

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

PRINTED: 05/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE HALL DILLWYN			STREET ADDRESS, CITY, STATE, ZIP CODE 119 BRICKYARD DRIVE DILLWYN, VA 23936		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 05/09/18 through 05/11/18. The facility was in compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 5/9/18 through 5/11/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000			
F 658 SS=D	The census in this 60 certified bed facility was 59 at the time of the survey. The survey sample consisted of 20 current resident reviews (Residents #50, #42, #59, #34, #15, #55, #12, #21, #27, #16, #20, #24, #3, #36, #14, #26, #8, #23, #7, and #31) and 1 closed record review (Resident # 28). Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that facility staff failed to follow professional standards of practice for one of 21 residents in the survey sample, Resident #36.	F 658	F658 Corrective Action(s): Resident #36's attending physician has notified that the facility staff failed to clarify the physician ordered prn pain medication administration parameters. Resident #36's attending physician has reviewed her physician ordered PRN pain medications and defined the pain parameters for administration. A Facility Incident & Accident Form was completed for these incidents.	VDH/HOLC MAY 29 2018	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela M. Moore, NHA TITLE: Administrator (X6) DATE: 5/15/18

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 658	<p>Continued From page 1</p> <p>For Resident #36, facility staff failed to clarify two PRN (as needed) pain medication orders.</p> <p>The findings include:</p> <p>Resident #36 was admitted to the facility on 6/29/17 and readmitted to the facility on 10/31/17 with diagnoses that included but were not limited to high blood pressure, diabetes, anxiety disorder, depression, and psychotic disorder. Resident #36's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 4/5/18. Resident #36 was coded as being intact in cognitive function scoring 15 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #36 was coded as requiring extensive assistance from one staff member with most ADLS (activities of daily living).</p> <p>On 5/10/18 at 8:40 a.m., medication administration was conducted with LPN (licensed practical nurse) # 3. At 8:49 a.m., LPN #3 stopped by Resident #36's room. LPN #3 asked Resident #36 if she needed a pain pill. Resident #36 stated, "Yes." LPN #3 then asked, "Which one, you get Norco (1) or Tylenol (2)." Resident #36 then stated, "Whatever will help my ankle." LPN #3 then replied, "Why don't we try Tylenol first." LPN #3 then popped out two Tylenol 325 mg (milligrams) to equal 650 mg into a medication cup. LPN #3 then asked Resident #36's pain level. Resident #36 stated that her pain was at a level of 5 on a scale from 1-10 (10 being the worst possible pain). LPN #3 then administered the Tylenol to Resident #36.</p> <p>Review of Resident #36's recent POS (physician order sheet) signed by the physician on 4/24/18,</p>	F 658	<p>Identification of Deficient Practices/Corrective Action(s): All other residents receiving multiple PRN pain medications may have been potentially affected. The DON, ADON and/or Unit Manager will conduct medication pass observations on all resident's receiving physician ordered PRN and routine pain medications to identify any residents at risk. All residents identified at risk will have their Pain medication orders clarified at time of discovery. An Incident & Accident form will be completed for each negative finding.</p> <p>Systemic Change(s): The facility policy and procedure has been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24 Hours Report, documentation in the medical record and physician orders remains the source document for the development and monitoring of the plan of care which includes, obtaining, transcribing and administering physician ordered medications and treatments per physician order. Licensed staff will be inserviced by the DON and/or regional nurse consultant on the policy & procedure for pain medication administration to include assessing pain parameters prior to administration.</p>	

