

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

PRINTED: 09/06/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495096 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/28/2018 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WESTMINSTER-CANTERBURY OF RICHMOND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WESTBROOK AVE RICHMOND, VA 23227 | | |
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| E 000 | Initial Comments | E 000 | | | |
| F 000 | <p>An unannounced Emergency Preparedness survey was conducted 6/26/2018 through 6/28/2018. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid standard survey was conducted 6/26/18 through 6/28/18. An extended survey was conducted 6/27/18 through 6/28/18. Significant corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Immediate Jeopardy was identified in the area of Quality of Care at a Scope and Severity Level 4 isolated, and which constituted Substandard Quality of Care. The Life Safety Code survey/report will follow.</p> <p>The census in this 158 certified bed facility was 151 at the time of the survey. The survey sample consisted of 41 current Resident reviews and 3 closed record reviews.</p> | F 000 | | | |
| F 689 SS=J | <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff</p> | F 689 | 1. Address how correction will be | 8/10/18 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/16/2018

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 689 | <p>Continued From page 1</p> <p>interview, facility documentation review, and clinical record review the facility staff failed, for 3 residents (Resident #112, Resident #20, Resident #107) of the survey sample of 44 residents, to provide adequate supervision to prevent accidents, resulting in Immediate Jeopardy. On 6/27/18 at 10:10 A.M., Immediate Jeopardy was called at a level 4 isolated. The Immediate Jeopardy was abated on 6/27/18 at 1:25 P.M. and lowered to a level 2 pattern.</p> <p>1. For Resident #107, the facility staff to provide adequate supervision to prevent a burn injury from hot liquids.</p> <p>2. For Resident #20, the facility staff to provide adequate supervision to prevent a burn injury from hot liquids.</p> <p>3. For Resident #112, the facility staff to provide adequate supervision to prevent burns from hot liquids.</p> <p>The Findings included:</p> <p>On 6/27/17 a review was conducted of facility documentation, revealing three Facility Reported Incidents relating to burn injuries from hot coffee. The residents were identified and put into the survey sample (Resident # 107, Resident #49, and Resident #20) of 44 residents. In addition an observation was made of a resident (resident #112) who was served coffee at a temperature of 161 degrees and a had a visible tremor.</p> <p>1. Resident #107 was a 74 year old who was admitted to the facility on 1/8/14. Resident #107's</p> | F 689 | <p>accomplished for those residents found to have been affected by the deficient practice:</p> <p>a.) Resident #107 had a hot liquids safety assessment completed by a licensed nurse, which stated a hot liquid assessment was performed and resident sometimes consumes hot coffee and soup, but is able to handle the hot liquids without difficulty. 06/24/2017</p> <p>Resident #107s Physician was notified of resident falling asleep at table and spilling coffee on her left inner thigh and lower panniculus. An appropriate treatment was ordered, the Dietitian issued resident #107 a specialized lidded insulated cup, a waterproof lap pad was issued and the care plan was updated for the resident. This resident has experienced no further incident and remains compliant with plan of care. 08/28/2017</p> <p>The facility QAPI committee discussed Resident #107s occurrence and instituted a systematic and systemic response facility wide that all coffee will be served with a lid to decrease the risk and amount of spillage for all residents. 09/27/17</p> <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse on 06/27/2018 and resident was assessed to be able to handle hot liquids with Supervision. 06/27/2018</p> <p>Resident #107 will use a polyurethane backed extra long clothing protector. 7/19/18</p> | | |

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| F 689 | <p>Continued From page 2</p> <p>diagnoses included Gastro-Esophageal Reflux, Reduced Mobility, Alzheimer's Disease, and Age-Related Physical Debility.</p> <p>The Minimum Data Set, which was an Annual Assessment with an assessment reference date of 5/31/18 coded Resident #107 as requiring the Supervision, Cueing, and Physical Assistance of 1 staff person for eating.</p> <p>On 6/26/18 at 11:20 A.M. an interview was conducted with Resident #20. She stated that she didn't remember spilling the coffee on herself, or being burned.</p> <p>A Facility Reported Incident was submitted on 8/28/17. It read: "Incident date 8/28/17. Resident spilled coffee on her left anterior thigh & lower panniculus (abdomen). Large Blister on thigh & small area on L (Left) lower panniculus. First aid for resident & Nurse practitioner notified & coming to see."</p> <p>NOTE: Resident #49 is included to show a pattern of hot liquid spills. Resident #49 was a 76 year old who was admitted to the facility on 2/26/18. Resident #49's diagnoses included Unspecified Psychosis not Due to Known Physical Condition, History of Falling, Cognitive Communication Deficit, and Delirium.</p> <p>The Minimum Data Set, which was a 20 Day Scheduled Assessment with an assessment reference date of 4/13/18, coded Resident #49 as requiring the Supervision, Cueing, and Physical Assistance of 1 staff person for eating.</p> <p>A Facility Reported Incident was submitted on</p> | F 689 | <p>b.) Resident #20 had a hot liquids safety assessment completed by a licensed nurse on 06/21/2018, which stated that Resident has been deemed safe with hot liquids with or without lid. 06/21/2018</p> <p>On 06/22/2018, resident #20s Physician was notified of resident spilling coffee on her right breast and slightly to left cleavage area that morning, and an appropriate treatment was ordered. The Dietitian issued resident a specialized lidded insulated cup and updated the dietary guide sheet in the kitchen to add 2 ice cubes to residents coffee before serving. The care plan was updated. 06/22/2018</p> <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse and resident was assessed to be able to handle hot liquids with Supervision. 06/27/18</p> <p>The facility instituted a systematic and systemic response that 100% of all current residents had a Hot Liquids Safety Assessment completed by a Licensed Nurse and reviewed by the DON and DOR, to determine their ability to handle hot liquids. Any residents with areas of concern identified will be referred to OT for evaluation if deemed warranted by the Physician. 06/27/2018</p> <p>Resident #20 will use a polyurethane backed extra long clothing protector. 7/19/18</p> | |

