

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

PRINTED: 06/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2017
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504	
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 6/6/17 through 6/8/17. Four complaints were investigated. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 222 certified bed facility was 212 at the time of the survey. The survey sample consisted of 34 residents, 27 current Resident reviews (Resident #1 through 27) and 7 closed record reviews (Resident #28 through 34).	F 000	
F 151 SS=E	483.10(b)(1)(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL (b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. (b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff and resident interviews, and facility policy review, the facility staff failed to ensure protocols were in place to enable 12 of 34 residents (Resident #3,	F 151	RECEIVED JUN 29 2017 VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Celia D. Dyer E.D. LNHA TITLE _____ (X6) DATE 6/28/17

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 151	Continued From page 1 4, 9, 20, 22, 24, 25, 26, 27, 15, 7 and 17) in the survey sample were able to exercise their right to vote. The findings include: On 6/07/17 at 4:00 p.m., an interview was conducted with the Interim Activities Director. She stated she was directed by the Administrator to ensure all residents had the opportunity to vote for all upcoming elections. She stated her process was to start with the Admission Psychosocial Assessment as to their interest in voting, address it in the Resident Council meetings and post flyers throughout the facility of the same. She also stated she had a volunteer agency from the city to assist with voter registration for their zoned district and to help with change of addresses so the residents could vote. She stated from there she would generate her list of residents that were going to vote in the upcoming elections. When asked if she had any absentee ballots for the 2016 Presidential election, she stated: "No, we took 3-4 trips to the polling stations with all the residents who were able to travel on the van." During the interview with the Interim Activities Director, when asked if everyone in the nursing facility that wanted to vote had the opportunity to vote she said, "Yes." When asked if there were any residents going to participate in upcoming primary June 13, 2017 and were residents prepared and interested in the gubernatorial race for November 2017, she stated, "I did not know about the primary June 13 and I had not made plans for residents to vote in November 2017. I was mainly looking at Presidential races and I know we captured everyone that was interested	F 151	F 151 RIGHT TO EXERCISE RIGHTS- FREE OF REPRISAL 1.)Residents (#3, 4,9,20,22,24, 25,26,27,15,7 and 17) were educated on voting options for elections by Activity Director and/or designee. Activity Director and/or designee to assist resident to obtain Absentee Ballot or to go to the polls with transportation provided by Consulate of Norfolk. Compliant 6/7/17 2. Other current residents were educated on voting options for elections by Activity Director and/or designee. Activity Director and/or designee to assist resident to Absentee Ballot or to the polls with transportation provided by Consulate of Norfolk. Compliant 6/7/17 Current residents to be asked if they have ID to vote and are registered to vote. Compliant 7/5/17 3. Director of Activities and/or designee to ask newly admitted LTC residents during initial Activity Assessment if they are interested in voting, they will be educated on their options and asked if they have ID and if they are registered to vote.		

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F 151	<p>Continued From page 2</p> <p>in 2016 and I have the voter registration paperwork for each resident that voted. The Social Worker and I helped find out the residents who wanted to vote and made sure they were transferred to the polling station." The Interim Activities Director presented 9 Voter Registration Notices, thus based on the the notices, 9 residents voted in the November 2016 Presidential election. The Interim Activities Director was not able to address voting opportunities for residents that were bed-bound (not able to view flyers), non-ambulatory (not able to view flyers), those that did not participate in Resident Council, and those that had an improvement in cognitive status.</p> <p>An interview was conducted with the Administrator on 6/7/17 at 5:30 p.m. about the facility resident's right to vote. She was informed that many residents in the facility stated to several different surveyors that they were not afforded the opportunity to vote in the 2016 presidential race and wanted to vote in the upcoming primary, as well as the November 2017 election for Governor. The Administrator stated the facilities policy was inadequate in process, but she would set up new guidelines. She said she thought all residents were approached about voting and could not explain why she had no residents that voted in the 2016 Presidential election via absentee ballots. She could not provide evidence that the facility assured voting opportunities for residents that were bed-bound (not able to view flyers), non-ambulatory (not able to view flyers), those that did not participate in Resident Council, and those that had an improvement in cognitive status.</p> <p>During the above interview with the Administrator,</p>	F 151	<p>Activity Director and/or designee to monitor upcoming elections through Election calendar. Activity Director and/or designee to ask current residents approximately 30 days prior to Absentee Ballot deadline for an upcoming election if they are interested in obtaining an Absentee ballot and assist resident to get an Absentee Ballot. Activity Director and/or designee to ask current residents 15 days prior to election if they are interested in going to the polls and Consulate of Norfolk to provide transportation. . Voting information to be posted at Nurses station on all 4 Units. Executive Director/designee to conduct random quality monitoring for residents being informed about voting registration, Absentee ballots and voting transportation for elections.</p> <p>4) Findings of Quality Monitoring reported in QAPI. Quality monitoring schedule modified based on findings.</p> <p>5. Compliant 7/14/17</p>