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F 658	<p>Continued From page 2</p> <p>revealed the following orders:</p> <ul style="list-style-type: none"> - "Norco 5-325 mg (milligrams) Give 1 tablet PO (by mouth) PRN (as needed) Q (every) 8 H (hours) for pain. - Acetaminophen (Tylenol) 325 mg tablet Give 2 tablets (650 mg) PO Q6 H PRN for pain or elevated temp (temperature)." <p>There were no pain parameters on the above orders on when to give each pain medication.</p> <p>Resident #26's pain care plan dated 1/4/18 did not address the above concerns.</p> <p>On 5/11/18 at 10:50 a.m., an interview was conducted with LPN #1. LPN #1 was asked about the process followed if a resident has two orders for pain medication (Norco or Tylenol), with no specified parameters for when each medication should be given, how does nursing determine which medication to give. LPN #1 stated that she would first assess the pain and if the resident's pain was a 5 or less, she would administer the Tylenol. LPN #1 stated if the resident's pain was greater than a 5, she would administer the stronger pain medication. LPN #1 stated, "(Name of Medical Director) allows us to use our discretion." When asked if nurses were legally able to decide which pain medication to give based on their own discretion, LPN #1 stated that they were. When asked if all nurses administered Tylenol for pain of a 5 or less and stronger pain medication for pain greater than a 5, LPN #1 stated, "All nurses do the same thing."</p> <p>On 5/11/18 at 2:46 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). ASM #2 stated that nurses were able to decide</p>	F 658	<p>Monitoring:</p> <p>The DON is responsible for maintaining compliance. The DON and/or ADON will perform 2 medication pass observations weekly to maintain compliance. Any/all negative findings will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p> <p>Completion Date: June 15, 2018</p>		

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F 658	Continued From page 3 which pain medication to give at their own discretion. ASM #2 stated that nurses would start using the least strong of the pain medication (Tylenol) and if the medication was not effective after the hour, the nurse would administer the stronger pain medication. ASM #2 stated that the pain orders did not have to be clarified. ASM #2 stated that the Norco should be given for a pain scale of 6-10. ASM #2 stated that the Tylenol would probably be ineffective for pain above a 5. ASM #2 stated that the facility used Lippincott as a professional reference. ASM #2 was made aware of the above concerns at this time. On 5/11/18, LPN #3 could not be reached for an interview. On 5/11/18 at 3:00 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. (1) Norco- narcotic pain reliever used to treat moderate to severe pain. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0010590/?report=details . (2) Tylenol Tablet 325 mg (Acetaminophen)- Treats minor aches and pains and also reduces fever. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0008785/?report=details .	F 658		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management.	F 697	F697 Corrective Action(s): Resident #36's attending physicians was notified that the facility failed to attempt	

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F 697	<p>Continued From page 4</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and clinical record review, it was determined that facility staff failed to ensure a comprehensive pain management program for one of 21 residents in the survey sample, Resident #36.</p> <p>The facility staff failed to attempt non-pharmacological interventions prior to the administration of Tylenol to Resident #36 on 5/10/18.</p> <p>The findings include:</p> <p>Resident #36 was admitted to the facility on 6/29/17 and readmitted to the facility on 10/31/17 with diagnoses that included but were not limited to high blood pressure, diabetes, anxiety disorder, depression, and psychotic disorder. Resident #36's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 4/5/18. Resident #36 was coded as being intact in cognitive function scoring 15 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #36 was coded as requiring extensive assistance from one staff member with most ADLS (activities of daily living).</p> <p>On 5/10/18 at 8:40 a.m., medication administration was conducted with LPN (licensed practical nurse) # 3. At 8:49 a.m., LPN #3</p>	F 697	<p>non-pharmacological interventions prior to the administration of PRN Tylenol for pain. A facility Incident and Accident form was completed for this incident.</p> <p>Identification of Deficient Practices/Corrective Action(s): All other residents receiving pain medications may have been potentially affected. The DON, ADON, and/or Unit Manager will conduct a 100% audit of all resident's receiving PRN pain medications to identify resident at risk for not having non-pharmacological interventions attempted prior to administration of PRN pain medication. Residents identified at risk will be corrected at time of discovery and their comprehensive plans of care updated to reflect their resident specific needs. The attending physicians will be notified of each negative finding and a facility Incident & Accident Form will be completed for each negative finding.</p> <p>Systemic Change(s): The facility policy and procedures have been reviewed and no revisions are warranted at this time. The nursing assessment process as evidenced by the 24-Hour Report and documentation in the medical record /physician orders remains the source document for the development and monitoring of the provision of care, which includes, obtaining, transcribing and completing physician medication orders & treatment orders. This includes assessing the location of a resident's pain and attempting non-pharmacological interventions prior to (PRN) pain medication administration. The DON and/or Regional nurse consultant will</p>		

