DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 02/23/2016 **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495149 B. WING 02/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 LONDON BOULEVARD GOLDEN LIVINGCENTER- PORTSMOUTH PORTSMOUTH, VA 23704 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) This plan of correction constitutes a F 000 | INITIAL COMMENTS F 000 written allegation of substantial compliance with federal Medicare An unannounced Medicare/Medicaid MDS and Medicaid Requirements. special focus survey was conducted 2/1/16 Submission of this plan of correction through 2/2/16. Corrections are required for does not constitutes an agreement compliance with 42 CRF Part 483 Requirements that the deficiencies actually exist, for Federal Long Term Care facilities. nor is it an admission that they The census in this 120 certified bed facility was existed. This submission is a good 104 at the time of the survey. The survey sample faith expression of the facility's consisted of 10 current Resident reviews desire to fully comply with Medicare (Residents #1 through #10). and Medicaid requirements. F 274 483.20(b)(2)(ii) COMPREHENSIVE ASSESS F 274 SS=D AFTER SIGNIFICANT CHANGE -F 274 A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, The Significant Change MDS for resident #4 was opened immediately that there has been a significant change in the resident's physical or mental condition. (For and completed. The care plan was purpose of this section, a significant change updated per policy for the means a major decline or improvement in the Significant Change. resident's status that will not normally resolve itself without further intervention by staff or by All residents have the potential to be implementing standard disease-related clinical affected. A review of residents with interventions, that has an impact on more than pressure ulcers, Foley catheters and one area of the resident's health status, and readmissions within the last 30-days requires interdisciplinary review or revision of the has been completed to assess for care plan, or both.) criteria for Significant Change. No new Significant Change needs were This REQUIREMENT is not met as evidenced identified upon review. bv: Based on observation, staff interview and clinical Director of Resident Assessment record review it was determined that the facility (DRA), Registered Nurse staff failed to complete a Significant Change Assessment Coordinator (RNAC) Minimum Data Set (MDS) assessment for 1 of 10 and Administrative Clinical staff Residents in the sample survey, Resident #4. have been re-educated on the criteria The Findings Included:

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

TITLE

(X6) DATE

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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	complete a Signification Set (MDS) assessment the emergence of a insertion of a Foley Resident #4 was a coriginally admitted or into the facility one included but were not pneumonia, anuria a infection, dehydration The most current Mirecord was a 5 Day with an Assessment 1/09/16. The facility had a Cognitive Sunstaff also coded that extensive (3/3) to to Activities of Daily Liv Bladder and Bowel to that Resident #4 was bladder). The facility Resident #4 had an insertion M. Skin Conthat Resident #4 had on February 2, 2016 observed Resident #4 observed a Foley call the left side of the bedrainage bag attached on February 2, 2016 reviewed Resident #4 had on February 2, 2016 of the bedrainage bag attached on February 2, 2016 reviewed Resident #4 had and readmitted into the day and readmitted into the same service of the service was discharged of and readmitted into the same service of the same service of the service of the same service of the service of the same service of th	facility staff failed to ant Change Minimum Data tent after a hospitalization and Stage III decubitus and the catheter. 88 year old female who was in 11/25/15 and readmitted 1/17/16. Admitting diagnoses of limited to, bilateral and oliguria, urinary tract in and deep vein thrombosis. DS located in the clinical Medicare MDS assessment Reference Date (ARD) of staff coded that Resident #4 mary Score of 3. The facility Resident #4 required tal nursing care (4/3) with ting (ADL's). In Section I. the facility staff also coded in the facility staff also coded in the facility staff also coded in the facility staff coded in the surveyor the facility in bed. The surveyor the facility in the surveyor the facility extending down the facility down the facility down the facility down the facility staff coded in the surveyor the facility staff coded in th	F 2	for identifying Significant Chang Director of Resident Assessment (DRA) or designee will be present Clinical Start Up to review reside readmission records to identify the need for Significant Change. DR or Clinical Reimbursement Specialist will complete an audit readmissions weekly to ensure the Significant Change MDS are completed as required. Identified issues or patterns will be brought to the QA committee for follow-up and recommendations a months. At the completion of 3 months the QA committee will recommend if there is a need to continue.	of at	03-11-16