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| F 689 | <p>Continued From page 3</p> <p>5/5/18. It read: "Incident date 5/5/18. Resident spilled coffee on abdomen and left thigh. At this time there is redness with no blistering. Ice applied."</p> <p>2. Resident #20 was 98 year old who was admitted to the facility on 6/28/15. Resident #20's diagnoses included Alzheimer's Disease, Anxiety Disorder, Heart Disease, Age-related Physical Debility, and History of Falling.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an assessment reference date of 3/28/18 coded Resident #20 as requiring Limited Assistance, Guided maneuvering of limbs of one staff member for eating.</p> <p>On 6/26/18 at 11:00 A.M. an interview was conducted with Resident #20. She stated that she didn't remember spilling the coffee on herself, or being burned.</p> <p>A Facility Reported Incident was submitted on 6/22/18. It read: " Incident date 6/22/18. Resident had spilled coffee onto her clothing protector from lidded cup. Burn area to R (Right) medial Breast measuring 7 CM x 3 CM with open blister in center. Also has area L (Left) medial breast near cleavage measuring 4 CM x 0.2 CM."</p> <p>The following written observation was conducted by Surveyor #3 of Resident #20's burn injury, which was sustained on 6/22/18:</p> <p>"An observation of the resident's burn was made on 6/27/2018 at 11:15 AM by Surveyor 3. The area is located near the sternum, extending onto the right breast. Per LPN#1 (the Unit Manager),</p> | F 689 | <p>c.) Resident #112.</p> <p>Physician was notified and an OT evaluation for handling hot liquids was requested, due to surveyor concern of resident being served coffee at/above 161 degrees Fahrenheit and his potential safety risk for burns with hot liquids due to resident having familial tremors, his ability to remove the safety lid and these factors put resident at risk for burn injury.</p> <p>06/27/2018</p> <p>Physician gave new order for OT to evaluate resident for safe handling of hot liquids. OT evaluation was completed and found that resident was safe to continue managing his standard mug and lid.</p> <p>06/27/2018</p> <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse and resident was assessed to be able to handle hot liquids/soups independently.</p> <p>06/27/18</p> <p>Resident was discharged back to independent living home on 7/22/18.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>a) 100% of all current residents had a Hot Liquids Safety Assessment completed by a Licensed Nurse and reviewed by the DON and DOR, to determine their ability to handle hot liquids. Any residents with areas of concern identified will be referred to OT for evaluation if deemed warranted by the Physician. 06/27/2018</p> | | |

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| F 689 | <p>Continued From page 4</p> <p>the area measures 7 x 3 cm. The area was cleaned of ointment, and is bright red in appearance. The burn has scabbed and broken skin, especially near the bottom right side. The resident did not express pain during the observation." (end of written observation was conducted by Surveyor #3)</p> <p>The following written statement was submitted by Surveyor #2:</p> <p>"3. Resident #112, an 85 year old, was admitted to the facility on 5/18/18. Diagnoses included hypertension, a fib, pacemaker, anxiety, polyosteoarthritis, pain, anemia, and tremor.</p> <p>The most recent Minimum Data Set assessment was a 14 day assessment with an Assessment Reference Date of 5/28/18. Resident #112 had a Brief Interview of Mental Status score of 15 and required extensive assistance with activities of daily living. He was coded to have limited range of motion for both upper extremities.</p> <p>On 6/27/18 at 7:55 a.m., Resident #112 was observed in the 1st floor North dining room. The Dietary Aide (Employee C) preparing breakfast in the unit kitchen took the temperatures of the food, to include the coffee. The coffee was in a carafe which she stated was sent to the unit kitchen from the main kitchen.</p> <p>After opening the lid of the carafe, the Employee C inserted a digital thermometer. The coffee measured 169.3 degrees Fahrenheit (F). At 8:10 a.m., the Employee C poured a cup of coffee out of the carafe which she planned to serve a resident. Steam was observed rising from the</p> | F 689 | <p>b) All new admissions will have a Hot Liquids Safety Assessment completed by a Licensed Nurse and/or Therapist. 06/27/2018</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>A hot liquids policy/ protocol has been developed by the QAPI committee to minimize the risk of injury secondary to hot liquids and to also respect the resident's right of personal choice regarding palatability of hot liquids. Coffee will be sent to the nursing units from the main kitchen via air pots and temperatures will be checked and recorded prior to serving each meal at the unit kitchen areas to ensure hot liquids are served at a safe temperature. Resident preferences will be addressed in the care plan and special interventions to promote safe handling of hot liquids will be communicated to both dietary and nursing staff. 8/10/18</p> <p>All residents will have a Hot Liquid Safety Assessment completed on admission, re-admission, quarterly and when a significant change in resident safety is identified. Findings from the safety assessments will be utilized for establishing a person-centered care plan to minimize injury from hot liquids. These assessments will be scanned in under the Nursing assessment tab in the electronic</p> | | |