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F 151	<p>Continued From page 3</p> <p>she did not have information as to the status in the building regarding residents that missed voting in the 2016 Presidential Election, those who voted via an absentee ballot since there were none on record, those who were registered and desired to vote (at the polls or absentee) in the upcoming primary to vote for the governor candidate and the November 2017 governor election. She stated she would be gathering a team to represent all units to complete an audit, but she knew it was too late to get any of the residents to vote in the primary to vote for candidates to run in the gubernatorial race of 2017. She stated, "I thought this was all in order and we dropped the ball. I charged the Interim Activities Director to ensure everyone who was eligible had the opportunity to vote, but I did not follow-up and our procedure to ensure we are compliant in this area will be changed, I can assure you." The Administrator was not aware of residents that required Identification Cards to enable them to vote, but further stated she would address this issue as well.</p> <p>On 6/8/17 at 2:30 p.m., the Social Worker stated, "Residents without Identification Cards (ID) cannot vote." He stated he would have to research how to obtain ID cards for the residents.</p> <p>The Resident Council Minutes were reviewed for the past 6 months; there was no information in the minutes to indicate resident preparation to vote in upcoming Virginia June 13, 2016 primary candidate election for governor.</p> <p>On 6/8/17 at approximately 10:00 a.m., the Administrator presented the outcome of their 6/7/17 evening audit which revealed the following number of residents who wanted to vote and</p>	F 151		

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F 151	<p>Continued From page 4</p> <p>those who were not afforded opportunity to vote: -28 residents want to vote in the 2017 gubernatorial election. -22 residents wanted absentee ballots for the upcoming primary (June 13) and it was explained to them the facility missed the deadline. -18 residents stated they would have voted in the Presidential election of 2016 if they had been asked. -39 residents had guardianship from two community service organizations with professionals designed to meet the health and welfare needs of persons without family representation. It was indicated by the facility staff because they had guardianship of these organizations, they could not vote. There was no explanation provided to the survey team as to why these individuals could not register to vote. *There was no information gathered in this audit of residents who would require absentee ballots for November 2017 gubernatorial election.</p> <p>The following 13 residents in the survey sample expressed that they were unable to exercise their right to vote:</p> <p>1. Resident #3 was originally admitted to the facility 11/5/15 and readmitted 8/19/16 after an acute illness. The current diagnoses include paraplegia secondary to a spinal cord injury.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/22/17 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #3's cognitive abilities for daily decision making was intact.</p>	F 151	

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F 151	<p>Continued From page 5</p> <p>During an interview with Resident #3 on 6/6/17 at approximately 3:40 p.m., the resident stated she did not have the opportunity to vote in the presidential election because she was not registered in the district the nursing facility is in and she was not aware of that until it was too late. The resident stated she would like to vote in the upcoming gubernatorial primary and race but she still had not been registered in the correct district. Resident #3 stated no one representing the facility had asked or aided her to register for future elections.</p> <p style="text-align: center;">*</p> <p>2. Resident #4 was originally admitted to the facility 8/22/14 and has never been discharged from the facility. The current diagnoses include anemia and renal insufficiency.</p> <p>The quarterly MDS assessment with an ARD of 4/25/17 coded the resident as completing the BIMS and scoring 13 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making was intact.</p> <p>During an interview with Resident #4 on 6/7/17 at approximately 11:30 a.m., the resident stated she did not have the opportunity to vote in the presidential election because she was registered in another city, (name of the city). The resident stated she desires to vote but she has no way to get to city of her precinct, (name of the city). The resident further stated she had not voted since she moved to the nursing facility. Resident #4 stated the facility staff had not asked or assisted her in any way to exercise her right to vote and the right to vote has always been very important to her.</p> <p style="text-align: center;">*</p>	F 151		

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F 151 Continued From page 6

3. Resident #9 was originally admitted to the facility 3/13/16 and readmitted to the facility 11/7/16 after an acute hospital stay. The current diagnoses include a seizure disorder.

The quarterly MDS assessment with an ARD of 3/16/17 coded the resident as completing the BIMS and scoring 11 out of a possible 15. This indicated Resident #9's cognitive abilities for daily decision making was moderately impaired.

On 6/8/17 at approximately 10:45 a.m., an interview was conducted with Resident #9. The resident stated he did not vote in the presidential election and no one had spoken with him about voting in the upcoming gubernatorial primary or election. The resident further stated if he had been asked about voting, he would have elected to cast his vote.

4. Resident #20 was admitted to the nursing facility on 10/11/16 with diagnoses that included but was not limited to High Blood pressure.

The most recent Minimum Data Set (MDS) dated 5/5/17 was a quarterly and coded the resident with a 15 out of a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had no cognitive problems with decision making.