Resident #4 had an indwelling Foley catheter and a pressure area on the sacrum that measured 1.5 cm by 1.9 cm. Additionally other pressure ulcers

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	,	ted as being present. The		<u> </u>	*		
	location of the press	sure ulcers were not					
	documented, howev	er, the notes documented					
	that the areas meas	sured 1.2 cm by 1.1 cm and					
	2.0 cm by 1.4 cm. E	eep tissue injuries were also					
	documented as beir heels.	ng present on the right and left					
		the clinical record produced					
	a physician telephor	ne order dated 1/22/16 that					
	ordered a 16 French	with 10 cc bulb Foley					
	catheter for oliguria.	www.ro oo balb r oley					
	Additional review of	the clinical record produced					
	the admission nursing	ng assessment dated 1/17/16					ļ .
		at Resident #4 had an					
	indwelling Foley cath	neter, a stage II decubitus on					
	The admission pure	ng 1.5 cm by 1 cm by 9 cm. ing assessment also					
	documented two (2)	decubitus on the anterior of					
	the right anterior cal	f. The admission assessment					
İ	documented the pre	ssure ulcers as being 1.2 cm					
	by 1.1 cm and 2.0 by	y 1.4 cm. Deep Tissue					
	Injuries on the right a	and left heels were also					
	documented.						
	Further review of the	clinical record produced a					1
	Wound Evaluation F	low Sheet dated 1/18/16 that					
	oocumented that Ke	sident #4 had a Stage III					
	cm by 2 cm by 0.1 cr	r sacrum that measured 1.8					
		at 11 a.m. the surveyor					
	interviewed the MDS	Nurse. The surveyor					
	notified the MDS Nur	rse that when Resident #4					
		the facility on 1/17/16 and					
	that a Significant Cha	ange MDS should have been					J
1	done. The surveyor:	reviewed Resident #4's					
	clinical record with th	e MDS Nurse. The surveyor		-			
- 1	pointed out the Nurse	e's Notes and Admission					
i	Nursing assessment	documenting the pressure				1	
	uicers and the Folev	catheter. The surveyor also					

reviewed the physician orders and the Wound

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the second of th	surveyor notified the Change MDS should days of the time occurred. The surveyor hat Resident #17 where surveyor notifies acility staff had missing from the MDS nurse surveyor requested the MDS nurse surveyor and the MDS nurse surveyor and the MDS nurse surveyor and the MDS nurse surveyor the MDS nurse for completing seessment. The suriteria for completing seessment and been med a Foley catheter and decubitus. In February 2, 2016 am met with the Act of Nursing (DON) and of the Administration	eet with the MDS Nurse. The MDS Nurse that a Significant dhave been completed within that the significant change eyor notified the MDS Nurse has readmitted on 1/17/16. It the MDS Nurse that the sed the 14 day targeted time of the Significant Change for asked the MDS Nurse if a MDS should have been done did not answer. The for the MDS Nurse to obtain assessment Instrument) Nurse obtained the manual hual back into the conference rese reviewed the MDS nurse and reviewed the g a Significant Change MDS nurse and reviewed the g a Significant Change MDS nurse and reviewed the g a Significant Change MDS nurse and reviewed the g a Significant Change MDS nurse and reviewed the g a Significant Change MDS nurse. The surveyor at with the insertion/initiation and the emergence of a Stage of the MDS Nurse. The surveyor at the the criteria had been gonificant Change MDS nurse ascrum. The AT that the criteria had been gonificant Change MDS nurse a Significant mass provided as to why to complete a Significant ment on Resident #4 on	F	274			

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	483.20(g) - (j) ASSE ACCURACY/COOR The assessment maresident's status. A registered nurse meach assessment was participation of health assessment is comparticipation of health assessment is comparticipation of the assessment must signed that portion of the assubject to a civil more \$1,000 for each assessment in a subject to a civil more \$1,000 for each assessment assessment. Clinical disagreement assessment. Clinical disagreement material and false statement in a subject to a civil more \$1,000 for each assessment. Clinical disagreement assessment. Clinical disagreement material and false statement and false statement and false statement. This REQUIREMENT by: Based on observation record review, it was staff failed to ensure Minimum Data Set (Minimum Dat	essment RDINATION/CERTIFIED Just accurately reflect the Just accurately	F 2 F 2	78	y reflect uring the ntial to be a audit of a use in eted. ediately a updates. sment se ENAC) rding oS nee will accuracy eflects the ately. dressed and/or	

