM, E 2 (Director of Nursing) stated, " the Minimum Data Set Department will conduct a complete audits and all residents on Coumadin (blood thinner) will be immediately be trigger for the development of a plan of care. "	F 279		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to manage and monitor pain for a postoperative resident in a timely manner. The facility also failed to provide treatment and service to promote healing of diaper rash. This applies to one of 12 residents (R10) reviewed for pain and one of one resident (R6) evaluated for treatment of diaper rash in the total sample of 20 residents. The findings include:	F 309		

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1. R10 has a medical diagnoses of right open ankle fracture with surgical repair and post-operative pain on the facility EMR (Electronic Medical Record) and was admitted to the facility on August 3, 2015 and is non weight bearing on the right foot.

On August 5, 2015 at 10:00 AM, R10 was sitting up in her bed with her right casted leg elevated on a pillow. R10 was anxious and stated she was in a lot of pain. R10 stated her pain was at a level of 8 out of 10 on the pain scale and she and her room mate had both called for pain medicine at 9:45 AM but no one had come yet. R10 stated it routinely takes the nurses 30 minutes or more to bring her pain medicine. E17 (LPN, Licensed Practical Nurse) arrived in the room with R10's pain medication at 10:15 AM. R10 then stated to E17 she does not think the pain regimen she is currently on is controlling her pain. R10 also stated no one has brought ice to apply to her ankle and that usually helps.

On 8//5/15 at 10:00AM , R10 had stated when she was at the hospital she received her pain medicine around the clock without asking for it and so she did not know she had to request pain medicine when she was admitted to the facility. R10 stated she has asked multiple nurses if she could just get her pain medicine every four hours to try and keep it under control and all have stated they would do that and document in her record she would like her pain medicine offered on a schedule.. R10 stated that has never happened and she still has to call for it and normally waits at least 30 minutes.

On 8/6/15 at 10:50 AM, R10 stated she had "A

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really bad night" last night with pain. R10 stated she had called E19 (PM shift nurse) at 10:00 PM for pain medicine, knowing she was due at 10:15 PM. R10 stated by 10:30 PM no one had come so she called again. At 10:45 PM still no one had come so R10 stated she transferred herself to her wheelchair and went down to the nurses station. R10 stated she encountered a gentleman at the nurses station who stated he would tell her nurse to bring her the pain medicine and R10 rolled back to her room. R10 stated by 11:30 PM still no one came and she transferred herself back into the wheelchair and rolled back down to the nurses station. R10 stated she encountered the same male at the nurses station and he had told her he would get the medication out for her. R10 then stated she also was due for her Amitrirtyline medication that she takes a bedtime. R10 stated the the male told her he could only give her the pain medicine and would have to tell her nurse to bring the Amitriptyline to her. R10 did not know the name of the male who gave her pain medication at the nurses station. R10 stated E20 (Night shift nurse) came in around midnight and felt like she was being scolded and told by E20 she needed to call for pain medicine when she needs it not on a schedule. R10 instructed E20 that she had been calling multiple times since 10:00 PM. R10 stated it was approximately midnight when she received her Amitriptyline and that she normally takes that before bed. R10 stated she normally goes to bed by 10-10:30 PM. R10 the felt like E20 was retaliating on her and woke her up at 4:00AM to take pain medicine.

The facility MAR (Medication administration record) for August 2015 documents R10 had a pain level of 7/10 on the PM shift and a 4/10 on the night shift. This documentation does not

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provide a time for these pain assessments or any interventions that may have been attempted. The MAR also documents that the Amitriptyline was not signed off as given and the scheduled time to be given was 8:00 PM.

The facility investigation documents E20 stated she forgot to sign off the medication and stated it was given at 11:40 PM.

The facility policy titled, "Pain Management" and dated 7/14, documents, Pain is a multidisciplinary care process that involves:

a) observing for pain
b) effectively recognizing pain
c) identifying characteristics of pain
d) addressing underlying causes of pain
e) developing and implementing approaches to pain management
g) monitoring the effectiveness of interventions and modifying as necessary

"If pain is not managed consistent with the residents goals and needs the interdisciplinary team may need to reconsider current interventions and revise those interventions as needed."