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| F 689 | <p>Continued From page 5</p> <p>coffee cup. The Employee C was asked to temp the cup of coffee before serving it to the resident. The temperature measured 161.0 degrees F. Employee C set the temped cup of coffee to the side to be discarded. She immediately prepared a new cup of coffee. She immediately placed a plastic lid on the new cup of coffee and served it to Resident #112. She was asked to identify Resident #112 by name.</p> <p>At 8:43 a.m., Resident #112 was observed in the dining room. He was wearing a white cotton clothing protector. The material resembled that of a wash cloth. The lid had been removed from the coffee cup. Resident #112 had drank half of the coffee. Resident #112 had visible tremors of the hands. The Registered Nurse A was in the dining area at this time. She was asked to verify Resident #112's name.</p> <p>The temperature logs were kept in a log book in the unit kitchen. Every week, they were collected from the book and taken to the main kitchen. The log form was labeled "Temperature Sheet" and included the preprinted section that read "180 Coffee" with a blank line for the staff to record the temperature of the coffee.</p> <p>The temperature logs for the 1 North unit were reviewed. The breakfast coffee temperatures (in degrees Fahrenheit) were recorded as follows: 6/27/18: 169.3 6/17/18: 163 6/16/18: 161 6/15/18: 173 6/14/18: 164 6/13/18: 159 6/12/18: 163 6/11/18: 160</p> | F 689 | <p>health record.</p> <p>A Hot liquids policy approved by the QAPI committee will be instituted and the Facility Educator/ Designee will educate Nursing and Dietary staff on the policy. A Residents Council meeting will be held to discuss the change in coffee temperature and to educate residents on associated risks from hot liquids and about how their individual preferences will be accommodated though personalized care plans. 08/10/2018</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>a) The Dietary Supervisor will review all temperature logs before each meal is served daily x 3 weeks, then weekly/ongoing. Any abnormalities will be reported to the Dietitian or Dietary Manager immediately. 06/27/2018</p> <p>b) The Dietitian/Designee will report any variances or abnormalities with the QAPI committee monthly during the regularly scheduled meetings for further recommendations if needed.</p> <p>c) The Unit Managers/Designees will ensure that 100% of all New admissions/readmissions, quarterly and significant change have had a Hot Liquid safety assessments completed daily x 3 weeks, weekly x 2 weeks, then monthly x 2 months. All audits will be reviewed with the QAPI committee at the next regularly</p> | | |

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| F 689 | <p>Continued From page 6</p> <p>6/10/18: no temperature 6/9/18: no temperature 6/8/18: 159 6/7/18: 163 6/6/18: 168 6/5/18: no temperature</p> <p>On 6/27/18 at 10:00 a.m., a meeting was held with the Director of Nursing (DON), Administrator in Training (AIT), and the Quality Assurance Nurse. At this time, the DON was asked if the facility assessed residents for the safe handling of hot liquids. The DON stated that nursing performed a hot liquid assessment upon admission and at least quarterly. It was reviewed with the DON that the temperature log used by the facility read that the temperature of coffee should be 180 degrees Fahrenheit. The DON stated that 180 degrees F should be the temperature of the coffee in the coffee pot and 175- 180 degrees F out of the coffee pot. She stated that the facility served hot liquids per the resident preference.</p> <p>On 6/28/18 at 10:25 a.m., a meeting was held at the request of the facility. The DON, Chief Executive Officer (CEO) and AIT were present. The DON stated that the facility did not use a formal Hot Liquids Assessment. She stated that it is a standard of nursing to assess feeding and eating skills. She stated that nurses could identify when adaptive equipment may be required. The DON was asked if the nurse would go through therapy to obtain adaptive equipment. She stated that they do not always need to go through therapy. She gave the example that a nurse may provide a weighted spoon if the need was observed by the nurse. She stated that if the spoon needed to be bent to a special angle, then</p> | F 689 | <p>scheduled meetings for any further recommendations as needed. 08/01/2018</p> <p>d) The Facility Educator/ Designee will report on the education provided to Nursing and Dietary staff on the New hot liquids policy and report any feedback or recommendations to the QAPI committee for further recommendations as needed.</p> <p>e) The Facility Educator/Designee will report back any concerns related to the education to Licensed Nursing staff on how to complete the Hot liquids safety assessment to the QAPI committee for further recommendations.</p> <p>f) The Unit Manager/Designee will report any requested OT evaluations to the Physician that are made due to changes in the residents ability to handle hot liquids which are identified as a result of changes In the residents Hot liquid safety assessment forms to the QAPI committee.</p> | | |

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| F 689 | <p>Continued From page 7</p> <p>therapy would be involved. The DON also stated that a physician order was required.</p> <p>On 6/28/18 at 11:15 a.m., Licensed Practical Nurse B (LPN B) was interviewed in the presence of the DON. LPN B was asked if she could provide adaptive equipment such as a weighted spoon for a resident. LPN B stated "no", she would have to get occupational therapy involved. The DON prompted LPN B to discuss the use of cups with lids or handles. LPN B stated she would get special cups from the dietitian or the DON and would involve Occupational Therapy if the equipment was for long term use.</p> <p>During the interview, LPN B was also asked about the schedule for assessing residents for safety with hot liquids. She stated that the Minimum Data Set (MDS) coordinator sent a weekly schedule that included the names of residents that needed to be assessed. LPN B reviewed the current week's assessment schedule. Included on the schedule was the entry "ADLs & safety w/ hot liquids. Care Plan Evals". LPN B stated that the nurses would documented the hot liquid safety review a nursing note.</p> <p>Resident #112's clinical record was reviewed. A hot liquid assessment was not located in the record.</p> <p>On 6/28/18 at 1:00 p.m., the end of day meeting was held with the DON, CEO, Quality Assurance nurse and AIT. At this time, the DON was notified that a hot liquid assessment was not located in the Resident #112's clinical record. It was reviewed with the DON that the survey team understood that the assessment was conducted</p> | F 689 | | | |

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| F 689 | <p>Continued From page 9 reviewed. The "Nutritional Status" section included "Refuses to use lid in cup for hot liquids. Aware of associated risks."</p> <p>The Burn Care Foundation accessed on 6/29/18 at 11:56 p.m. at the website http://www.burncarefoundation.org/safety/hot-water-exposure.html provided the following information on burns: Exposure to 131° F water for 17 seconds would cause a second degree burn and exposure of 30 seconds would cause a third degree burn Exposure to 140° F water for 3 seconds would cause a second degree burn and exposure of 5 seconds would cause a third degree burn</p> <p>The following definition of "scald" was accessed on 6/29/18 at 12:24 p.m. at the Merriam Webster website found at https://www.merriam-webster.com/dictionary/scald: SCALD: "To burn with or as if with hot liquid or steam".</p> <p>In summary, Resident #112 was observed to be served steaming hot coffee of 161 degrees F. The acceptable temperature of coffee served to residents according to the DON was 175- 180 degrees F. Coffee served from the kitchen where Resident #112 ate was consistently documented at temperatures above 160 degrees F. While he was assessed to be independent with feeding and was care planned to remove the lid from his coffee, he was repeatedly exposed to an accident hazard in the form of hot liquid every time he was served the hot coffee. The coffee served to Resident #112 could cause a second degree burn in less than 3 seconds." (end of written statement Surveyor #2)</p> | F 689 | | | |