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	Resident #6, Resident #2 ensure a complete a Set (MDS) assessm receiving Abilify for a and the facility staff diagnosis in Section Schizophrenia on a assessment with an (ARD) of 11/2/15. Resident #2 was a 7 originally admitted o 11/17/15. Admitting not limited to: hypoth glaucoma, osteoarth hypertension, cerebr abdominal mass with rectum and Schizoph The most current Mirassessment located Correction to an Ann ARD of 11/2/15. The Resident #2 had sho impairment (1/1) and with decision making Daily Living (ADL's). that Resident #2 requ nursing care (4/2) with Diagnoses I6100 Sch coded/captured. In S facility staff coded tha days of a psychotropi On February 2, 2016	ent #1 and Resident #7. ed: the facility staff failed to and accurate Minimum Data arent. Resident #2 was a diagnosis of Schizophrenia failed to code/capture the I. Active Diagnoses I6100 Correction of an Annual MDS Assessment Reference Date 3 year old female who was an 10/25/09 and readmitted on diagnoses included, but were hyroidism, skin cancer, writis, diabetes mellitus, rovascular accident, an radiation wound to the hrenia. Inimum Data Set (MDS) in the clinical record was a ual MDS assessment with an a facility staff coded that art and long term memory I had modified independence (1) regarding Activities of The facility staff also coded uired extensive (3/2) to total th ADL's. In Section I. Active nizophrenia was not ection N. Medications the at Resident #2 received 7	F	278	Audit results will be brought to QA committee for follow-up an recommendations x 3 months. A completion of 3 months, the QA committee will recommend if the is a need to continue.	d At the	03-11-16

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	orders Sheets (POS the POS's revealed Tablet 5 mg (ARIPIF mouth one time a dis SCHIZOPHRENIA (psychotropic medical Continued review of November 2015 Me Records (MAR's) this staff administered the physician. On February 2, 2016 notified the Director Nurse that Resident psychotropic medical Schizophrenia. The and MDS Nurse that MDS assessment with code/capture the dia Diagnoses I6100 Schizophrenia and pointed out the codiagnoses of Schizophrenia with the Administrative Team receiving a psychotropic diagnoses of Schizophotified the AT that the Schizophrenia was notified the AT that the Schizophrenia was not the Schizophrenia	roduced signed Physician S's) dated 1/30/16. Review of the following orders "Abilify brazole) Give 1 tablet by ay related to F20)." (sic) Abilify is a ation. The clinical record produced dication Administration at documented that the facility is Abilify as ordered by the state of Nursing (DON) and MDS #2 was receiving Abilify, a ation, for a diagnosis of surveyor notified the DON the Correction to an Annual th the ARD of 11/2/15 did not gnosis in Section I. Active hizophrenia. The surveyor record with the MDS Nurse order for the Abilify and the ohrenia. at 1:55 p.m. the survey ministrator (Adm), DON and reyor notified the (AT) that Resident #2 was pic medication, Abilify, for otherenia. The surveyor	F 2	78			

No additional information was provided prior to

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F 278	exiting the facility as to ensure a complet assessment for Res 2. For Resident #6 ensure a complete a Set (MDS) assessment ode/capture a Fole Medicare MDS assessment w Additionally the facilicode Activities of Daday MDS assessment and failed to code/camedication administration Resident #6 was a 6 admitted on 12/28/18 included, but were not diabetes mellitus, arretention and morbid	to why the facility staff failed to and accurate MDS sident #2. If the facility staff failed to and accurate Minimum Data tent. The facility staff failed to y catheter on a 5 Day essment with an Assessment (D) of 1/4/16 and on a 14 Day that an ARD of 1/11/16. Ity staff failed to accurately the ARD of 1/11/16 apture Intravenous ration on the MDS. Ity year old female who was the Admitting diagnoses of limited to: anemia, thritis, osteomyelitis, urinary	F 2	!78						
	assessment located 14 Day Medicare ME Assessment Referer The facility staff code Cognitive Summary salso coded that Resid (3/2) to total nursing Activities of Daily Livi exception of the facilithat the activity did no lookback period, for chygiene and bathing. Bladder and Bowel that Resident #6 had catheter. The facility was continent of urine	in the clinical record was a DS assessment with an Ince Date (ARD) of 1/11/16. Ince Da								