R10's August 2015 care plan documents pain as a problem and the interventions are non specific to the R10.

On 8/5/15 at 11:30 AM E4 (Care plan/MDS-Minimum Data Set coordinator) stated R10's care plan did not have specific interventions because of recent admission and there was not a comprehensive pain assessment done but a pain assessment is done on the full

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F 309	Continued From page 11 admission assessment. 2. The face sheet for R6 documents R6 was admitted on 7/1/2015 and has the following pertinent diagnosis: diaper or napkin rash. Physician Order dated 7/2/2015 states, " apply moisture barrier to buttock / peri-area every shift and after any incontinent episode." Physician Order dated 7/24/2015 states, " calmoseptine 0.44-20.6% (Menthol-Zinc Oxide) apply to perineum and buttock topically every shift related to diaper or napkin rash. Apply calmoseptine at buttocks, peri- area groin after any incontinent episode." On 8/5/2015 at 11:16 AM, E13 (Certified Nursing Assistant, CNA) and E14 (CNA) provided incontinent care for R6 while Z4 was in the room. R6 had a red rash to the buttock, peri- and groin area. After incontinent care was completed E13 (CNA) and E14 (CNA) applied an incontinent brief. E13 (CNA) and E14(CNA) did not apply any cream to R6's. E13(CNA) said he was not aware R6 needed any cream. Z4 said R6 did not receive any cream earlier this morning after her incontinent episode either. E13 (CNA) said he got R6 up this morning while Z3 was present and did not apply any cream earlier for R6. On 8/5/2015 at 11:40 AM, E11(Nurse) said she is the nurse assigned to care for R6. E11(Nurse) said the aides should have applied barrier cream for R6 but they do not have it because it was on her medication cart.	F 309		
F 314	483.25(c) TREATMENT/SVCS TO	F 314		

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F 314 SS=G	Continued From page 12 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 to prevent avoidable pressure ulcers in two residents (R2 and R4) of four sampled for pressure ulcers in the total sample of twenty residents. This resulted in Stage 3 pressure ulcers in R2 and R4. The findings include: On August 5, 2015 at 10:30am, R2 had a pressure ulcer on right heel. There was a Vacuum Assisted Closure device type of dressing to the heel. At that time, E12 (Wound Care Nurse) changed the dressing and the wound was seen. E12 stated the wound was stage 4 and had improved with treatment over the past three weeks. The wound at this time was round, approximately two inches in diameter, with a red beefy base and macerated edges.	F 314		

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R2's Face Sheet shows R2 was admitted to the facility on April 25, 2015. R2's Admission Full Clinical Observation Report shows R2 had weak legs. The same report shows his pedal pulses were present indicating adequate circulation in the feet. The report also states " Resident appears to require assistance in bed mobility and repositioning. "

The Observation Report dated 5/2/2015 shows R2's activities of daily living require " extensive assistance. "

R2's Wound Rounds report from 4/26/15 and 4/29/15 show the resident is " at risk " for pressure ulcers

R2's electronic medical record shows an order to " suspend/offload heels when in bed, " dated 5/6/2015.

The Wound Rounds Wound Assessment Details Report dated 5/13/2015 1:12pm shows a " facility acquired " pressure ulcer Stage 3 on R2's right heel. The same assessment note written by E12 shows, " Nurse reported open area to right heel yesterday. Upon assessment noted a ruptured bulla with beefy bed.

The earliest order in the resident electronic medical record for " heel protectors " is dated May 22, 2015. An alternating pressure mattress was ordered for May 14 2015.

On May 27, 2015 an angiogram was performed at the local hospital. The procedure is described in a report of the same date showing the circulation in R2's right leg to be " unremarkable, " that is, no problems are reported.