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F 697	<p>Continued From page 5</p> <p>stopped by Resident #36's room. LPN #3 asked Resident #36 if she needed a pain pill. Resident #36 stated, "Yes." LPN #3 then asked, "Which one, you get Norco (1) or Tylenol (2)." Resident #36 then stated, "Whatever will help my ankle." LPN #3 then replied, "Why don't we try Tylenol first." LPN #3 then popped out two Tylenol 325 mg (milligrams) to equal 650 mg into a medication cup. LPN #3 then asked Resident #36's pain level. Resident #36 stated that her pain was at a level of 5 on a scale from 1-10 (10 being the worst possible pain). LPN #3 then administered the Tylenol to Resident #36. LPN #3 did not offer or attempt non-pharmacological interventions to Resident #36.</p> <p>Resident #36's May 2018 MAR (Medication Administration Record) documented the following: "Tylenol 325 MG (milligrams) Give 2 tablets (650 mg) PO (by mouth) Q 6 hours PRN (as needed) for pain or elevated temperature." A check mark was documented for 5/10/18 at 9:02 a.m. There was no evidence that non-pharmacological interventions were offered or attempted prior to the administration of the Tylenol.</p> <p>Review of Resident #36's May 2018 nursing notes revealed no evidence that non-pharmacological interventions were offered or attempted prior to the administration of the Tylenol.</p> <p>Resident #26's pain care plan dated 1/4/18 did not address the above concerns.</p> <p>On 5/11/18 at 10:50 a.m., an interview was conducted with LPN (licensed practical nurse) #1. When asked about the process prior to administering prn pain medication, LPN #1 stated</p>	F 697	<p>inservice all licensed nursing staff on the procedure for obtaining, transcribing, and completing physician medication and treatment orders. As well as performing nonpharmacological interventions prior to administration of PRN pain medication.</p> <p>Monitoring: The DON will be responsible for maintaining compliance. The DON, ADON and/or Unit Manager will perform weekly chart audits coinciding with the care plan calendar to monitor for compliance. Any/all negative findings and or errors will be corrected at time of discovery and disciplinary action will be taken as needed. Aggregate findings of these audits will be reported to the Quality Assurance Committee quarterly for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: June 15, 2018</p>		

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F 697	<p>Continued From page 6</p> <p>that she would first conduct a pain assessment and document the assessment on the MAR (medication administration record). LPN #1 stated that she would attempt non-pharmacological pain relief interventions prior to the administration of pain medications. When asked if non-pharmacological pain interventions were attempted every time, LPN #1 stated, "Not always." LPN #1 stated that staff should always attempt non-pharmacological interventions prior to administering prn pain medications. LPN #1 stated that non-pharmacological interventions attempted or offered should be documented on the MAR or in a nurse's note.</p> <p>On 5/11/18 at 2:46 p.m., an interview was conducted with ASM (administrative staff member) #2, the DON (Director of Nursing). ASM #2 stated that staff should always offer or attempt non-pharmacological pain relief interventions prior to the administration of prn pain medications. ASM #2 stated that non-pharmacological interventions attempted or offered should be documented on the MAR or in a nurse's note. ASM #2 was made aware of the above concerns at this time.</p> <p>On 5/11/18, LPN #3 could not be reached for an interview.</p> <p>On 5/11/18 at 3:00 p.m., ASM #1, the administrator was made aware of the above concerns.</p> <p>The facility policy titled, "Administering Pain Medications", documents in part, the following: "Steps in procedure: 1. Provide patient privacy.</p>	F 697			