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

PRINTED: 09/06/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495096 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/28/2018 |
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| F 689 | Continued From page 10 There was no written policy requiring that a hot liquid assessment be conducted on all residents to include the following areas: Risk factor Identification, Cognition, Behavior, Neurological, Musculoskeletal, Vision, Hand Tremors, Coffee Cup Management, Lid Requirement, 2 Handle Requirement, Weighted Cup, History of Spills, Burn Injury, Supervision Requirement for Handling Hot Liquids, Staff Set-Up, Safe Handling, Etc. A review was conducted of coffee temperature logs taken by staff in the 8 kitchens located on the second and third floors. The coffee temperatures were documented as ranging from 177 - 180 degrees during the past 6 months. On 6/27/18 at 10:10 A.M., Immediate Jeopardy was called by the Department of Health, Office of Long Term Care Supervisors. The facility Chief Executive Officer (Administration B), and Director of Nursing (Administration A) were informed immediately. The Immediate Jeopardy was abated on 6/27/18 at 1:25 P.M. The facility submitted the following Abatement Plan: "1. A) Physician notified of resident in room [room number] being at risk for burns with hot liquids due to resident having tremors and being served a cup of coffee at 161 degrees after resident removed safety lid. B) Physician gave new order for OT (Occupational Therapy) to evaluate resident in room [room number] for safe handling of hot liquids | F 689 | | | |

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| F 689 | Continued From page 11 2. A) 100% of all coffee makers in [name of facility] will be removed from the kitchen areas. B) All coffee will be made in the main kitchen area and delivered with thermal air pots. C) The temperature of all hot liquids, including soups, will be taken and will be no more than 135 degrees before it is served to the residents. D) If temperature is greater than 135 degrees it will be held or cooled until 135 degrees or below before being served to the residents. E. 100% of all current residents will have an assessment done to ensure they are safe to handle hot liquids independently via a safety assessment form by a licensed nurse. 3. A) Temperature sheets for all hot liquids will be modified to meet the 135 degrees adjustment B) The Dietary and Nursing Staff will be educated on not serving all hot liquids if above 135 degrees. C) All new admissions will have a Hot Liquids Safety Assessment completed upon admission, quarterly and prn (as needed) 4. A) The Dietary Supervisor will review all temperature logs before each meal served daily x 3 weeks, then weekly ongoing. Any abnormalities will be reported to the Dietician or Dietary Manager immediately. B) The Dietician or Dietary Manager will notify the Director of Nursing or the Administrator of any abnormal findings immediately. C) The Dietician/ Designee will report all findings to the QAPI committee monthly, and recommendations will be made accordingly. D) The DON and DOR will review 100% of all Hot Liquids Safety Assessments completed today and any resident deemed unsafe will be referred to | F 689 | | | |

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| F 689 | <p>Continued From page 12 OT for evaluation.</p> <p>Date of Compliance 6/27/18 by 5:00 P.M."</p> <p>On 6/28/18 at approximately 10:00 A.M. an interview was conducted with the Director of Nursing (Administration A). When asked to describe the interventions that were implemented after each burn, she stated, "We put lids on the cups. We did not consider the temperatures. It had nothing to do with the coffee being hot it was about her [Resident #20] being burned." The DON stated that the facility began using regular lids with lift tabs after Resident #107 was burned, then changed to using lids with a round hole after Resident #49 was burned. The lids were observed to be the thin very loose-fitting white flexible plastic type used in fast-food restaurants. The DON stated, "Spills and burns happen. When you go to a restaurant or to my house, the temps aren't taken. We operated within the standard of care."</p> <p>The facility CEO (Administration B) was present. He stated, "We knew you would be looking at temperatures because you knew about the burns before you came. We don't agree that a form is necessary because all employees get eight weeks of training. The coffee was hot enough to burn. There's not a facility in the US that knows the temperatures and documents each resident's coffee." Administration B was unable to state what preventive measures had been put in place after the third resident was burned on 6/22/18.</p> <p>On 6/28/18 at 1:43 P.M. an observation was conducted of the Dining Manager (Employee F) preparing the coffee. As an individual cup of coffee was prepared, he took the temperature,</p> | F 689 | | | |

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| F 689 | Continued From page 13 and added 2 plastic ice cubes until the coffee cooled down to a temperature of 135 degrees. He stated that he ordered a cooling wand that will arrive within one week. The cooling wand is placed into the coffee pot to cool down the entire pot at one time. On 6/28/18 at 1:30 P.M., the Quality Assurance nurse (RN B) was asked if the facility had a Hot Liquid Assessment Policy. She stated that the facility did not have a policy regarding hot liquid assessments. On 6/28/18 at 9:20 A.M. an interview was conducted with a facility Licensed Practical Nurse (LPN C). She. stated that she had attended an inservice regarding hot liquids on 6/27/18. She stated, "We're shooting for 135 degrees. We don't remove coffee lids, to ensure that the resident doesn't get harmed by hot foods and liquids. On 6/28/18 the facility submitted documentation that all of the facility residents had received a Hot Liquid Safety Assessment on 6/27/18. All three residents who had received burn injuries from hot coffee had recommendations that the resident use "Blue Mugs with Lids - Resident may drink hot liquids with supervision". The facility also submitted documentation that all dietary and nursing staff who reported to work had received inservice training on hot liquid safety. | F 689 | | | |
| F 804 SS=J | Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- | F 804 | | 8/10/18 | |