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F 314	Continued From page 14 On August 6, 2015 at 11:50am, Z1 (wound care Nurse Practitioner) stated there are no medical conditions in R2 that make this wound unavoidable and the circulation in R2 foot is apparently good per the angiogram done on May 27, 2015. Z1 stated the osteomylitis (infection of the bone) diagnosed in the right heel and treated was caused by the open wound in the heel. On August 6, 2015 at 11:00am, E12 stated she can't say if the R2's heels were offloaded as ordered. On August 6, 2015 at 11:50am, Z1 stated the pressure ulcer could have been prevented if the heel had been relieved of pressure by offloading as ordered. On August 6, 2015 at 10:13am, E21 (3rd floor Nursing Supervisor) stated she didn't know of any way the nursing assistants record each time they reposition a resident. A review of the Treatment administration record from the electronic medical record shows the Nurses record the repositioning was done during each shift, but there is no record of when or how often during the shift. R4's face sheet documents R4 was admitted on 7/2/2015 and acquired a pressure ulcer to the buttock on 7/24/2015. The Braden Risk Assessment History Forms dated July 24, 2015, July 31, 2015 and August 6, 2015 all document R4 is at moderate risk for pressure sore development.	F 314		

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Wound Care Notes were reviewed from July 24, 2015 until August 6, 2015. They show R4 acquired a stage 2 pressure sore to the buttock which healed on August 6, 2015. The notes also document R4 acquired a stage 3 pressure sore to the sacral area on 8/6/2015.

On 8/5/2015 at 9:54 AM, R4 was sitting in a wheelchair. R4 said she has a pressure sore on her bottom and received treatment for it earlier in the day.

On August 6, 2015 at 10:14 AM, E12(Wound Care Nurse) said R4 acquired a stage 2 pressure sore to the sacral areas on July 24, 2015 and healed today on August 6, 2015. E12 (Wound Care Nurse) said R4 acquired a stage 3 pressure sore to a different buttock area which was identified today, August 6, 2015.
E12(Wound Care Nurse) along with E8 (CNA) and E14 (CNA) did the treatment for R4's stage 3 sacral pressure sore. The stage 3 pressure sore measured 2.5 centimeters (cm) in length by 2.5 cm in width by .2cm in depth. R4 said no no one checks her skin and that she needs assistance to go to the toilet. E12 and E13 said when they toilet R4 sometimes they check her skin.

On August 6, 2015 at 10:29 AM, E12 (Wound Care Nurse) had no response to why R4 developed a pressure sore in the facility and healed within 2 weeks. In response to why a stage 3 pressure sore was identified today August 6, 2015), E12 (Wound Care Nurse) said the aides are supposed to check the residents skin daily and had no further comment.

On August 6, 2015 at 11:58 AM, E2 (Director of Nursing) said the facility does not have a policy

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F 314	Continued From page 16 on wound care, " We follow best practice." On August 6, 2015 at 12:36 PM, Z1 (Nurse Practitioner) said," That is a good question, why did R4 developed a stage 2 pressure sore in the facility and healed within 2 weeks and now has a stage 3 sore in a different location on the sacral area." Z1 (NP) said obviously R4 is sitting too long and there is no off loading. Z1 said R4 should not have had any skin breakdown.	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 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assess and evaluate the cause of R6 and R9's incontinence and implement a bowel and bladder programs based on the specific type of incontinence. This applies to two of eight residents (R6 and R9) reviewed for bowel and bladder in a sample of 20 residents. The findings include:	F 315		

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On August 07, 2015 at 2:00 PM, E 2 (Director of Nursing) stated, "we (the facility) have no restorative nurse, we do not need one. We do not have any bowel and bladder program, most of our residents are short term."

The facility Resident Census and Condition Report (CMS 672) identified the facility has six residents with indwelling catheters, four were present on admission, 58 residents occasionally or frequently incontinent of bladder, 26 residents occasionally or frequently incontinent of bowel and zero bladder and bowel training program.