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F 697	Continued From page 7 2. Explain purpose of pain assessment to the resident. 3. Conduct a pain assessment as indicated. 4. Conduct an abbreviated pain assessment if there has been a change of condition since the previous assessment. The assessment shall consist of at least the following components: a. Whether pain as improved or worsened since last assessment; b. The general condition of the resident; c. Verbal and non-verbal signs of pain; d. Level of consciousness; and e. Evidence or reports of adverse consequences related to medications. 5. Evaluate and document the effectiveness of non-pharmacologic interventions 6. Administer pain medications as ordered..." No further information was presented prior to exit. (1) Norco- narcotic pain reliever used to treat moderate to severe pain. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010590/?report=details . (2) Tylenol Tablet 325 mg (Acetaminophen)- Treats minor aches and pains and also reduces fever. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0008785/?report=details .	F 697			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant	F 760	F760 Corrective Action(s): Resident #16's attending physician has been notified that the facility failed to		

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F 760	<p>Continued From page 8 medication errors. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure one of 21 residents in the survey sample, Resident #16, was free from significant medication errors.</p> <p>The facility staff failed to ensure Resident #16 was free from a significant medication error and crushed her Potassium Chloride (1) extended release tablet in applesauce.</p> <p>The findings include:</p> <p>Resident #16 was admitted to the facility on 8/19/2010 and readmitted on 2/15/12 with diagnoses that included but were not limited to Alzheimer's disease, high blood pressure, and hypokalemia (low potassium) (2). Resident #16's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 3/8/18. Resident #16 was coded as being severely impaired in cognitive function scoring 00 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #16 was coded as being totally dependent on one staff member with all ADLS (activities of daily living).</p> <p>On 5/9/18 at 3:20 p.m., medication administration observation was conducted with LPN (licensed practical nurse) #2. At 3:30 p.m., LPN #2 showed this writer the label of the following medication for Resident #16: Potassium CL (chloride) 20 MEQ (milliequivalents) Tab (tablet) ER (extended</p>	F 760	<p>administer Potassium Chloride extended release tablet correctly. LPN #2 involved in administrating the Potassium Chloride Extended release tablet incorrectly has received one-on-one in-service training from the DON on the administration of physician ordered medications as well as what medication is and is not crushable. A facility Medication error form was completed for each incident.</p> <p>Identification of Deficient Practice(s) and Corrective Action(s): All other residents receiving may have potentially been affected. A 100% medication pass audit will be conducted with all licensed nurses to identify residents at risk. All residents identified at risk will be corrected at time of discovery and appropriate disciplinary action and inservice training will be administered as warranted. An Incident and Accident form will be completed for each negative finding.</p> <p>Systemic Change(s): The facility policy and procedure has been reviewed and no changes are warranted at this time. All Licensed Nursing staff will be inserviced on the facility policy and procedure by the DON regarding the administration of medications per physician orders to include the proper protocol when medications are allowed to be crushed prior to administration.</p> <p>Monitoring: The Director of Nursing is responsible for maintaining compliance. The DON and/or designee will perform 2 random weekly Medication Pass audits to monitor for</p>		

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F 760	<p>Continued From page 9 release): 1 tablet by mouth twice daily (may dissolve TAB in liquid or drink)."</p> <p>LPN #2 was observed popping one potassium tablet from the medication card into the medication cup. LPN #2 then placed the tablet inside a plastic pouch and crushed the medication. LPN #2 transferred the crushed tablet back into the medication cup and mixed the medication with applesauce. LPN #2 then administered the medication to Resident #16.</p> <p>Review of Resident #16's April 2018 POS (physician order summary) revealed the following order: "Klor-Con M20 Tab 20 meq Give 1 tab PO BID (May dissolve tab in liquid and drink) Generic: Potassium Chloride."</p> <p>Review of the facilities "Do Not Crush List," documented the following medication that should not be crushed: "Klor-Con Tablet, generic name: Potassium Chloride, Reason: Extended release."</p> <p>Review of Resident #16's laboratory tests revealed that the latest BMP (basic metabolic panel) was conducted on 12/4/17. Resident #16's potassium level was 4.6 (within normal limits).</p> <p>On 5/10/18 at 3:02 p.m., an interview was conducted with OSM (other staff member) #1, the pharmacist. OSM #1 stated that Potassium Chloride cannot be crushed. OSM #1 stated that Potassium Chloride was a sustained released drug and that crushing the medication could result in the patient getting the full dose at once.</p> <p>On 5/10/18 at 3:48 p.m., an interview was conducted with LPN #2. When asked if a</p>	F 760	<p>compliance. Any negative findings will be addressed at the time of discovery and appropriate disciplinary action taken. Detailed findings of these results will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: June 15, 2018</p>		