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| F 804 | <p>Continued From page 14</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, facility documentation review, and clinical record review the facility staff failed, for 3 residents (Resident #112, Resident #20, Resident #107) of the survey sample of 44 residents, to ensure that hot liquids were served at a safe temperature, resulting in Immediate Jeopardy. On 6/27/18 at 10:10 A.M., Immediate Jeopardy was called at a level 4 isolated. The Immediate Jeopardy was abated on 6/27/18 at 1:25 P.M. and lowered to a level 2 pattern.</p> <p>1. For Resident #107, the facility staff to provide hot liquids at a safe temperature to prevent a burn injury from hot liquid.</p> <p>2. For Resident #20, the facility staff to provide hot liquids at a safe temperature to prevent a burn injury from hot liquid.</p> <p>3. For Resident #112, the facility staff to provide hot liquids at a safe temperature.</p> <p>The Findings included:</p> <p>On 6/27/17 a review was conducted of facility documentation, revealing three Facility Reported Incidents relating to burn injuries from hot coffee. The residents were identified and put into the survey sample (Resident # 107, Resident #49,</p> | F 804 | <p>1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>a.) Resident #107 had a hot liquids safety assessment completed by a licensed nurse, which stated a hot liquid assessment was performed and resident sometimes consumes hot coffee and soup, but is able to handle the hot liquids without difficulty. 06/24/2017</p> <p>Resident #107s Physician was notified of resident falling asleep at table and spilling coffee on her left inner thigh and lower panniculus. An appropriate treatment was ordered, the Dietitian issued resident #107 a specialized lidded insulated cup, a waterproof lap pad was issued and the care plan was updated for the resident. This resident has experienced no further incident and remains compliant with plan of care. 08/28/2017</p> <p>The facility QAPI committee discussed Resident #107s occurrence and instituted a systematic and systemic response facility wide that all coffee will be served with a lid to decrease the risk and amount of spillage for all residents. 09/27/17</p> | | |

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| F 804 | <p>Continued From page 15 and Resident #20) of 44 residents. In addition an observation was made of a resident (resident #112) who was served coffee at a temperature of 161 degrees and a had a visible tremor.</p> <p>1. Resident #107 was a 74 year old who was admitted to the facility on 1/8/14. Resident #107's diagnoses included Gastro-Esophageal Reflux, Reduced Mobility, Alzheimer's Disease, and Age-Related Physical Debility.</p> <p>The Minimum Data Set, which was an Annual Assessment with an assessment reference date of 5/31/18 coded Resident #107 as requiring the Supervision, Cueing, and Physical Assistance of 1 staff person for eating.</p> <p>On 6/26/18 at 11:20 A.M. an interview was conducted with Resident #20. She stated that she didn't remember spilling the coffee on herself, or being burned.</p> <p>A Facility Reported Incident was submitted on 8/28/17. It read: "Incident date 8/28/17. Resident spilled coffee on her left anterior thigh & lower panniculus (abdomen). Large Blister on thigh & small area on L (Left) lower panniculus. First aid for resident & Nurse practitioner notified & coming to see."</p> <p>NOTE: Resident #49 is included to show a pattern of hot liquid spills. Resident #49 was a 76 year old who was admitted to the facility on 2/26/18. Resident #49's diagnoses included Unspecified Psychosis not Due to Known Physical Condition, History of Falling, Cognitive Communication Deficit, and Delirium.</p> | F 804 | <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse on 06/27/2018 and resident was assessed to be able to handle hot liquids with Supervision. 06/27/2018 Resident #107 will use a polyurethane backed extra long clothing protector. 7/19/18</p> <p>b.) Resident #20 had a hot liquids safety assessment completed by a licensed nurse on 06/21/2018, which stated that Resident has been deemed safe with hot liquids with or without lid. 06/21/2018</p> <p>On 06/22/2018, resident #20s Physician was notified of resident spilling coffee on her right breast and slightly to left cleavage area that morning, and an appropriate treatment was ordered. The Dietitian issued resident a specialized lidded insulated cup and updated the dietary guide sheet in the kitchen to add 2 ice cubes to residents coffee before serving. The care plan was updated. 06/22/2018</p> <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse and resident was assessed to be able to handle hot liquids with Supervision. 06/27/18</p> <p>The facility instituted a systematic and systemic response that 100% of all current residents had a Hot Liquids Safety Assessment completed by a Licensed Nurse and reviewed by the DON and DOR, to determine their ability to handle</p> | |

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| F 804 | <p>Continued From page 16</p> <p>The Minimum Data Set, which was a 20 Day Scheduled Assessment with an assessment reference date of 4/13/18, coded Resident #49 as requiring the Supervision, Cueing, and Physical Assistance of 1 staff person for eating.</p> <p>A Facility Reported Incident was submitted on 5/5/18. It read: "Incident date 5/5/18. Resident spilled coffee on abdomen and left thigh. At this time there is redness with no blistering. Ice applied."</p> <p>2. Resident #20 was 98 year old who was admitted to the facility on 6/28/15. Resident #20's diagnoses included Alzheimer's Disease, Anxiety Disorder, Heart Disease, Age-related Physical Debility, and History of Falling.</p> <p>The Minimum Data Set, which was a Quarterly Assessment with an assessment reference date of 3/28/18 coded Resident #20 as requiring Limited Assistance, Guided maneuvering of limbs of one staff member for eating.</p> <p>On 6/26/18 at 11:00 A.M. an interview was conducted with Resident #20. She stated that she didn't remember spilling the coffee on herself, or being burned.</p> <p>A Facility Reported Incident was submitted on 6/22/18. It read: " Incident date 6/22/18. Resident had spilled coffee onto her clothing protector from lidded cup. Burn area to R (Right) medial Breast measuring 7 CM x 3 CM with open blister in center. Also has area L (Left) medial breast near cleavage measuring 4 CM x 0.2 CM."</p> <p>The following written observation was conducted</p> | F 804 | <p>hot liquids. Any residents with areas of concern identified will be referred to OT for evaluation if deemed warranted by the Physician. 06/27/2018</p> <p>Resident #20 will use a polyurethane backed extra long clothing protector. 7/19/18</p> <p>c.) Resident #112. Physician was notified and an OT evaluation for handling hot liquids was requested, due to surveyor concern of resident being served coffee at/above 161 degrees Fahrenheit and his potential safety risk for burns with hot liquids due to resident having familial tremors, his ability to remove the safety lid and these factors put resident at risk for burn injury. 06/27/2018</p> <p>Physician gave new order for OT to evaluate resident for safe handling of hot liquids. OT evaluation was completed and found that resident was safe to continue managing his standard mug and lid. 06/27/2018</p> <p>A Hot Liquids Safety Assessment Form was completed by a Licensed Nurse and resident was assessed to be able to handle hot liquids/soups independently. 06/27/18</p> <p>Resident was discharged back to independent living home on 7/22/18.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> | | |