The Psychosocial Evaluation on admission dated 10/11/16 indicated the resident was not interested in voting, primarily because she couldn't at the time of the evaluation

Activities Progress Notes entered by the Interim Activities Director dated 2/19/16 indicated the resident was alert and oriented times 4 (Who you are, Where you are, What is date and time, and

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F 151	<p>Continued From page 7</p> <p>What just happened to you), independent for socialization and was goal directed for interests of choice. The recreation staff would continue to assist as needed.</p> <p>The Social Worker assessment dated 5/8/17 indicated the resident scored a 15 on the BIMS and had no inappropriate behaviors.</p> <p>On 6/8/17 at 2:20 p.m., Resident #20 was asked about her interest in voting. She responded, "I just got my rights back to vote three months ago and I would have loved to vote in the primary, but no one said anything to me. They asked me for the first time last night and I said Yes of course. I heard we missed the deadline for the primaries."</p> <p>The Psychosocial Evaluation on admission dated 10/11/16 indicated the resident was not interested in voting, primarily because she couldn't at the time of the evaluation, but this issue of voting was not readdressed with the resident.</p> <p>5. Resident #22 was admitted to the nursing facility on 8/25/16 with diagnoses that included but was not limited to high blood pressure.</p> <p>The most recent Minimum Data Set (MDS) assessment was a Significant Change in Status Assessment dated 8/25/16 was a quarterly and coded the resident with a 14 out of a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had no cognitive problems with decision making.</p> <p>The Activities Progress Notes entered by the Interim Activities Director dated 4/5/17 indicated the resident did not display any behaviors, current activities continued to be appropriate and she</p>	F 151		

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socialized with roommate and peers. The recreation staff would continue to assist as needed.

The Social Services progress note dated 4/26/17 indicated the resident scored a 14 on the BIMS.

The Psychosocial Evaluation upon Resident #22's admission dated 8/25/16 indicated the resident was a registered voter and was interested in voting.

On 6/8/17 at 2:30 p.m., Resident #22 was interviewed to say, "No one told me or came to me about voting for the presidential election in 2016, I would have voted for (gave the candidates name) and would have done so through an absentee ballot. I could have voted for the person I wanted to run for governor, but they told me last night it was too late. Just because I am in a nursing home doesn't mean I am dead to the world. I have the right."

6. Resident #24 was admitted to the nursing facility on 9/21/12 with diagnoses that included but was not limited to chronic pain.

The most recent Minimum Data Set (MDS) assessment was a quarterly dated 3/28/17 was a quarterly and coded the resident with a 15 out of a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had no cognitive problems with decision making.

The Activities Progress Notes entered by the Interim Activities Director dated 3/28/17 indicated the resident enjoyed leisure and recreation pursuits, directs activities of choice and

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F 151	<p>Continued From page 9</p> <p>socializing with peers in the community. The recreation staff would continue to assist as needed.</p> <p>The Social Services progress note 3/28/17 indicated the resident scored a 15 on the BIMS.</p> <p>Resident #24 did not have the admission Psychosocial Evaluation on the clinical record. The facility staff stated the evaluation would have to be ordered from the medical records storage company, which would take several days.</p> <p>On 6/8/17 at 2:15 p.m., Resident #24 was interviewed to say, "I would have voted and I was not approached at all. I didn't feel so good about that, but I don't know how to do it for myself."</p> <p>7. Resident #25 was admitted to the nursing facility on 7/7/15 with diagnoses that included but not limited to muscle weakness.</p> <p>The most recent Minimum Data Set (MDS) assessment was an Annual dated 5/29/17 and coded the resident with a 12 out of a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was moderately impaired in the cognitive skills for decision making.</p> <p>The Activities Progress Notes entered by the Interim Activities Director dated 3/28/17 indicated the resident enjoyed leisure and recreation pursuits, directs activities of choice and socializing with peers in the community. The recreation staff would continue to assist as needed.</p> <p>The Social Services progress note 5/29/17</p>	F 151		
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F 151	<p>Continued From page 10 indicated the resident scored a 12 on the BIMS.</p> <p>Resident #25 did not have the admission Psychosocial Evaluation on the clinical record. The facility staff stated the evaluation would have to be ordered from the medical records storage company, which would take several days.</p> <p>On 6/8/17 at 2:50 p.m., Resident #25 was interviewed to say, "I attend the Resident Council Meeting and I don't remember them talking about the Primary election for governor candidate, nor were they talking about the election for November 2017. I wanted to vote in the primary and definitely want to vote in November for the governor. I hope they make it happen, but I was able to vote in the Presidential election."</p> <p>8. Resident #26 was admitted to the nursing facility on 3/1/15 with diagnoses that included but no limited to chronic low back pain.</p> <p>The most recent Minimum Data Set (MDS) assessment was a quarterly dated 4/17/17 scored the resident on the Brief Interview for Mental Status (BIMS) with a 13 out of a possible score of 15 which indicated the resident's cognitive skills were intact for daily decision making.</p> <p>The Activities Progress Notes entered by the Interim Activities Director dated 4/18/17 indicated the resident enjoyed leisure and recreation pursuits, directs activities of choice and enjoyed spending time in the community with friends and family. She did not display any behaviors that affected recreation participation. The recreation staff would continue to assist as needed.</p>	F 151		

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504
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F 151 Continued From page 11

Resident #26 did not have the admission Psychosocial Evaluation on the clinical record. The facility staff stated the evaluation would have to be ordered from the medical records storage company, which would take several days.

During an interview with Resident #26 on 6/8/17 at 2:25 p.m., she said, " I have voted in every election, but this last one. I may need my ID card updated because I don't drive anymore. No one asked me about voting until last night."