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F 760	<p>Continued From page 10</p> <p>potassium tablet could be crushed, LPN #2 stated that some potassium could be crushed. LPN #2 stated that some potassium capsules were able to be opened and the sprinkles could be administered in applesauce. LPN #2 also stated that the white potassium tablets could be crushed. When asked if she had a list of non-crushable medications on her medication cart, LPN #2 stated, "I think it is in the paper MAR (medication administration record). We know where to reference it." When asked if Resident #16's potassium tablet should have been crushed, LPN #2 stated she thought it was ok, but would have to double check. On 5/10/18 at 3:57 p.m., LPN #2 stated that Resident #16's tablet should have been dissolved in a liquid, not crushed. When asked the consequences of crushing potassium chloride that is extended release, LPN #2 stated the resident could have received too much of the medication at once, which could lead to heart problems.</p> <p>On 5/11/18 at 3:00 p.m., ASM (administrative staff member) #1, the administrator, was made aware of the above findings. A copy of the facility's drug guide for potassium chloride was requested.</p> <p>Review of the facility's drug guide documented the following for Potassium Chloride: "Administration: Do not crush controlled- release or extended-release forms."</p> <p>No further information was presented prior to exit.</p> <p>(1) Potassium Chloride maintains intracellular tonicity, is required for nerve conduction, cardiac, skeletal and smooth muscle contraction, production of energy, the synthesis of nucleic</p>	F 760		

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F 760	<p>Continued From page 11</p> <p>acids, maintenance of blood pressure and normal renal function. This agent has potential antihypertensive effects and when taken as a nutritional supplement may prevent hypokalemia (low potassium). Physicians should consider reminding the patient of the following: To take each dose with meals and with a full glass of water or other liquid. To take each dose without crushing, chewing, or sucking the tablets. If those patients are having difficulty swallowing whole tablets, they may try one of the following alternate methods of administration: a. Break the tablet in half, and take each half separately with a glass of water. b. Prepare an aqueous (water) suspension as follows: 1. Place the whole tablet(s) in approximately 1/2 glass of water (4 fluid ounces). 2. Allow approximately 2 minutes for the tablet(s) to disintegrate. 3. Stir for about half a minute after the tablet(s) has disintegrated. 4. Swirl the suspension and consume the entire contents of the glass immediately by drinking or by the use of a straw. 5. Add another 1 fluid ounce of water, swirl, and consume immediately. 6. Then, add an additional 1 fluid ounce of water, swirl, and consume immediately This information was obtained from The National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=af7ef02a-1a51-4747-b4a0-7e270136f161."</p> <p>(2) Hypokalemia is an abnormally low level of potassium in the blood. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/books/NBK307/.</p>	F 760			