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| F 804 | <p>Continued From page 17</p> <p>by Surveyor #3 of Resident #20's burn injury, which was sustained on 6/22/18:</p> <p>"An observation of the resident's burn was made on 6/27/2018 at 11:15 AM by Surveyor 3. The area is located near the sternum, extending onto the right breast. Per LPN#1 (the Unit Manager), the area measures 7 x 3 cm. The area was cleaned of ointment, and is bright red in appearance. The burn has scabbed and broken skin, especially near the bottom right side. The resident did not express pain during the observation." (end of written observation was conducted by Surveyor #3)</p> <p>The following written statement was submitted by Surveyor #2:</p> <p>"3. Resident #112, an 85 year old, was admitted to the facility on 5/18/18. Diagnoses included hypertension, a fib, pacemaker, anxiety, polyosteoarthritis, pain, anemia, and tremor.</p> <p>The most recent Minimum Data Set assessment was a 14 day assessment with an Assessment Reference Date of 5/28/18. Resident #112 had a Brief Interview of Mental Status score of 15 and required extensive assistance with activities of daily living. He was coded to have limited range of motion for both upper extremities.</p> <p>On 6/27/18 at 7:55 a.m., Resident #112 was observed in the 1st floor North dining room. The Dietary Aide (Employee C) preparing breakfast in the unit kitchen took the temperatures of the food, to include the coffee. The coffee was in a carafe which she stated was sent to the unit kitchen from the main kitchen.</p> | F 804 | <p>a) 100% of all current residents had a Hot Liquids Safety Assessment completed by a Licensed Nurse and reviewed by the DON and DOR, to determine their ability to handle hot liquids. Any residents with areas of concern identified will be referred to OT for evaluation if deemed warranted by the Physician. 06/27/2018</p> <p>b) All new admissions will have a Hot Liquids Safety Assessment completed by a Licensed Nurse and/or Therapist. 06/27/2018</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>A hot liquids policy/ protocol has been developed by the QAPI committee to minimize the risk of injury secondary to hot liquids and to also respect the resident's right of personal choice regarding palatability of hot liquids. Coffee will be sent to the nursing units from the main kitchen via air pots and temperatures will be checked and recorded prior to serving each meal at the unit kitchen areas to ensure hot liquids are served at a safe temperature. Resident preferences will be addressed in the care plan and special interventions to promote safe handling of hot liquids will be communicated to both dietary and nursing staff. 8/10/18</p> <p>All residents will have a Hot Liquid Safety</p> | | |

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| F 804 | <p>Continued From page 18</p> <p>After opening the lid of the carafe, the Employee C inserted a digital thermometer. The coffee measured 169.3 degrees Fahrenheit (F). At 8:10 a.m., the Employee C poured a cup of coffee out of the carafe which she planned to serve a resident. Steam was observed rising from the coffee cup. The Employee C was asked to temp the cup of coffee before serving it to the resident. The temperature measured 161.0 degrees F. Employee C set the temped cup of coffee to the side to be discarded. She immediately prepared a new cup of coffee. She immediately placed a plastic lid on the new cup of coffee and served it to Resident #112. She was asked to identify Resident #112 by name.</p> <p>At 8:43 a.m., Resident #112 was observed in the dining room. He was wearing a white cotton clothing protector. The material resembled that of a wash cloth. The lid had been removed from the coffee cup. Resident #112 had drank half of the coffee. Resident #112 had visible tremors of the hands. The Registered Nurse A was in the dining area at this time. She was asked to verify Resident #112's name.</p> <p>The temperature logs were kept in a log book in the unit kitchen. Every week, they were collected from the book and taken to the main kitchen. The log form was labeled "Temperature Sheet" and included the preprinted section that read "180 Coffee" with a blank line for the staff to record the temperature of the coffee.</p> <p>The temperature logs for the 1 North unit were reviewed. The breakfast coffee temperatures (in degrees Fahrenheit) were recorded as follows: 6/27/18: 169.3</p> | F 804 | <p>Assessment completed on admission, re-admission, quarterly and when a significant change in resident safety is identified. Findings from the safety assessments will be utilized for establishing a person-centered care plan to minimize injury from hot liquids. These assessments will be scanned in under the Nursing assessment tab in the electronic health record.</p> <p>A Hot liquids policy approved by the QAPI committee will be instituted and the Facility Educator/ Designee will educate Nursing and Dietary staff on the policy. A Residents Council meeting will be held to discuss the change in coffee temperature and to educate residents on associated risks from hot liquids and about how their individual preferences will be accommodated though personalized care plans. 08/10/2018</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>a) The Dietary Supervisor will review all temperature logs before each meal is served daily x 3 weeks, then weekly/ongoing. Any abnormalities will be reported to the Dietitian or Dietary Manager immediately. 06/27/2018</p> <p>b) The Dietitian/Designee will report any variances or abnormalities with the QAPI committee monthly during the regularly scheduled meetings for further recommendations if needed.</p> | | |