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	(IV). On February 2, 2016 observed Resident a catheter tubing and right hand side of Resurveyor also obser Resident #6's bed. On February 2, 2016 reviewed Resident # the clinical record re Physician orders inc "14 fr (french) foley bag as needed for le catheter as needed (catheter) care every Reconstituted (Ceff ***DAW*** Use 1 grahours for infection re OSTEOMYELITIS, L (M86.10) until 2/10/1 (peripherally inserted for the Foley of intravenously initiate Additional review of Ganuary 2016 Medica (MAR's). The January and administered the nours via the PICC lincontinued review of the daily ADL flow shous documented that from #6 required extensive #/2) with dressing, warp (1/1) for eating and retails and administer was the piccumented that from #6 required extensive #/2) with dressing, warp (1/1) for eating and retails and administer was the piccumented that from #6 required extensive #/2) with dressing, warp (1/1) for eating and retails and retails with dressing, warp (1/1) for eating and retails and retails with dressing, warp (1/1) for eating and retails and retails was the piccumented that from #6 required extensive #/2) with dressing, warp (1/1) for eating and retails and retails with dressing, warp (1/1) for eating and retails was the piccumented that from #6 required extensive #/2) with dressing, warp (1/1) for eating and retails was the piccumented that from #/2) with dressing, was piccumented that from #/2) with dressing, was piccumented that from #/2) with dressing was piccumented that from #/2) was piccumented	ed intravenous medications 6 at 7:45 a.m. the surveyor #6 lying in bed and a Foley urinary drainage bag on the esident #6's bed. The ved an IV pole at the side of 6 at 8:10 a.m. the surveyor #6's clinical record. Review of evealed physician orders. Eluded, but were not limited to: catheter. Change drainage eakage. Change foley for dislodgement. Foley cath y shift. Rocephin Solution RIAXone Sodium) am intravenously every 24 elated to OTHER ACUTE JNSPECIFIED SITE 6 23:59 Give 1 gram via picc d central catheter) line q 24 until 2/10/16." (sic) The catheter and Rocephin d on 12/29/15. clinical record revealed the ation Administration Records ry 2016 MAR's documented ollowed the physician orders e Rocephin 1 Gram every 24	F 2	?78			

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	Further review of th Day/Admission Med an ARD of 1/4/16. #6 had a Cognitive facility staff also coextensive (3/3) to to ADL's. In Section F facility staff did not chad an indwelling Focoded that Resident of bladder. In Section Procedures, and Procedures. The surveyor Nurse that Resident 1/11/16 and 1/4/16 vonotified the DON and with the ARD of 1/11 code/capture Reside facility staff coded 8/personal hygiene an ADL's were not done also notified the DON MDS did not capture Foley catheter or Rochdditionally the surveyor MDS Nurse that the did not code/capture Foley catheter. The clinical record with the reviewed the physiciand the January 2016 MDS Nurse. The surveyor MDS Nurse. The surveyor MDS suith the ARD's with the ARD's	dicare MDS assessment with The MDS coded that Resident Summary Score of 14. The ded that Resident #6 required that Resident #6 required that Resident #6 required that Resident #6 redecapture that Resident #6 redecapture that Resident #6 received the code/capture that Resident #6 requently incontinent on O. Special Treatments, ograms the facility staff did esident #6 received thous (IV). The surveyor of Nursing (DON) and MDS is motified the DON and MDS is motified the motified that the motified the motified that the motified the motified that the motified	F 2	278			

