

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

PRINTED: 07/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER LAKEWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 LAUDERDALE DRIVE RICHMOND, VA 23238		
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F 325	<p>Continued From page 15</p> <p>comprehensive assessment, the facility must ensure that a resident-</p> <p>(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation and clinical record review, the facility staff failed for one of 19 residents, Resident #2, to ensure physician ordered thickened liquids were provided during the medication pass.</p> <p>Resident #2 was given thin liquids and uncrushed medications during the medication pass, causing choking and coughing.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 5/4/17. Diagnoses included: Dementia, atrial fibrillation, high blood pressure, dysphagia (difficulty swallowing) and depression.</p> <p>Resident #2's most recent MDS (minimum data set) with an ARD (assessment reference date) of 5/11/17 was coded as a significant change in status assessment. Resident #2 was coded as having a BIMS (brief interview of mental status) of "7" out of a possible 15, or moderate cognitive</p>	F 325	<p>F325: Maintain nutrition status unless unavoidable:</p> <p>All residents who received thickened liquids have the potential to receive the wrong liquid.</p> <ol style="list-style-type: none"> 1. For resident #2, the nurse who made the error in utilizing the incorrect liquid consistency was counseled regarding the error. The resident did not have any adverse effects related to the error. 2. 100% audit of the MARs of all residents who are ordered thickened liquids will be completed to ensure that the correct consistency is listed in the chart tag portion of the medical record. 3. Licensed staff will be educated on Lakewood policy on medication administration and thickened liquids. 		

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F 325	<p>Continued From page 16</p> <p>impairment. Resident #2 was also coded as requiring extensive to total assistance of one staff member to perform activities of daily living such as eating and toileting. The resident also was coded as having a stage 3 pressure wound.</p> <p>On 6/27/17 at 4:45 PM, a medication pass was observed. LPN (licensed practical nurse) C poured Resident #2's medications to include four medications which consisted of two Tylenols, Senna and a blood pressure medication. She poured water from the water pitcher on the medication cart (thin liquids). LPN (C) gave the pills whole to the resident with sips of thin liquids. The resident swallowed the fist two pills with some difficulty, but held the remaining pills in her mouth. LPN (C) encouraged the resident to swallow. She then attempted to give the resident more water, which spilled from her mouth. Resident #2 eventually swallowed the pills with applesauce; the resident was coughing, gurgling, and expectorating thin mucus. LPN (C) stayed with the resident until she had recovered.</p> <p>On 6/28/17, a clinical record review was conducted. Review of the MAR (medication administration record) revealed a physician's order dated 6/6/17 for honey thick liquids.</p> <p>Review of the care plan dated 5/4/17 revealed, "Medications crushed due to difficulty swallowing whole." It also included honey thick liquids. The care plan included the intervention to "Observe for indications of aspiration-coughing-gagging and gurgling in throat. Assess lungs and temperature after meals if swallow concerns are suspected." Review of the nurses noted did not contain any mention of the difficulty with swallowing on 6/27/17.</p>	F 325	<p>4. DON/Pharmacy/designee will complete a medication pass and pour on one nurse per shift per week for one month. Random medication pass and pour observations will be conducted thereafter. Results of audits and medication pass and pour observations will be reviewed and reported at the next QAPI meeting for recommendations. Variances will be investigated and staff will be re-educated and/or counseled as indicated.</p> <p>This plan will be effective 8/11/17 and measures will be maintained to ensure ongoing compliance.</p>		

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F 325	<p>Continued From page 17</p> <p>On 6/28/17 at 8:15 AM, the medication nurse showed the writer on the screen of the MAR for Resident #2 for "honey thickened liquids and to crush pills."</p> <p>On 6/28/17 at 9:10 AM, LPN (D) stated, "I gave (Resident #2) medications crushed in applesauce with honey thickened cranberry juice." Thickened liquids were present on the medication cart.</p> <p>On 6/28/17 at 9:15 AM, the ST (speech therapist) was interviewed. She stated, "She has had swallowing problems for awhile." She went on to state that the resident came back from the hospital (5/4/17) with nectar thick liquids. She further stated that the resident was downgraded to honey thick liquids due to coughing with nectar thick liquids. The ST was asked if the resident could swallow pills and she stated, "No, they have been crushing her medications" The ST was asked if the resident received uncrushed medications what the result would be. She stated, "She would probably cough and be at risk of aspiration", and if given thin liquids would "definitely cough and have risk of aspiration pneumonia."</p> <p>On 6/28/17 at 9:30 AM, the resident was observed in the room. There was no water pitcher in the room. There was no coughing or gurgling.</p> <p>On 6/28/17 at 12:15 PM, Resident #2 was observed in the dining room. She was given a cup pf thickened cranberry juice.</p> <p>On 6/28/17 at 2:00 PM, Resident #2's oxygen saturation was checked by LPN (D). It was 99%</p>	F 325		