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| F 804 | <p>Continued From page 19</p> <p>6/17/18: 163 6/16/18: 161 6/15/18: 173 6/14/18: 164 6/13/18: 159 6/12/18: 163 6/11/18: 160 6/10/18: no temperature 6/9/18: no temperature 6/8/18: 159 6/7/18: 163 6/6/18: 168 6/5/18: no temperature</p> <p>On 6/27/18 at 10:00 a.m., a meeting was held with the Director of Nursing (DON), Administrator in Training (AIT), and the Quality Assurance Nurse. At this time, the DON was asked if the facility assessed residents for the safe handling of hot liquids. The DON stated that nursing performed a hot liquid assessment upon admission and at least quarterly. It was reviewed with the DON that the temperature log used by the facility read that the temperature of coffee should be 180 degrees Fahrenheit. The DON stated that 180 degrees F should be the temperature of the coffee in the coffee pot and 175- 180 degrees F out of the coffee pot. She stated that the facility served hot liquids per the resident preference.</p> <p>On 6/28/18 at 10:25 a.m., a meeting was held at the request of the facility. The DON, Chief Executive Officer (CEO) and AIT were present. The DON stated that the facility did not use a formal Hot Liquids Assessment. She stated that it is a standard of nursing to assess feeding and eating skills. She stated that nurses could identify when adaptive equipment may be</p> | F 804 | <p>c) The Unit Managers/Designees will ensure that 100% of all New admissions/readmissions, quarterly and significant change have had a Hot Liquid safety assessments completed daily x 3 weeks, weekly x 2 weeks, then monthly x 2 months. All audits will be reviewed with the QAPI committee at the next regularly scheduled meetings for any further recommendations as needed. 08/01/2018</p> <p>d) The Facility Educator/ Designee will report on the education provided to Nursing and Dietary staff on the New hot liquids policy and report any feedback or recommendations to the QAPI committee for further recommendations as needed.</p> <p>e) The Facility Educator/Designee will report back any concerns related to the education to Licensed Nursing staff on how to complete the Hot liquids safety assessment to the QAPI committee for further recommendations.</p> <p>f) The Unit Manager/Designee will report any requested OT evaluations to the Physician that are made due to changes in the residents ability to handle hot liquids which are identified as a result of changes In the residents Hot liquid safety assessment forms to the QAPI committee.</p> | | |

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| F 804 | <p>Continued From page 20</p> <p>required. The DON was asked if the nurse would go through therapy to obtain adaptive equipment. She stated that they do not always need to go through therapy. She gave the example that a nurse may provide a weighted spoon if the need was observed by the nurse. She stated that if the spoon needed to be bent to a special angle, then therapy would be involved. The DON also stated that a physician order was required.</p> <p>On 6/28/18 at 11:15 a.m., Licensed Practical Nurse B (LPN B) was interviewed in the presence of the DON. LPN B was asked if she could provide adaptive equipment such as a weighted spoon for a resident. LPN B stated "no", she would have to get occupational therapy involved. The DON prompted LPN B to discuss the use of cups with lids or handles. LPN B stated she would get special cups from the dietitian or the DON and would involve Occupational Therapy if the equipment was for long term use.</p> <p>During the interview, LPN B was also asked about the schedule for assessing residents for safety with hot liquids. She stated that the Minimum Data Set (MDS) coordinator sent a weekly schedule that included the names of residents that needed to be assessed. LPN B reviewed the current week's assessment schedule. Included on the schedule was the entry "ADLs & safety w/ hot liquids. Care Plan Evals". LPN B stated that the nurses would document the hot liquid safety review a nursing note.</p> <p>Resident #112's clinical record was reviewed. A hot liquid assessment was not located in the record.</p> | F 804 | | | |

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| F 804 | <p>Continued From page 21</p> <p>On 6/28/18 at 1:00 p.m., the end of day meeting was held with the DON, CEO, Quality Assurance nurse and AIT. At this time, the DON was notified that a hot liquid assessment was not located in the Resident #112's clinical record. It was reviewed with the DON that the survey team understood that the assessment was conducted upon admission and quarterly. The DON stated that was correct. She stated that Resident #112 was on skilled services when he was admitted to the facility and she thought therapy may have assessed him.</p> <p>On 6/28/18 at 1:25 p.m., the MDS Coordinator stated that residents on skilled services are not entered onto the weekly schedule to be reviewed for safety with hot liquids. After residents were off skilled services, they would be included in the weekly schedule when their quarterly hot liquid safety assessment was due. The MDS Coordinator stated that she thought therapy assessed for the safety of hot liquids for a new resident with skilled services.</p> <p>Resident #112's "OT (Occupation Therapy) Discharge Summary" was provided by the facility staff. Resident #112 was coded as "independent" for feeding. The summary also read "Pt (patient) is highly distractible requiring redirection to tasks after 1 minute."</p> <p>On 6/28/18 at 1:30 p.m., the Therapy Director was asked how "independent" was defined with regards to feeding. She stated that it meant a resident did not require physical assistance to eat. When asked if a therapist observed a resident eating a meal to determine the feeding status, the Therapy Director stated that a meal observation was not always performed unless</p> | F 804 | | | |

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| F 804 | <p>Continued From page 22</p> <p>there was a specific need. She stated that hand dexterity would be assessed in determining feeding status. When asked if Resident #112 had been observed during a meal, the Therapy Director stated she was unsure.</p> <p>The Baseline Care Plan dated 5/18/18 was reviewed. The "Nutritional Status" section included "Refuses to use lid in cup for hot liquids. Aware of associated risks."</p> <p>The Burn Care Foundation accessed on 6/29/18 at 11:56 p.m. at the website http://www.burncarefoundation.org/safety/hot-water-exposure.html provided the following information on burns: Exposure to 131° F water for 17 seconds would cause a second degree burn and exposure of 30 seconds would cause a third degree burn Exposure to 140° F water for 3 seconds would cause a second degree burn and exposure of 5 seconds would cause a third degree burn</p> <p>The following definition of "scald" was accessed on 6/29/18 at 12:24 p.m. at the Merriam Webster website found at https://www.merriam-webster.com/dictionary/scald: SCALD: "To burn with or as if with hot liquid or steam".</p> <p>In summary, Resident #112 was observed to be served steaming hot coffee of 161 degrees F. The acceptable temperature of coffee served to residents according to the DON was 175- 180 degrees F. Coffee served from the kitchen where Resident #112 ate was consistently documented at temperatures above 160 degrees F. While he was assessed to be independent with feeding</p> | F 804 | | | |