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	On February 2, 2011 team met with the A MDS Nurse. The standard ARD's of 1/11/6 and No additional inform exiting the facility as to ensure a complete assessment for Res 3. For Resident #1, the minimum data standard accurately. Resident #1 was additional management for Res additional management for Res 3. For Resident #1, the minimum data standard accurately. Resident #1 was additional for mental status. The conditional status for mental status. The formental status for mental status. The cocasionally inconting and 2 (frequently inconting and 2 (frequently inconting and interview of the resident's bed. We stated that he had a uncolostomy. The resident the physician's himuring admission assoresence of urinary concessitated by the residencessitated by the residencessitated by the residencessitated by the residencessitated by the residence of urinary concessitated by the residence of urinary concessit	dat 1:55 p.m. the survey dministrator (Adm), DON and urveyor notified the (AT) that Resident #6 had son the MDS's with the 1/4/16. ation was provided prior to to why the facility staff failed and accurate MDS ident #6. facility staff failed to ensure at (MDS) assessment was mitted to the facility on assessment dated 9/4/15, are, and bipolar disorder. On assessment dated 9/4/15, are, and bipolar disorder and a lent's CNA confirmed that he are view, the surveyor noted story and physical and the sessment noted the atheter and colostomy esident's quadriplegia. The	F 2	278				

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES				PRINTED	0: 02/23/2016	
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F 27	8 Continued From pagurinary catheter.	ge 11	F 2	278	8			
	diffially callfeler.							
	The MDS coordinate	ewed the MDS coordinator MDS assessments on 2/2/16. or acknowledged the MDS rinary and bowel elimination.						
	a focus initiated 10/2 of bowel and bladde catheter-urinary rete	ntion" addressed to urinary catheter care. It						
	The administrator an were notified of the omeeting on 2/2/16.	nd director of nursing (DON) concern during a summary						
	4. For Resident #7, the minimum data se coded accurately.	facility staff failed to ensure et (MDS) assessment was						
	with diagnoses included weight loss, and histor (UTI). On the quarter 1/8/16, the resident sinterview for mental signs of delirium. The be without behavior signs of	nitted to the facility on 7/2/15 ling hypertension, dementia, ory of urinary tract infection ly MDS assessment dated cored 6/15 on the brief tatus and scored 2/8 for e resident was assessed to ymptoms or symptoms of ent's diagnosis list did not affection.						
	dated 12/18/15 indical urination, a urinalysis new order for Bactrim	revealed a nurse's note ting complaint of burning on positive for infection, and a antibiotic twice per day for nurse's notes document iotic for UTI on 12/18						

		AND HUMAN SERVICES				0: 02/23/2016 MAPPROVED
STATEMENT	RS FOR MEDICARE T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	OMB NO (X3) DA). 0938-0391 TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	RTSMOUTH		STREET ADDRESS, CITY, STATE, ZIP COD 900 LONDON BOULEVARD PORTSMOUTH, VA 23704		//02/2016
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	administration recording administration of Bason 12/18/15 through mg twice per day 12 The administrator, of coordinator were no summary meeting of	The resident's medication rd(MAR) documented actrim DS two times per day 12/20/15 and Macrobid 100 2/21 through 12/27/15. Director of nursing, and MDS tified of the concern during a n 2/2/16.	F 2'	78		
SS=D	A facility must use the to develop, review a comprehensive plan. The facility must develop for each reside objectives and timet medical, nursing, an needs that are ident assessment. The care plan must to be furnished to attain highest practicable psychosocial well-be §483.25; and any se be required under §4 due to the resident's §483.10, including the under §483.10(b)(4).	care PLANS ne results of the assessment and revise the resident's of care. velop a comprehensive care that includes measurable ables to meet a resident's dimental and psychosocial fied in the comprehensive describe the services that are tain or maintain the resident's shysical, mental, and ing as required under revices that would otherwise that are not provided exercise of rights under e right to refuse treatment	F 27	Care plans for Resident #2, #1 were immediately correct reflect the identified and trig Care Area Assessments (CA the MDS and areas identified assessment and interview for MDS. An audit of current resident noted conditions and/or devuse in the last 90-days was completed by DRA. Identifissues were immediately comby the DRA through care plaupdates. MDS staff were re-educated requirements for review and of resident comprehensive pcare. DRA or designee will complete random weekly comprehensive assessment as	ted to tegered A's) on d during the s with ices in ied rected an on revision lan of	
	by:	Its not met as evidenced		assure the triggered care are	a.	