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F 325	Continued From page 18 on room air (normal above 95 %). Review of 2/27/17's modified barium swallow (done in the hospital) revealed, "one half inch barium tablet was presented initially with nectar thick liquids by cup. Tablet remained on anterior lingual surface despite two presentations of nectar thick liquids and two presentations of puree. Patient expectorated whole tablet from anterior lingual surface on command."	F 325		
F 328 SS=D	483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and	F 328		

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F 328	Continued From page 19 the resident's goals and preferences. (g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to ... prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. (j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review the facility staff failed for 1 resident (Resident #11) of 19 residents in the survey sample to ensure continuous oxygen was	F 328	F328: Treatment/Care for special needs: All residents on oxygen have the potential to be effected. 1. Resident #11 had her oxygen saturation level checked and results were within normal limits. The resident did not sustain any adverse effects related to not having her oxygen on at that time. An order was obtained to discontinue the oxygen as the resident no longer required it for use. 2. 100% audit of oxygen orders will be completed to verify accuracy of the orders, that appropriate supplies are in place for use and that the care plan is updated to reflect the resident's preferences with use of the oxygen and/or if the resident takes off the oxygen contrary to how administration is ordered. 3. Licensed staff will be educated on Lakewood policy on regarding residents use of oxygen and to be sure it is being used as ordered or to assess resident and their needs and consult the physician.	

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F 328	<p>Continued From page 20 available for use.</p> <p>Resident #11 had a physician order for the use of continuous oxygen via nasal cannula. The resident was observed in activities and the dining room without oxygen.</p> <p>The findings included:</p> <p>Resident #11, a 91 year old, was admitted to the facility on 12/13/16. Her diagnoses included Alzheimer's disease, depression, hypertension and reflux.</p> <p>Resident #11's most recent Minimum Data Set (MDS) assessment was a quarterly assessment with an assessment reference date of 6/8/17. She was coded with a Brief Interview of Mental Status score of 7 indicating severe cognitive impairment and required extensive assistance with activities of daily living.</p> <p>Resident #11 was observed on 8/28/17 at 8:40 a.m. seated in her wheel chair outside of her room. The door to her room was closed. Resident #11 wore a nasal cannula with oxygen tubing that stretched from the concentrator in her room and under the closed door.</p> <p>Resident #11 was asked if this surveyor could enter her room. Resident #11 stated yes. The oxygen concentrator was set on 2 liters. There were no portable oxygen tanks located in the room.</p> <p>At 8:50 a.m., Resident #11 was seated in her wheel chair outside of her room. Her nasal cannula had fallen off and was lying on the floor. Certified Nursing Assistant A (CNA A) approached</p>	F 328	<p>4. DON/designee will conduct a 100% audit of oxygen orders weekly for four weeks to ensure the accuracy of orders and resident preferences for use are care planned. Results of all audits will be reviewed and reports at the next schedule QAPI meeting for recommendations. Variances will be investigated and staff will be re-educated and/or counseled as indicated.</p> <p>This plan will be effective 8/11/17 and measures will be maintained to ensure ongoing compliance.</p>	

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F 328	<p>Continued From page 21</p> <p>Resident #11. Resident #11 stated that she was hungry. CNA A stated that Resident #11 had already eaten breakfast, but she would take Resident #11 back to the dining room and get her more to eat. CNA A did not place the nasal cannula back on Resident #11. It is unknown is the nasal cannula was changed after it was on the floor. CNA A wheeled Resident #11 to the dining room and positioned her at a table. Resident #11 was not wearing oxygen while in the dining room.</p> <p>At 10:15 a.m., Licensed Practical Nurse A (LPN A) was observed pushing Resident #11 down the hall. LPN A stated she was taking Resident #11 to an activity. She left Resident #11 by the nursing station and went to the resident's room to get the foot pedals for the wheel chair. After returning, LPN A decided that she wanted to change Resident #11's shirt. At this time, Resident #11 also stated that she needed to use the bathroom. LPN A wheeled Resident #11 back to her room and assisted her with toileting. During this time period, Resident #11 was not wearing oxygen.</p> <p>At 2:45 p.m., Resident #11 was observed in the multipurpose room located on her unit. She was in her wheel chair seated at a table awaiting to play bingo. She was not wearing oxygen at this time.</p> <p>Included in Resident #11's clinical record was a telephone order dated 6/16/17 for 2 liters continuous oxygen per nasal cannula.</p> <p>At the end of day meeting on 6/28/17, the Administrator and Director of Nursing (DON) were notified that Resident #11 had been</p>	F 328		

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F 328	Continued From page 22 observed on three occasions without wearing oxygen. On 6/29/17 at 9:50 a.m., the DON stated that portable oxygen tanks had not been delivered for Resident #11 because the paperwork had not been completed.	F 328		
F 371 SS=F	483.60(l)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (l)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (l) 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. (l)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (l)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility documentation review, the facility staff failed to	F 371	F371: Food procure, store/prepare/serve – sanitary: 1. No adverse effects were observed or reported related to the deficient practice. Cook #A was counseled regarding the deficient practice. The flour, rice, salad dressing and bread crumbs without use by dates were discarded. The carts and appliances that had build up and were dirty were cleaned. 2. Daily checks by the Dining Services Management staff will be conducted for four weeks to observe compliance with policies on hair restraints, labeling and dating and cleaning. 3. Staff members will be educated on the proper use of hair restraints and beard guards.	