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| F 804 | <p>Continued From page 23</p> <p>and was care planned to remove the lid from his coffee, he was repeatedly exposed to an accident hazard in the form of hot liquid every time he was served the hot coffee. The coffee served to Resident #112 could cause a second degree burn in less than 3 seconds." (end of written statement Surveyor #2)</p> <p>There was no written policy requiring that a hot liquid assessment be conducted on all residents to include the following areas:</p> <p>Risk factor Identification, Cognition, Behavior, Neurological, Musculoskeletal, Vision, Hand Tremors, Coffee Cup Management, Lid Requirement, 2 Handle Requirement, Weighted Cup, History of Spills, Burn Injury, Supervision Requirement for Handling Hot Liquids, Staff Set-Up, Safe Handling, Etc.</p> <p>A review was conducted of coffee temperature logs taken by staff in the 8 kitchens located on the second and third floors. The coffee temperatures were documented as ranging from 177 - 180 degrees during the past 6 months.</p> <p>On 6/27/18 at 10:10 A.M., Immediate Jeopardy was called by the Department of Health, Office of Long Term Care Supervisors. The facility Chief Executive Officer (Administration B), and Director of Nursing (Administration A) were informed immediately. The Immediate Jeopardy was abated on 6/27/18 at 1:25 P.M. The facility submitted the following Abatement Plan:</p> <p>"1. A) Physician notified of resident in room [room number] being at risk for burns with hot liquids</p> | F 804 | | | |

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| F 804 | <p>Continued From page 24</p> <p>due to resident having tremors and being served a cup of coffee at 161 degrees after resident removed safety lid.</p> <p>B) Physician gave new order for OT (Occupational Therapy) to evaluate resident in room [room number] for safe handling of hot liquids</p> <p>2. A) 100% of all coffee makers in [name of facility] will be removed from the kitchen areas. B) All coffee will be made in the main kitchen area and delivered with thermal air pots. C) The temperature of all hot liquids, including soups, will be taken and will be no more than 135 degrees before it is served to the residents. D) If temperature is greater than 135 degrees it will be held or cooled until 135 degrees or below before being served to the residents. E. 100% of all current residents will have an assessment done to ensure they are safe to handle hot liquids independently via a safety assessment form by a licensed nurse.</p> <p>3. A) Temperature sheets for all hot liquids will be modified to meet the 135 degrees adjustment B) The Dietary and Nursing Staff will be educated on not serving all hot liquids if above 135 degrees. C) All new admissions will have a Hot Liquids Safety Assessment completed upon admission, quarterly and prn (as needed)</p> <p>4. A) The Dietary Supervisor will review all temperature logs before each meal served daily x 3 weeks, then weekly ongoing. Any abnormalities will be reported to the Dietician or Dietary Manager immediately. B) The Dietician or Dietary Manager will notify the Director of Nursing or the Administrator of any</p> | F 804 | | | |

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| F 804 | <p>Continued From page 25</p> <p>abnormal findings immediately.</p> <p>C) The Dietician/ Designee will report all findings to the QAPI committee monthly, and recommendations will be made accordingly.</p> <p>D) The DON and DOR will review 100% of all Hot Liquids Safety Assessments completed today and any resident deemed unsafe will be referred to OT for evaluation.</p> <p>Date of Compliance 6/27/18 by 5:00 P.M."</p> <p>On 6/28/18 at approximately 10:00 A.M. an interview was conducted with the Director of Nursing (Administration A). When asked to describe the interventions that were implemented after each burn, she stated, "We put lids on the cups. We did not consider the temperatures. It had nothing to do with the coffee being hot it was about her [Resident #20] being burned." The DON stated that the facility began using regular lids with lift tabs after Resident #107 was burned, then changed to using lids with a round hole after Resident #49 was burned. The lids were observed to be the thin very loose-fitting white flexible plastic type used in fast-food restaurants. The DON stated, "Spills and burns happen. When you go to a restaurant or to my house, the temps aren't taken. We operated within the standard of care."</p> <p>The facility CEO (Administration B) was present. He stated, "We knew you would be looking at temperatures because you knew about the burns before you came. We don't agree that a form is necessary because all employees get eight weeks of training. The coffee was hot enough to burn. There's not a facility in the US that knows the temperatures and documents each resident's coffee." Administration B was unable to state</p> | F 804 | | | |

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| F 804 | <p>Continued From page 26</p> <p>what preventive measures had been put in place after the third resident was burned on 6/22/18.</p> <p>On 6/28/18 at 1:43 P.M. an observation was conducted of the Dining Manager (Employee F) preparing the coffee. As an individual cup of coffee was prepared, he took the temperature, and added 2 plastic ice cubes until the coffee cooled down to a temperature of 135 degrees. He stated that he ordered a cooling wand that will arrive within one week. The cooling wand is placed into the coffee pot to cool down the entire pot at one time.</p> <p>On 6/28/18 at 1:30 P.M., the Quality Assurance nurse (RN B) was asked if the facility had a Hot Liquid Assessment Policy. She stated that the facility did not have a policy regarding hot liquid assessments.</p> <p>On 6/28/18 at 9:20 A.M. an interview was conducted with a facility Licensed Practical Nurse (LPN C). She. stated that she had attended an inservice regarding hot liquids on 6/27/18. She stated, "We're shooting for 135 degrees. We don't remove coffee lids, to ensure that the resident doesn't get harmed by hot foods and liquids.</p> <p>On 6/28/18 the facility submitted documentation that all of the facility residents had received a Hot Liquid Safety Assessment on 6/27/18. All three residents who had received burn injuries from hot coffee had recommendations that the resident use "Blue Mugs with Lids - Resident may drink hot liquids with supervision". The facility also submitted documentation that all dietary and nursing staff who reported to work had received inservice training on hot liquid safety.</p> | F 804 | | | |

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