clinical record review, it was determined that the

care plan decision process. Issues

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	D: 02/23/2016 M APPROVED	,
STATEMEN	TO POR MEDICARE	& MEDICAID SERVICES				<u>). 0938-0391</u>	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI	DRE	(X5) COMPLETION DATE	
	Care Plan (CCP) for sample survey, Resi Resident #1. The Findings Included 1. For Resident #2 develop a Comprehe Communication as in Correction to an Anni (MDS) assessment of Reference Date (AR Resident #2 was a 7 originally admitted or 11/17/15. Admitting not limited to: hypoth glaucoma, osteoarthic hypertension, cerebro abdominal mass with rectum and Schizoph. The most current Min assessment located in Correction to an Anni ARD of 11/2/15. In Seand Vision the facility had minimal difficulty usually able to unfacility staff coded that long term memory improdified independence regarding Activities of facility staff also coded extensive (3/2) to total	develop a Comprehensive 3 of 10 Residents in the ident #2, Resident #6 and ed: the facility staff failed to ensive Care Plan (CCP) for dentified and triggered on a rual Minimum Data Set with the Assessment D) of 11/2/15. 3 year old female who was a 10/25/09 and readmitted on diagnoses included, but were yroidism, skin cancer, ritis, diabetes mellitus, ovascular accident, a radiation wound to the arenia. simum Data Set (MDS) an the clinical record was a rual MDS assessment with an ection C. Hearing, Speech, staff coded that Resident #2 (1) in ability to hear, was herself understood (1) and anderstand others (1). The at Resident #2 had short and bairment (1/1) and had be with decision making (1) Daily Living (ADL's). The d that Resident #2 required a nursing care (4/2) with lare Area Assessment ridgered for a	F 27		the d t the	03-11-16	

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	documented that a developed to address Communication def On February 2, 2011 attempted to intervie asked Resident #2 surveyor asked Resident #2 surveyor asked Resif she was hungry, horeakfast good. Requestion was "I wan On February 2, 2016 reviewed Resident #2 the clinical record proposition of the CCP failed to propose address Resident #2 On February 2, 2016 notified the MDS Nursingered for a Communication to an Annotified the MDS Nurse that the state a care plan would Resident #2's Cognit notified the MDS Nurse a care plan that the sesident #2's Communication Deficition on February 2, 2016 feam met with the Addressing (DON) and ontified the Administration of the Administr	Care Plan would be as Resident #2's icit. 6 at 12:45 p.m. the surveyor aw Resident#2. The surveyor several questions. The ident #2 how she was doing, ow had she slept and was sident #2's response to each too." 6 at 12:50 p.m. the surveyor 2's clinical record. Review of oduced the CCP. Review of oduced the CCP. Review of oduce a care plan that 2's Communication deficit. 6 at 1:15 p.m. the surveyor rese that Resident #2 had nunication deficit on a ual MDS assessment with The surveyor notified the facility staff had documented do be developed to addressive Deficit. The surveyor se that review of the CCP are plan that addressed unication Deficit. The e MDS and CCP with the DS Nurse was unable to at addressed Resident #2's cit. at 1:55 p.m. the survey ministrator (Adm), Director MDS Nurse. The surveyor MDS Nurse. The surveyor MDS Nurse. The surveyor	F 27	79				

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	D: 02/23/2016	3
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F 279	Continued From page	ge 15	F.	70				1
		ion to an Annual MDS	Г	279				ŀ
	assessment with the	e ARD of 11/2/15. The						l
	Surveyor notified the	AT that the facility staff had						l
	documented that a	care plan would be developed						l
	to address Resident	t #2's Communication Deficit.						l
	The surveyor notifie	d the AT that review of the						l
	CCP failed to produc	ce a care plan to address						
	Resident #2's Comm	nunication Deficit						
		indification Deficit.						
	No additional inform	ation was provided prior to						
	exiting the facility as	to why the facility staff failed						
	to develop a CCP fo	r Resident #2 to include						
	Communication.	. resident #2 to include						
		the facility staff failed to						
	ensure develop a Co	omprehensive Care Plan						
	(CCP) to include Fal	Is as identified and triggered				!		
	on a 5 Day Medicare	e and Admission Minimum						
	Data Set (MDS) asse	essment with an Assessment					1	
	Reference Date (AR	D) of 1/4/16		- 2				
	Resident #6 was a 6	7 year old female who was		3				
	admitted on 12/28/15	5. Admitting diagnoses		-)-				
	included, but were no	ot limited to: anemia						
+ 1	diabetes mellitus, art	hritis, osteomyelitis, urinary					J	
] [retention and morbid	obesity.						
]	The most current Mir	nimum Data Set (MDS)					1	
	assessment located i	in the clinical record was a						
'	14 Day Medicare MD	S assessment with an						
	Assessment Referen	ce Date (ARD) of 1/11/16.					1	
	I he facility staff code	d that Resident #6 had a						
	Cognitive Summary S	Score of 15. The facility staff					- 1	
a	also coded that Resid	lent #6 required extensive					1	
(3/2) to total nursing a	assistance (4/2) with					- 1	
F	Activities of Daily Livin	ng (ADL's) with the						
E	exception of the facilit	ly staff coding 8/8, indicating						
ti	nat the activity did no	t occur for the 7 day						
lo	DOKDACK period, for d	ressing, eating, personal		1			J	
. ⊢ In	lygiene and bathing.						1	
C	In February 2, 2016	at 7:45 a.m. the surveyor						
0	bserved Resident #6	lving in bed and a Foley					1	