R6's face sheet documents R6 was admitted on July 1, 2015 with the following pertinent diagnosis: post stroke, dysphasia and aphasia.

The Minimum Data Set bladder assessment dated July 20, 2015 documents R6 is frequently incontinent of bladder.

Physician Order dated 7/29/2015 states, " Diaper check every change of shift in addition to every 3 hours."

On August 4, 2015 at 10:29 AM, R6 was sitting in a wheelchair. Z3 was present in the room. Z3 was upset because the facility takes more than 40 minutes to answer the call light and R6 is incontinent and in a wheelchair. Z3 was also upset with how and when the facility toilets R6. Z3 said R6 is incontinent all the time and does not know when she has to go.

On August 5, 2015 at 11:16 AM, E13 (Certified Nursing Assistant - CNA) and E14 (CNA) provided incontinent care for R6. They both said

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they check and change R6 every three hours.

On August 6, 2015 at 11:35 AM, E14 (CNA) could not explain how the facility decided to change R6 every three hours.

On 8/6/2015 at 11:38 AM, E3 (Unit Nurse Manager) said there is no specific information on R6's bladder evaluation, no information on the frequency of R6's incontinence. E3 said the facility does not document anything on bowel assessments / evaluations. There is no program. E3 said the facility changes R6 every 3 hours because of the family.

On August 7, 2015 at 9:47 AM, E2 (Director of Nursing) said the facility does not a bowel / bladder program. There is no restorative program.

R9 has a medical history of UTI (Urinary Tract Infection) and dysuria as documented in the facility EMR (Electronic Medical Record).

On August 6, 2015 at 11:00 AM, E8 (CNA) stated R9 was mostly continent of urine. E8 stated R9 wore disposable incontinence briefs for safety because sometimes she has accidents. E8 stated R9 was not on a toileting program but typically the CNA's would take her to the bathroom before or after meals and before their shift ended. E8 stated R9's incontinence brief was usually dry.

On August 6, 2015 at 2:15 PM E8 asked R9 if she wanted to use the toilet and R9 stated 'yes.' E8 and another CNA assisted R9 with transfer to the toilet. R9's brief was dry and was last toileted before lunch time. R9 was asked if she could feel

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F 315	Continued From page 19 when she had to urinate and she stated, "Yes, of course." R9's MDS (Minimum Data Set) with a date of June 28, 2015 documents R9 to be incontinent of urine and stool. R9's care plan documents her incontinent of urine and stool. On August 6, 2015 at 3:00 PM, E4 (MDS / Care plan coordinator) stated the CNA's document in the computer whether the resident is incontinent or incontinent every shift. The CNA documentation for the past two weeks shows R9 to have been incontinent all shifts every day for the past two weeks. On August 6, 2015 at 3:00 PM E2 (DON) stated there was no bowel and bladder assessment for R9 done and the facility did not have a bowel and bladder program.	F 315		
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to supervise R20 who was identified as a wanderer and high risk for fall and failed to develop a fall care plan and to follow an order	F 323		

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from the nurse practitioner to monitor R 20 after a unwitnessed fall/incident on March 17, 2015. The facility failed to use use a gait belt to transfer R1. R 20 sustained a fracture of the right wrist identified on March 18, 2015.
This applies to two (R 20 and R 1) of three residents reviewed for falls in the sample of 20.
The findings include:
R20's face sheet showed R20 was admitted to the facility on March 15, 2015 with a diagnosis including dementia, dysphasia, muscle weakness and difficulty walking. The most current Minimum Data Set dated March 20, 2015 showed R 20 was cognitively impaired (was scored at 2), needing extensive assistance with two person plus assistance (from staff) with her activities of daily living . R20's uses a wheelchair for mobility.
The admission fall risk assessment dated March 15, 2015 showed R20 was high risk for falls. R20 was scored at 28 (a score of 10 or higher represents a high risk for fall). There was no fall care plan found in R20's electronic records. On August 7, 2015 at 2:05 PM, E4 (Minimum Data Set/Care Plan Coordinator) stated, "Yes she was high risk for fall and there was no plan that was developed. "
The care plan dated March 17, 2015 showed R20 has severe cognitive deficit/dementia, unaware of her surrounding and a wanderer (moves with no rational purpose, seemingly oblivious to needs and safety.)
The nurse's notes dated March 17, 2015 read: At approximately 5:00 PM, staff called nurse, patient (R 20) on the floor in sleeping position, able to move upper extremities with some limitations. Nurse Practitioner informed to monitor patient.
5:30 PM - right elbow noted with small skin tear superficial with minimal bleeding.
10:00 PM -obtained TO (telephone order) for