9. Resident #27 was admitted 3/17/17 with diagnoses that included but was not limited to high blood pressure.

The most recent Minimum Data Set (MDS) assessment was a Significant Change in Assessment dated 6/5/17 and coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 13 out of a possible score of 15 which indicated the resident's cognitive status was intact for daily decision making.

The Activities Progress Notes entered by the Interim Activities Director dated 4/10/17 indicated the resident enjoyed bedside visits to increase socialization and recreation participation. The recreation staff would continue to assist as needed.

Resident #27 was interviewed on 6/8/17 at 2:45 p.m. She stated, "I wanted to vote and want to vote in the future, probably through an absentee ballot. So much for that, they are not looking out for me."

F 151

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F 151	<p>Continued From page 12</p> <p>10. Resident #15 was admitted to the facility on 6/15/15. Diagnoses for Resident #15 included but was not limited to Diabetes Mellitus.</p> <p>Resident #15's Quarterly Minimum Data Set assessment with an Assessment Reference Date of 5/10/17 coded Resident #15 with a BIMS (Brief Interview for Mental Status) score of 9 of 15 indicating moderate impairment in cognition.</p> <p>An interview was conducted with Resident #15 on 6/8/17 at approximately 2:45 p.m. Resident #15 stated voting was important for him and he stated that he had not been given the opportunity to vote at the Nursing facility. Resident #15 stated: "Voting is important to me."</p> <p>11. Resident #7 was originally admitted to the facility on 01/08/13. Diagnosis for Resident #7 included but not limited to Hypertension.</p> <p>Resident #7 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/21/17 coded Resident #7 on the Brief Interview for Mental Status (BIMS) with a score of 13 out of a possible 15 indicating no cognitive impairment.</p> <p>An interview was conducted with Resident #7 on 06/08/17 at approximately 8:45 a.m., who stated, "No one ever spoke to me about voting in the 2016 presidential election, I would have but no one here at the facility ever mentioned anything to me about voting."</p> <p>12. Resident #17 was initially admitted to the facility on 10/18/11 and was readmitted on 1/23/15. Diagnoses for Resident #17 included,</p>	F 151		

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F 151 Continued From page 13
but not limited to, high blood pressure.

The most recent Minimum Data Set with an assessment reference date of 5/19/17 coded Resident #17 with a score of 13 out of possible 15 on the Brief Interview for Mental Status (BIMS), indicating cognitive abilities for daily decision making were intact.

On 6/8/17 at 12:30 pm, Resident #17 was in her room and was interviewed in regards to resident voting rights. Resident #17 stated that she had not voted during the past presidential election and stated, "I would have voted for the lady." She also stated that she was not invited to vote nor informed about voting.

The facility's policy and procedure titled "Voting" dated 11/30/14 indicated the following: "It is the policy of the Company to provide residents the opportunity to exercise their right to vote and to maintain involvement in the community. In continuing to exercise resident's right to vote, we seek to increase self-esteem and self-worth. During the initial Activity Assessment, Long Term Care residents desiring to continue their voting rights are assisted with completing a voter card change of address which is sent to the Board of Elections. On the designated voting day, residents are assisted to the designated voting area and provided assistance by the Board of Elections designee or by an activities staff member with at Board of Elections member present. Resident are able to vote absentee or go to polls on voting day provided they have made arrangements to do so before the designated voting day and have notified the Board of Elections."

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F 157 F 157 SS=D	Continued From page 14 483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F 157 F 157 F157 NOTIFY OF CHANGES (INJURY/DECLINE/ROOM,ETC.) 1. Resident #13 Face Sheet has been updated and reflects correct resident information. 6/8/17. 2. Current residents face sheets reviewed for accuracy and completeness. Compliant 07/14/17. 3.) Director of Admissions and/or designee completes Face Sheet for new Admissions. DOA and /or designee to confirm RP information during admission paperwork process. It will also be confirmed if there is an RP for the resident or if the resident is there own RP. An Emergency contact to be designated as such on the face sheet. Executive Director/designee to monitor new admission Face Sheets daily times 4 weeks, weekly times 4 weeks and then monthly. Compliant 7/14/17 4) Findings of Quality Monitoring reported in QAPI. Quality monitoring schedule modified based on findings 5. Compliant 7/14/17	

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F 157 Continued From page 15

F 157

(A) A change in room or roommate assignment as specified in §483.10(e)(6); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.

(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:

Based on staff interviews and clinical record review the facility staff failed to update the Resident Representative(s) information for 1 of 27 residents in the survey sample, Resident #13.

The Admission Record for Resident #13 was not updated to include correct identification of the Resident Representative(s) and their address.

The findings included:

Resident #13 was admitted to the facility on 4/21/17 with diagnoses which included, but not limited to neck fracture and Myasthenia Gravis (muscular weakness and abnormal fatigue).

The admission MDS (Minimum Data Set) with an assessment reference date of 4/28/17 coded the resident as scoring a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS), indicating the resident's cognition was severely impaired.