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F 371	<p>Continued From page 23</p> <p>store and prepare foods in a sanitary manner.</p> <p>The findings included:</p> <p>During the initial kitchen tour on 6/27/17 at approximately 2:05 p.m. an observation was made of Dietary Cook #A, walking throughout the kitchen without a beard guard. Food items were out on counter tops. A second observation of the same Dietary Cook #A was made on 6/27/17 at approximately 4:00 p.m. walking past an open kettle of soup without a beard guard.</p> <p>During the initial kitchen tour on 6/27/17 at approximately 2:05 p.m., an observation was made of 2 flour plastic bins, 1 rice bin, and 1 panko bread crumbs bin, all without dates of receipt and use by dates. In addition, a squeeze dressing plastic container of Thousand Island had no open or use by dates.</p> <p>During the initial kitchen tour on 6/27/17 at approximately 2:05 p.m. the following soiled areas were observed to be heavily soiled with brown and black substance that looked like a thick coating of grease. Under the Combi Oven Knobs of Deep Fryer</p> <p>During supper observation on 2 Dining Room Kitchen on 6/27/17 at approximately 5:00 p.m. the Heated Cart used to bring food items from the main kitchen to the smaller Second Floor kitchen was observed to have a thick coating of dark brown and black substance at the bottom of the cart under the foods to be served for supper.</p> <p>The Executive Chef was asked on 6/27/17 at approximately 2:10 p.m. about the soiled areas of</p>	F 371	<p>4. Dining Services</p> <p>Management/designee will conduct an audit weekly for four weeks to ensure compliance with hair restraint usage, labeling and dating and completion of cleaning schedules assigned in the production areas. Results of audits and medication pass and pour observations will be reviewed and reported at the next QAPI meeting for recommendations. Variances will be investigated and staff will be re-educated and/or counseled as indicated.</p> <p>This plan will be effective 8/11/17 and measures will be maintained to ensure ongoing compliance.</p>	

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F 371	<p>Continued From page 24</p> <p>the Combi Oven and Deep Fryer knobs. The Executive Chef stated that they needed to be cleaned and he agreed that it was a build up past cleaning dates of the items.</p> <p>On 6/27/17 at approximately 2:15 p.m., the Executive Chef was asked if the Cook should have his beard guard on. The Executive Chef stated, "Yes". On 6/27/17 at approximately 2:16 p.m., the Cook was asked if he should have his beard guard on and he stated, "Yes".</p> <p>On 6/27/17 at approximately 5:05 p.m., the Dining Supervisor was asked his thoughts of the thick brown and black substance at the bottom of the heated cart used to bring freshly prepared food up to the residents. The Dining Supervisor stated, "It needs to be cleaned."</p> <p>On 6/29/17 at approximately 9:45 a.m., the Director of Dining Services brought requested policies related to the kitchen. The surveyor stated that the Kitchen was a very busy area; however, the Kitchen must find time to do the routine cleaning of equipment. The Director of Dining Services stated, "I agree."</p> <p>The Facility Policy revised 2/17, titled, "Food Labeling and Dating" documented the following: "It is Dining Services' policy that all food, whether raw or prepared, be properly covered, labeled and dated."</p> <p>The Facility Policy revised 2/17, titled, "Cleaning - Sanitary Conditions" documented the following: "(Facility name) will provide a clean, organized and sanitized work area and environment for all associates and residents that come in contact with the dining facilities."</p>	F 371		

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F 371	<p>Continued From page 25</p> <p>"There will be ongoing supervision of proper sanitation methods used by employees i.e.: hairnet and glove use in food preparation and service."</p> <p>The Facility Policy revised 2/17, titled, "Employee - Hair and Beard Restraint" documented the following: "Staff involved in food preparation will utilize good hygienic practices and techniques to prevent/reduce the spread of microorganisms. Dining Services staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent their hair from contacting exposed food, clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. Beard guards must be worn if the beard or mustache exceeds a "5 o'clock shadow"."</p> <p>The facility administration was informed of the findings during a briefing on 6/29/17 at approximately 12:15 p.m. The facility did not present any further information about the findings.</p>	F 371		
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