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F 323	Continued From page 21 neuro check and bacitracin ointment ...endorsed to night nurse. There were no further documentation or assessment found that the facility monitored and assessed R 20. There were no range of motion documented or presented during the survey. March 18, 2015 nurses notes reads: Observed around 8:00 AM with her (R 20) right wrist to be very swollen, warm to touch, small bruise present and painful. A Stat X ray was done showing distal fracture of the right wrist. On August 07, 2015 at 1:15 PM, E2 (Director of Nursing) stated, " I do not know what happened. " R1's nursing progress note dated June 15, 2015 states R1 was on the floor next to bed holding the side rail with her right hand. E18, CNA (certified nurse aide) was transferring R1 from the wheel chair to bed when R1 could no longer stand up and was lowered to the ground. The occurrence report conclusion dated August 6, 2015 states E18 did not appropriately use a gait belt for transfers, and R1 was not using non-skid socks. R1's MDS (minimum data set) prior to this incident dated March 25, 2015 documents R1 required two people to assist with transfer.	F 323		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids;	F 328		

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F 328	Continued From page 22 Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure proper PICC(Peripherally Inserted Central line Catheter) assessment and dressing changes to prevent infection and maintain the picc line. This apples to one (R37) of two residents in the supplemental sample reviewed for PICC line management. The findings include: On August 5, 2015 at 12:30 PM, E7 administered IV (Intravenous) antibiotics to R37. R37 has a PICC line in the right arm. The PICC line had a date on the dressing of August 2, 2015 and had a 2 x 2 gauze dressing under the clear dressing completely covering the insertion site. There was approximately an inch of the picc tubing out from the site. E7 was asked to verbally assess the site and describe how she assesses the PICC site. E7 stated, squeezing R37's arm, I check for swelling and bleeding at the site and there is none. On August 6, 2015 at 12:30 PM, E2 (DON,Director of Nursing) was asked were the PICC line insertion information, such as, the baseline arm circumference and how far the	F 328		

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F 328	Continued From page 23 catheter was out from the insertion site and where the tip of the catheter was after placement, was kept. E2 stated the PICC lines were placed in the hospital they don't place the PICC lines here in the facility so if the nurse needs that information she could get it from the hospital records. E2 stated this information was not kept in the resident record such as the care plan. E2 was asked how her staff who did weekly dressing changes would know what the baseline was if the information was not available and it was possible the PICC line could be pulled out little by little each dressing change increasing the residents risk for a blood clot. E2 stated, "Your right we should have that information." The undated facility policy titled "Infusion Maintenance Table" documents if there is a gauze dressing over the site then change the dressing 24 hours after insertion and then every 48 hours. This dressing was 72 hours at the time of observation.	F 328		
F 329 SS=E	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not	F 329		

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F 329	Continued From page 24 given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement a process to identify and monitor potential adverse drug reaction/interaction of an anti coagulant medication/ blood thinner(Coumadin) . This applies to three (R11, 12, and R 16) of three residents reviewed for the use of Coumadin in the sample of 20 and 1 residents (R 23) in the supplemental sample. The findings include: The order listing report presented on August 5, 2015 showed 22 residents have an order for an anti coagulant medication/ blood thinner (Coumadin) usage. The following are the orders: R 11- Coumadin tablet (Warfarin Sodium) Give 9.0 mg by mouth at bedtime related to knee joint replacement ... R 12- Coumadin tablet (Warfarin Sodium) Give 1.5 mg by mouth at bedtime related to hip joint replacement ... R 16 - Coumadin tablet (Warfarin Sodium) Give 2.5 mg by mouth at bedtime every other day related to atrial fibrillation ...	F 329		