The Admission Record (face sheet) containing Resident Representative (RR) and emergency contact information was reviewed. The resident

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F 157 Continued From page 16
and the daughter were both listed as the Resident Representative. The entry for the daughter's address was blank. As a result of the incorrect information the Resident Representative (the daughter) was not mailed an invitation to attend a care plan meeting.

F 157

An Interview was conducted on 6/8/17 at 11:30 am, with the MDS Coordinator. She stated the MDS department is responsible for making copies of the care plan invitations that are then handed to the Receptionist to be mailed. She stated that the RR was invited to attend the care plan meeting conducted on 5/4/17.

The Receptionist was interviewed on 6/8/7 at 11:35 am. She stated the MDS care plan invitation was not mailed to the daughter, as the face sheet listed the resident as his own RR.

Interviews were conducted on 6/8/17 with the Business Office Manager, the Admissions Coordinator and the Social Services Director who clarified that the resident was not his own RR, the daughter was.

On 6/8/17 the Admission Coordinator contacted the RR via phone. The home address was clarified and the face sheet was then updated.

The above information was shared with the Executive Director and the Director of Clinical Services during a pre-exit meeting conducted on 6/8/17.

F 253 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES
SS=C

F 253

(i)(2) Housekeeping and maintenance services

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F 253	<p>Continued From page 17</p> <p>necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by:</p> <p>Based on general observations of the facility, maintenance services were not provided to ensure a functioning interior in resident rooms and bathrooms on 4 of 4 units of the nursing facility.</p> <p>The findings include:</p> <p>On 6/8/17 at 11:30 a.m., during general observations with the Director of Maintenance and Director of Housekeeping, the following maintenance issues were identified:</p> <p>In Room 114: Ceiling tile in the corner of the room near the right side of the window was falling through. The Maintenance Director stated he was not aware of the ceilings condition.</p> <p>The caulking around the toilet was heavily stained with a dark brown build up material. Most of caulking around the older toilets on Unit 1 A, 2A, 1B and 2B were in the same condition. The Maintenance Director stated he would have the caulking removed, floor cleaned and toilets re-caulked.</p> <p>Room 122: The Formica trim was pulled away from under the sink. The Maintenance Director stated he was not aware of the problems with the sink, but stated all the caulking would be replaced because there were several toilets that needed attention.</p> <p>In Room 237 A bed: A chipped floor tile was</p>	F 253	<p>F253 HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>1.) Room 114 had ceiling tile replaced 6/8/17 and continues to be monitored. The toilets that needed the caulking removed and redone was completed 6/14/17 Room 122 under the sink was repaired 6/9/17. Room 237 chipped floor tile was replaced 6/09/17. Room 242 Private room had hole repaired 6/9/17 Sink in shower room was repaired 6/9/17 Shower room on 1A(2B shower room) has received a bid for repair and will be completed 7/14/17</p> <p>2.) ED and Maintenance Director completed facility environmental rounds to ensure functioning interior in resident rooms and bathrooms. Follow Up based on findings. Compliant 7/7/17.</p> <p>3.) Staff that conducts Mock survey to be re-educated on what they should be inspecting and reporting on during morning meeting as well as where to document any findings during mock survey that need to be repaired by maintenance. Current staff to be educated on reporting and documenting in Maintenance books any repairs that need to be made in the facility. Compliant 7/14/17.</p>	

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F 253	Continued From page 18 identified on the side of the bed the resident entered and exited. In Room 242 Private room, an approximate 12 inch by 12 inch hole was identified on the left wall as one entered the room. The Maintenance Director stated, "Holy Cow, I did not know about this. We will immediately fix this. It is not in the Maintenance Repair Log Book." The resident in the room stated, "This hole has been here and I thought someone would have already reported this as they came in and out of my room." The sink in the Shower Room on Unit 1A was loose, coming away from the wall. The Maintenance Director stated he would immediately fix and secure it. He stated this issue was not entered in the Maintenance Repair Log Book. The Shower Room on Unit 1B was observed to have a 24 inch by 24 inch hole in the ceiling to the right as you entered the Shower Room. The Maintenance Director stated an entire section of the ceiling would have to be torn out appropriately 10 feet long and 15 feet wide. During the above tour of the building, the Maintenance Director stated he made daily rounds on all units, checked standard things like Heating and Air Conditioning Units, bathroom fixtures and toilets, furnishings, water temperatures, laundry rooms, building exterior, boiler rooms, as well as the Maintenance Repair logs, but did not now about the issues brought to his attention during tour with the surveyor. On 6/8/17 at approximately 2:30 p.m., the Administrator was made aware of the	F 253	The Maintenance books to be discussed during morning meeting by Executive Director and/or designee to assure all things that need repair are completed timely. ED and/or designee to quality monitor 10% of resident rooms and bathrooms weekly times 4 weeks, bi-weekly times 4 weeks then monthly. 4) Findings of Quality Monitoring reported in QAPI. Quality monitoring schedule modified based on findings 5. Compliant 7/14/17	

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F 253 Continued From page 19
aforementioned maintenance issues identified during the general observation tour. She stated the areas would be addressed and repairs would be made.