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F 812 SS=D	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that facility staff failed to serve food in a sanitary manner for one of 21 residents in the survey sample, Resident #23.</p> <p>A certified nursing assistant (CNA) was observed serving Resident #23's bread with her bare hands.</p> <p>The findings include:</p> <p>Resident #23 was admitted to the facility on 9/1/11 and readmitted on 2/1/18 with diagnoses that included but were not limited to vascular dementia with behavioral disturbance, chronic</p>	F 812	<p>F812</p> <p>Corrective Action(s): C.N.A. #2 who was observed serving resident #23 their bread with bare hands has been in-serviced on the proper procedure for passing and setting up resident meal trays and the proper use of gloves during the meal pass. A facility Incident & Accident form has been completed for this incident.</p> <p>Identification of Deficient Practices & Corrective Action(s): All other residents may have been potentially affected. The DON or designee will monitor the meal pass process during all meal services for 3 days to identify any negative findings. All negative findings will be corrected at time of discovery. A facility Incident & Accident form will be completed for each negative finding identified. All negative findings will result in appropriate disciplinary action.</p> <p>Systemic Change(s): Current facility policy & procedure has been reviewed and no changes are warranted at this time. The Dietary Manager and/or consulting Registered Dietician will in-service the C.N.A. staff on the proper distribution of food under sanitary conditions, as well as the policy and procedure for proper glove usage and hand washing.</p>		

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F 812	<p>Continued From page 13</p> <p>kidney disease, and type two diabetes. Resident #23's most recent MDS (minimum data set) assessment was thirty day scheduled assessment with an ARD (assessment reference date) of 2/27/18. Resident #23 was coded as being cognitively intact in the ability to make daily decisions scoring 15 out of possible 15 on the BIMS (Brief Interview for Mental Status) exam.</p> <p>On 5/9/18 at 12:00 p.m., observation of the dining experience was conducted. At 12:29 p.m., CNA (certified nursing assistant) #2 was observed taking a piece of bread out of the plastic bag with her bare hands and placing it on Resident #23's tray. On 5/9/18 at 12:50 p.m., the bread was observed to be eaten by Resident #23.</p> <p>On 5/11/18 at 12:17 p.m., an interview was conducted with CNA (certified nursing assistant) #2. When asked how staff should maintain infection control while serving residents their meals, CNA #2 stated that hands should not touch the food, and that they should be sanitizing their hands prior to serving the food. When asked how staff should serve bread out of the plastic bag, CNA #2 stated that she should have held the end of the package and let the resident take it out, or have the bread slide onto the plate. CNA #2 confirmed that she had touched the bread with her bare hands. CNA #2 stated, "I did do it, yes I did. I will do better next time." When asked why bare hands should not be touching food, CNA #2 stated that it was unsanitary.</p> <p>On 5/11/18 at 3:00 p.m., ASM (administrative staff member) #3, the administrator, was made aware of the above concerns.</p> <p>Facility policy titled, "Preventing Foodborne</p>	F 812	<p>Monitoring:</p> <p>The DON is responsible for maintaining compliance. The Administrator and/or DON will complete 3 meal pass audits weekly to monitor and maintaining compliance. The results of these audits will be reported to the Quality Assurance Committee for review, analysis, & recommendations for change in facility policy, procedure, and/or practice. Completion Date: June 15, 2018</p>		

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F 812	Continued From page 14 Illness- Employee hygiene and Sanitary Practices," documents in part, the following: "Contact between food and bare (ungloved) hands is prohibited."	F 812			
F 880 SS=D	No further information was presented prior to exit. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other	F 880	F880 Corrective Action(s): LPN #1 involved in the Medication Observation Pass for Resident's #26 has received one-on-one inservice training on proper infection control practices to be followed during the medication pass. A Facility Incident & Accident form was completed for this incident. Identification of Deficient Practice(s) & Corrective Action(s): All other residents may have potentially been affected. The DON and/or Unit Manager will conduct a 100% medication pass audit on all licensed nursing staff to observe proper infection control practices and proper hand washing during the medication administration procedures. Any negative findings will be addressed immediately, and disciplinary action taken as needed. A facility Incident and Accident form will be completed for each negative finding. Systemic Change(s): The facility policy and procedures have been reviewed and no changes are warranted at this time. All licensed staff will be inserviced on the facility policy and procedure for proper infection control practices during medication and treatment procedures by the DON and/or Regional Nurse Consultant.		