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F 329	Continued From page 25 R 23 - Coumadin tablet 4.0 mg (Warfarin Sodium) Give 1 tablet by mouth one time a day related to atrial fibrillation ... Review of the electronic records for R 11, 12, 16 and R 23 showed the facility has no monitoring or documentation and has not developed a plan of care to address and monitor the for potential adverse drug (Coumadin) reaction and or drug interaction. On August 6, 2015 at 10:20 AM, E2 (Director of Nursing) explained the facility has no monitoring system at this time and stated " we're (Corporation) still building on it. "	F 329		
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 as ordered at ordered times and in the ordered dose. There were 33 opportunities with seven errors resulting in a 21% error rate. This applies to three of five residents observed during medication pass. The findings include: On August 5, 2015 at 12:20 PM, R37 had a an accu-check reading of 182. The physician order	F 332		

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for Humalog R insulin sliding scale was five units of insulin. E6 (LPN, licensed practical nurse) drew up five units of insulin. E6 was asked to recheck amount drawn up and confirm that was four units. E6 proceeded to eject some of the insulin from the syringe and the insulin then was read at four units.

On 8/5/15 at 9:20 AM, E6 did not give R34 the ordered Ferrous Fumarate extended release tab of 50 mg ordered every morning. E6 stated the medication had not been delivered from pharmacy. R34's August 2015 MAR, Medication Administration Record, documented R34 had not received the Ferrous Fumarate for the month of August thus far. The physician was not notified the medication was not available until four doses were missed.

On August 6, 2015 at 11:00 AM, R3 had returned from the beauty shop. E15 instructed R3 she would give her medicine in her room. At 11:30 AM R3 received:

Florastor 250 mg (Ordered twice a day and scheduled for 9 AM and 5 PM).
Potassium Chloride 20 MEQ (Miiliequivelants) Extended Release Tab (Ordered twice a day and scheduled for 9 AM and 5 PM).
Questran 4 Grams (ordered twice a day and scheduled for 9 AM and 5 PM).
Bethanechol 5 mg (ordered three times a day and scheduled for 9 AM, 1 PM and 5 PM).
Vancomycin 125 MG (Ordered three times a day and scheduled for 9 AM, 1 PM and 5 PM).

On 8/6/15 at 11:35 AM R3 stated she left the unit for the beauty shop at 9:30 AM.

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F 364 F 364 SS=E	Continued From page 27 483.35(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: Based on observation and interview, the facility failed to serve food at a palatable temperature. This applies to two residents who eat in their room on the third floor in the sample of 20, and 18 residents in the supplemental sample R21 through R38. The findings include: On the morning of August 4, 2015 during the initial tour R13, R3, and R95 all said the food is cold. On August 5, 2015 at 10:00 AM, R12, R28, R44, R57, and R72 all voiced concerns about the food not being hot enough. On August 6, 2015 at 11:45 AM a test tray was conducted on the third floor with E5 (food service director) along with lunch trays for residents who eat in their rooms. The test tray was placed on a small cart along with five trays that were delivered to residents who eat in their rooms. The temperature of food was taken after the last tray was served. The pork chop was 115 F. (Fahrenheit), the rice was not able to be tested, and the egg roll was 124 F. The food did not taste hot at this temperature. There was no heat	F 364 F 364		

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	146143	A. BUILDING _____ B. WING _____	08/07/2015