F 253

The policy titled "Maintenance" dated 11/30/14 indicated the facility's physical plant and equipment would be maintained through a program of preventative and maintenance and prompt action to identify area/items in need of repair.

F 280 483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

F 280

483.10
(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

(iv) The right to receive the services and/or items included in the plan of care.

(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

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F 280	<p>Continued From page 20</p> <p>(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>483.21 (b) Comprehensive Care Plans</p> <p>(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's</p>	F 280 F280	<p>Right to participate planning care- revised CP</p> <ol style="list-style-type: none"> 1. Resident #4 is invited and encouraged to attend care plan meetings as scheduled. A Special Care plan meeting was scheduled 6/29/17 for resident #4 to attend to review current care plan of care. 2. A review of currently scheduled care plans was conducted by ED and/or designee to ensure Care Plan invitations given to residents as indicated per policy. Compliant 6/12/17. 3. DCS to re-educate MDS Coordinators on Care Plan invitation policy. DCS and/or designee to review Care Plan schedule weekly times 4, then monthly. DCS/designee to interview 10% of interviewable residents weekly, times 4 weeks, that have received an invitation to their Care Plan meeting and encourage them to attend. Residents to be queried in Resident Council meetings monthly as to receiving invites to Care Plan Meeting. Follow-Up to be based on findings. 4. Quality monitoring to be reported at QAPI Quality Monitoring schedule based on findings. 5. Compliant 7/14/17

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F 280	<p>Continued From page 21</p> <p>medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, and review of the facility's policy the facility staff failed to ensure the resident, family members and/or representatives was afforded the right to participate in care planning for 1 of 34 residents (Resident #4), in the survey sample.</p> <p>The facility's staff failed to invite and encourage Resident #4's participation in development and/or revision of the person centered plan of care and ongoing care plan meetings.</p> <p>The findings included:</p> <p>Resident #4 was originally admitted to the facility 8/22/14 and has never been discharged from the facility. The current diagnoses include anemia and renal insufficiency.</p> <p>The quarterly Minimum Data Set assessment (an assessment protocol -MDS) with an Assessment</p>	F 280		

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F 280	<p>Continued From page 22</p> <p>Reference date (ARD) of 4/25/17 coded the resident as completing the BIMS and scoring 13 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making was intact.</p> <p>The resident was also coded on the 4/25/17 quarterly MDS assessment as having no mood or behavior problems. She required set-up and supervision with bed mobility, transfers, dressing, eating, toileting, personal hygiene and bathing. The resident was also coded as occasionally incontinent of bowels and bladder.</p> <p>During an interview with Resident #4 on 6/7/17 at approximately 11:30 a.m., the resident stated she has never had the opportunity to participate in the development and/or revision of her person-centered plan of care.</p> <p>An interview was conducted with the MDS Coordinator on 6/7/17 at approximately 2:50 p.m. The MDS Coordinator provided copies of the care plan invitations delivered to Resident #4 alerting her of her planned care plan conferences. The copies of the care plan invitations indicated the resident's most recent care plan conferences were held 5/4 /17 and 2/1/17. The document titled "Consulate Care Conference" record dated 2/2/17 listed no attendees. The comment documented on the form read; interdisciplinary team met, resident and family invited but did not attend. Care plan reviewed and updated.</p> <p>The copies of the care plan invitations were shared with Resident #4, to determine if she</p>	F 280		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2017
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F 280	<p>Continued From page 23</p> <p>indeed had been invited and thought the document was something else. The resident showed the surveyor a large stack of meal tickets she had collected during her stay at the facility. The resident then stated she keeps everything and she had never received or seen the document titled care plan invitation. The resident further stated her sister/resident representative had never shared with her she had attended such a meeting either and she felt her that was something her sister would have shared with her.</p> <p>The facility's policy titled "Care Plan Invitation" with an effective date of 11/30/14 read: "the resident and the resident's responsibility party or legal representative must be invited to attend each of the interdisciplinary care planning conferences for the specified resident. The Executive Director and Director of Clinical Services will designate a staff member who will be responsible for completing the care plan invitations, for delivering an invitation to the resident, mailing an invitation to the responsible party or legal representative and for attending the care plan meeting.</p> <p>The facility designee will mail an original care plan conference invitation to the resident's responsible party or legal representative seven days prior to the date of the conference. A copy of the invitation will be attached to the care plan as verification that it was sent.</p> <p>The facility designee will deliver an original care plan conference invitation to the resident five days prior to the date of the conference; unless he/she has been deemed legally incompetent or had documentation by the physician indicating</p>	F 280		

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F 280	Continued From page 24 that he/she is medically incompetent. A copy of the invitation will be attached to the care plan as verification that it was delivered." On 6/8/17 at approximately 1:30 p.m., the above findings were shared with the Executive Director and Director of Clinical Services. No additional information was provided.	F 280		
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 315	No catheter, Prevent UTI, restore bladder	
		F 315	1. Resident # 3 choice is to have Supra pubic catheter unsecured, Resident #3 has Care Plan updated to reflect choice of unsecured catheter. Resident #3 was educated by DCS on the Risk/Benefit of choosing to have catheter unsecured. 2. DCS/designee completed a review of current residents with Supra pubic catheters for being secured. Catheters secured per resident choice and care planned. 3. Licensed nursing staff to be in serviced on proper techniques of the supra pubic Catheter securing. The SDC to educate current license staff on the supra pubic policy and securing the catheters. Unit Managers to complete Quality Monitoring of securement of catheters weekly times 4 weeks then monthly. 4. Quality monitoring to be reported at QAPI Quality Monitoring schedule based on findings. 5. Compliant 7/14/17	