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F 880	Continued From page 15 persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, was determined that facility staff failed to maintain	F 880	Monitoring: The DON is responsible for maintaining compliance. The DON, Unit Manager and/or designee will perform 2 random weekly Medication Pass audits to monitor nursing staff for compliance. Findings of the audits will be reported to the QA Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice. Completion Date: June 15, 2018		

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F 880	<p>Continued From page 16</p> <p>infection control practices during medication administration for one of seven residents in the medication administration observation, Resident #26.</p> <p>The facility staff failed to maintain infection control practices while administering Resident #26's medications.</p> <p>The findings include:</p> <p>Resident #26 was admitted to the facility on 8/3/17 with diagnoses that included but were not limited to COPD (chronic obstructive pulmonary disease), and high blood pressure. Resident #26's most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 3/29/18. Resident #26 was coded as being severely impaired in cognitive function scoring 06 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #26 was coded as requiring supervision only with most ADLS (activities of daily living).</p> <p>On 5/9/18 at 9:25 a.m., medication administration was conducted with LPN (licensed practical nurse) #1. On 9:25 a.m., LPN #1 was observed preparing the following medications:</p> <ol style="list-style-type: none"> 1. Potassium Citrate 10 MEQ (milliequivalents) 2. Spiriva 18 mcg (microgram) handihaler 3. Advair 500/50 mcg Diskus 4. Aspirin 81 mg (milligram) chewable tablet 5. Norvasc 2.5 mg 6. Ompersazole 20 mg <p>While LPN #1 was administering Resident #26's pills, Resident #26 accidentally dropped her</p>	F 880		

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F 880	<p>Continued From page 17</p> <p>Norvasc. LPN #1 then threw the Norvasc away. LPN #1 then administered Resident #26's Spiriva. After the Spiriva was administered, LPN #1 placed the Spiriva along with the Advair inhaler in her scrub pocket. LPN #1 stated that she was going to wait a few minutes before giving the Advair. LPN #1 also stated that she was going to get a new Norvasc pill for Resident #26. LPN #1 then walked to the medication cart, took the inhalers out of her pocket, and placed them on top of the medication cart. LPN #1 prepared the new Norvasc and then carried the inhalers with her hands into the resident's room. LPN #1 administered the Norvasc and then the Advair. LPN #1 then placed the inhalers on top of the sink while she washed her hands. At 9:37 a.m., LPN #1 stated that the Advair Diskus was empty and that she was going to dispose of it.</p> <p>On 5/9/18 at 3:17 p.m., an interview was conducted with LPN #1. When asked how to maintain infection control during medication pass, LPN #1 stated that nurses should be wearing gloves while administering anything invasive and washing hands between each patient. When asked if it was okay to place inhalers inside her scrub pocket, LPN #1 stated, "No, I should have laid them on the table. I should not have done that. You don't know what was in my pocket." When asked what was in her pocket along with the inhalers, LPN #1 stated that she had an ink pen in her pocket when she placed the inhalers in her pocket.</p> <p>On 5/11/18 at 3:00 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns.</p> <p>The facility policy titled, "Administering</p>	F 880		

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F 880	<p>Continued From page 18</p> <p>Medications," documents in part the following: "Staff shall follow established facility infection control procedures for the administration of medications, as applicable."</p> <p>No further information was provided prior to exit.</p> <p>1. Potassium Citrate is used to treat and prevent kidney stones by lowering the amount of acid in the urine. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011793/?report=details.</p> <p>2. Spiriva handihaler is a brochodilator used to treat COPD and asthma. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012437/?report=details.</p> <p>3. Advair diskus is an anti-inflammatory and bronchodilator combined used to treat treat COPD and asthma. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010369/?report=details.</p> <p>4. Aspirin is used to decrease mild to moderate pain associated with inflammatory disorders." This information was obtained from Davis's Drug Guide, 11th edition, p. 1087.</p> <p>5. Norvasc is used to decrease blood pressure. This information was obtained from Davis's Drug Guide, 11th edition, p. 151.</p> <p>6. Omperezole is used to treat certain conditions where there is too much acid in the stomach. This information was obtained from The National</p>	F 880			

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F 880	Continued From page 19 Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011495/?report=details .	F 880			

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