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F 364	Continued From page 28 retaining equipment used in the service for room trays.	F 364		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to assure the cooking and serving utensils were being effectively cleaned and air dried and failed to have wiping cloths with a sanitizing agent . This has the potential to all 97 residents who eat in the facility. The findings include: On August 5, 2015 at 10:30 AM the sanitizing bucket which held wiping cloths did not have any sanitizing solution in it. A strip to test the chemical sanitation solution did not turn color. E5 (food service director) said the third compartment sink has a hose that dispenses the correct concentration of the sanitizing solution should have been used to fill the sanitizing bucket. Sheet pans, steam table pans, clear plastic	F 371		

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F 371	Continued From page 29 containers, and serving utensils all stored and stacked for use as clean were wet, and some had food particles in crevices.	F 371		
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 hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and	F 441		

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F 441	Continued From page 30 transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to disinfect contaminated, pillows and bedside table. The facility also failed to ensure aseptic technique with intravenous peripheral catheter insertion. This applies to two residents reviewed for infection control in the supplemental sample (R37 and R39). The findings include: On 8/5/15 at 9:30 AM, E6 (LPN, Licensed Practical Nursing) administered R13's nasal sprays of Calcitonin one spray to the right nare and Fluticasone one spray in each nostril. Both medications were administered without gloves on. The facility policy titled Nose Drop Instillation with a date of 7/14 documents: Cleanse hands and apply gloves. On 8/5/15 at 10:35 AM, E2 (DON, Director of Nurses) stated the guidelines and policy for nasal sprays would be the same for nose drops. On 8/5/15 at 2:00 PM, R39 was in his room sitting in his wheelchair next to his bed. R39 is on contact isolation for ESBL (Extended spectrum beta lactamase) infection. R39 just had a new bed delivered and the old mattress was sitting against the wall. The new mattress did not have	F 441		

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F 441	Continued From page 31	F 441		

any linens or pillows on it. There were used linens and two pillows on the floor next to R39's new bed. E10 (CNA, Certified Nursing Assistant) picked up the dirty linens and placed them in a plastic bag. E10 then proceeded to pick up the pillows, remove the pillow cases and put new pillow cases on the pillows and place them on the bed without disinfecting them first. E10 removed his gait belt from around his waist and was about to place it around R39 to assist him with a transfer to the bed. E10 was stopped and asked if it was his gait belt and E10 replied, "No, this actually belongs to therapy" and confirmed it was used on multiple residents. E10 was asked if the gait belt that was sitting outside R39's room belonged to R39. E10 retrieved the belt sitting on top of the isolation cart outside R39's room.

On 8/5/15 at 2:40 PM, E3 (RN, Nurse Unit Manager for the second floor) attempted to infuse R39's antibiotic through his existing left arm PICC (Peripherally Inserted Central line Catheter) but was unable to to retrieve a blood return from either port. E3 notified the physician and was instructed to start a peripheral line. E3 started a peripheral IV (Intravenous) line in R39's left hand. After the IV was inserted and the needle removed the site began to ooze blood all over R39s hand until it was clamped. E3 did not have a cap to cover the IV and it was left open to air and E3 began to wipe the open catheter site with a tissue and then began to clean R39s hand with and alcohol prep pad and tissue while another nurse retrieved a cap for the IV site, these bloody tissues were then placed on R39's bedside table which had his oral fluids and leftover lunch still on the tray as well as some personal belongings.

According to an article by www.ncbi.nlm.nih.gov

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F 441	Continued From page 32 and dated February 2011, titled, "Capping Intravenous Tubing and disinfecting intravenous ports," documents...."failure to place a sterile cap on the end of a reusable IV administration set, or IV catheter hub and the tip of the set is exposed to potential contaminants can lead to infection." R39's IV was left open and wiped with the resident boxed tissue that was at his bedside creating cross-contamination from a non sterile tissue used to wipe the port and the extended time to retrieve a cap. The facility policy tilted, Care of Residents with MDRO (Multi-drug resistant organisms) and dated 7/14 documents: - Dedicate non critical medical items to individual use (stethoscopes, blood pressure cuffs and thermometers etc.) -Clean and disinfect frequently touched surfaces such as bed rails and bed side tables	F 441		