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F 315	<p>Continued From page 25</p> <p>prevent urinary tract infections and to restore continence to the extent possible.</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview staff interviews, clinical record review, and review of the facility's policy the facility staff failed to ensure a resident who requires use of an indwelling catheter receives appropriate care and services to reduce the possibilities of trauma such as dislodgment for 1 of 34 residents (Resident #3), in the survey sample.</p> <p>The facility staff failed to secure the indwelling catheter to prevent undue trauma and the potential for dislodgment</p> <p>The findings included;</p> <p>Resident #3 was originally admitted to the facility 11/5/15 and readmitted 8/19/16 after an acute illness. The current diagnoses include paraplegia secondary to a spinal cord injury and neurogenic bladder.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/22/17 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This</p>	F 315		
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F 315 Continued From page 26
indicated Resident #3's cognitive abilities for daily decision making was intact.

F 315

The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/22/17 revealed the resident was without mood or behavior problems. The resident required supervision after set-up with Locomotion and eating, extensive assistance with bed mobility and dressing, total care of two with transfers, total care of one with personal hygiene, and bathing toileting. In section "H" (Bowel and Bladder) the resident was coded as requiring the use of an indwelling catheter and an an ostomy.

On 6/8/17 at approximately 11:20 a.m., the surveyor accompanied the wound care nurse into Resident #3's room to observe wound care of the right ischium and the left trochanter. As the wound care nurse assisted the resident to get in position to perform the wound care the bottom sheet and incontinence pad were observed to be very wet and a clear fluid was leaking around the suprapubic catheter tubing at the entrance point. As the wound care nurse assisted the resident to turn onto her left side to complete the right ischium wound the tubing to the suprapubic catheter was observed pulling at the entrance point and lodged between the resident's thigh and breast. The wound care nurse stated the resident had an appointment the day before with the urologist and a new catheter was inserted and the resident stated sometimes the catheter leaks. The surveyor asked the wound care nurse if the facility utilized catheter stabilization device to prevent unnecessary tugging and possible catheter dislodgement. The wound care nurse stated they had completely changed the bed

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F 315	Continued From page 27 linens prior to us coming in for the wound care. The wound care nurse stated she would attach the stabilization device if the resident agreed. The resident stated she would like to try the device to see if it would decrease the pulling and leaking episodes. A Physician's orders dated 2/27/17 read; suprapubic catheter 20 french/10 cubic centimeter balloon, urinary diversion and neurogenic bladder related to paraplegia state. Catheter bad, change monthly and as needed. The current care plan with a revision date of 10/6/15 read; the resident has altered bladder elimination related to neurogenic bladder as evidenced by suprapubic catheter. The goals read; the resident will not develop symptoms of a urinary tract infection (UTI). The resident's risk for septicemia will be minimized/prevented via prompt recognition and treatment of symptoms of UTI through the next review. The resident will not experience complications related to catheter use. The interventions read; catheter care as ordered and as needed. Monitor and report to the physician as needed for signs/symptoms of UTI; frequency, urgency, malaise, foul smelling urine, dysuria, fever, nausea and vomiting, flank pain, suprapubic catheter pain, hematuria, cloudy urine, altered mental status, loss of appetite, and behavioral changes. Monitor intake as ordered. Straight catheterize as ordered. Vital signs per protocol as needed. The National Library of Medicine recommends; If	F 315		

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F 315 Continued From page 28

you have an indwelling catheter, you must do these things to help prevent infection; Clean around the catheter opening every day. Clean the catheter with soap and water every day. Clean your rectal area thoroughly after every bowel movement. Keep your drainage bag lower than your bladder. This prevents the urine in the bag from going back into your bladder. Empty the drainage bag at least once every 8 hours, or whenever it is full. Have your indwelling catheter changed at least once a month. Wash your hands before and after you touch your urine.
(<https://medlineplus.gov/ency/article/000483.htm>)

The National Library of Medicine also recommend; Always keep your bag below your waist. Try not to disconnect the catheter more than you need to. Keeping it connected to the bag will make it work better. Check for kinks, and move the tubing around if it is not draining. Attach the catheter to your inner thigh with a special fastening device.
(<https://medlineplus.gov/ency/patientinstructions/000140.htm>)

The facility's policy titled "Catheterization, Male and Female Urinary", dated 11/30/14 on page 3 of 3 read; "Foley catheters will be changed as ordered or needed. Utilize tube holder as needed."

On 6/8/17 at approximately 1:30 p.m., the above findings were shared with the Executive Director and Director of Clinical Services and several corporate staff members. The Director of Nursing stated a stabilizer had been attached.

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F 372 SS=D	<p>483.60(i)(4) DISPOSE GARBAGE & REFUSE PROPERLY</p> <p>(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to ensure that 1 of 3 garbage container doors were closed.</p> <p>The findings included:</p> <p>During a tour of the Kitchen area on 6/6/17 at approximately 12:15 p.m., one of three garbage canisters was observed to be open. The three garbage canisters were located behind locked doors.</p> <p>The Dietary Manager was asked if the door should be open. The Dietary Manager stated, "No, it should be closed."</p> <p>CDC.gov (Center for Disease Control) recommends that garbage containers remain closed to decrease risks for pests and rodents.</p> <p>The facility administration was informed of the findings during a meeting on 6/8/17 at approximately 2:15 p.m. The facility did not present any further information about the findings.</p>	F 372	<p>F372 DISPOSE GARBAGE AND REFUSE PROPERLY</p> <ol style="list-style-type: none"> 1. Garbage container doors were closed and maintained closed. 6/6/17. 2. Reviewed garbage container and all doors were properly closed. 6/6/17 3. ED/designee re-educated dietary staff regarding regulations related to garbage container doors; they are to be in the closed position. Dietary Manager and/or designee to Quality monitor garbage container doors to be closed, daily. ED and/or designee to Quality monitor doors are closed on garbage containers weekly times 4 weeks, then monthly. Compliant 7/14/17 4) Findings of Quality Monitoring reported in QAPI. Quality monitoring schedule modified based on findings 5. Compliant 7/14/17 		
F 431 SS=D	<p>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit</p>	F 431			

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F 431	Continued From page 30 unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked,	F 431	F431 Drug Label/ Store drugs 1 Residents #9 and #21 had undated/outdated insulin vials discarded and new insulin vials opened and dated. 2 DCS/designees completed a review of facilities medication carts for out dated and undated open insulin vials. Vials discarded as indicated and new insulin vials obtained as indicated. 3 SDC re-educated current licensed nursing staff on storage of biologicals with emphasis on storage of insulin and dating opened vials. DCS/designee to quality monitor medication carts for opened undated insulin weekly times 4 weeks then monthly. 4 Quality Monitoring to be reported at QAPI. 5 Compliant 7/14/17	

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F 431 Continued From page 31

permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interviews and review of the facility's policy the staff failed to discard expired biological stored inside the medication cart and failed to label when a multidose vial of insulin was opened on 1 out of 4 units (Unit 2-A) for 2 out of 32 residents (Resident #9 and #21) in the survey sample.

The findings included:

1. Resident #9 was originally admitted to the facility on 03/13/16 with diagnosis that included but not limited to Type II Diabetes Mellitus (1).

Resident #9's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/16/17 coded Resident #9's Brief Interview for Mental Status (BIMS) score an 11 out of a possible 15 indicating moderate cognitive impairment.

On 06/06/17 at 4:50 p.m., during inspection of the medication cart, on Unit 2-A; located inside the medication cart was a Lantus FlexPen (1) with an open date of 05/05/17. LPN #5 stated, "The Lantus Pen should have been taken off the cart, it had expired, it's only good for 28 days after being opened."

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(1) Diabetes is a complex disorder of carbohydrates, fat, and protein metabolism that is primary a result of a deficiency or complete lack of insulin secretions by the beta cells of the pancreas or resistance to insulin.

2. Resident #21 was originally admitted to the facility on 10/3/16 with a diagnosis that included but not limited to Type II Diabetes Mellitus (1).

Resident #21 Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/1/17 coded Resident #21's Brief Interview for Mental Status (BIMS) score a 13 out of a possible 15 indicating no cognitive impairment.

On 06/06/17 at 5:00 p.m., during inspection of the medication room, on the Unit 2 A; one unlabeled vial of multidose Lantus insulin (2) was identified in the medication refrigerator. The unit manager stated, "The insulin should have been dated when open, I will toss it out and re-order another vial."

On 06/07/17 at approximately 11:40 a.m., an interview was conducted with the Director of Nursing (DON) who stated, "We have been checking the refrigerators daily for the past 3 months preparing for this survey; I don't understand how the expired Lantus and the open vial of insulin undated was missed."

The facility's policy titled: "Injectable Medications" (name of pharmacy) with a revised date of 03/31/17.

"1. Insulin Vials: Based on American Diabetes Association guidelines; all vials should date when open or if refrigeration of unopened vials is not

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F 431 Continued From page 33
possible, and should be discarded in accordance with the manufactures' recommendations."

(1) Diabetes is a complex disorder of carbohydrates, fat, and protein metabolism that is primary a result of a deficiency or complete lack of insulin secretions by the beta cells of the pancreas or resistance to insulin.

(2) Lantus (insulin glargine) is a man-made form of a hormone that is produced in the body. Insulin is a hormone that works by lowering levels of glucose (sugar) in the blood. Insulin glargine is long-acting insulin that starts to work several hours after injection and keeps working evenly for 24 hours. Storing opened (in use) Lantus: Store the injection pen at room temperature (do not refrigerate) and use within 28 days (www.drugs.com/lantus.html).

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