DEPA	RTMENT OF HEALTH	AND HUMAN SERVICES			1	PRINTE	D: 02/23/2016
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					PORTSMOUTH, VA 23704		
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1 8 5 16		Ali-Ali-Ali-Ali-Ali-Ali-Ali-Ali-Ali-Ali-			DEFICIENCY)		
F 279	Continued From page	de 16				70 A'-0	
	Catheter tubing and	urinary drainage bag on the	F 2	279	9		
	right hand side of Re	arident #6's bad					
	On February 2, 2016	3 at 8:10 a.m. the surveyor					
	reviewed Resident #	6's clinical record. Review of					
	the clinical record re	vealed physician orders.					
	Triysician orgers inc	luded, but were not limited to: 1					
	"14 fr (french) foley (catheter. Change drainage					
	nay as needed for le	akage. Change folev					
	catheter as needed f	or dislodgement. Foley cath					1
	(catheter) care every	/ Shift,"(sic) The order for the 1					
	Foley catheter on 12	/29/15.					
	Continued review of	the clinical record produced					
	Tab Day/Admission [v	ledicare MDS assessment					
	With an ARD of 1/4/1	The MDS coded that					
	Resident #6 had a Co	ognitive Summary Score of					
	14. The facility staff a	also coded that Resident #6					
	required extensive (3	/3) to total nursing care (4/2)					- 1
	with ADL's. In Section	n J. Health Conditions the		3		-	- 1
	is the lest seem that	at Resident #6 had had a fail		- 3			- 1
	receipt last month prior	r to admission/entry or					
	(CAA's) Posidont #6	. Care Area Assessment					
	facility staff coded the	triggered for falls and the				-	
	developed to address	at a care plan would be		- 1			
	falls.	Resident #6's potential for					1
		clinical record produced the					1
	Comprehensive Care	Plan (CCP). Review of the					1
	CCP failed to produce	e a care plan that addressed					
	Resident #6's potentia	of falls. Additionally the		- 1			1
	care plan falled to add	ress Resident #6's					1
1	alteration in urination,	i.e. Folev catheter					
	On February 2, 2016 a	at 9:20 a m, the surveyor		1			1
i	met with the Director of	of Nursing (DON) and MDS					
1	ivuise. The surveyor i	10tified the DON and MDS 📗					
į.	ivuise that Resident #6	had triggered for falls on					
	uie o Day Medicare an	ld Admission MDS					1
] (assessment with the A	RD of 1/4/16 The					1
	surveyor notified the D	ON and MDS Nurse that					
	the facility staff had do	cumented that a care plan		1			1

		AND HUMAN SERVICES				PRINTE	D: 02/23/2016
	TOF DEFICIENCIES	& MEDICAID SERVICES		_		OMB N	O. 0938-0391
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	would be develop to potential for falls. T and MDS Nurse that produce a care plant potential for falls. T MDS and CCP with Nurse was unable to addressed Resident the surveyor notified that Resident #6 had and that a care plant address Resident #6 i.e. Foley catheter. On February 2, 2016 team met with the Administrative Team triggered for falls on Admission MDS. The that the facility staff if plan would be develop #6's potential for falls AT that review of the care plan that address for falls. The surveyor Resident #6 had an inthat a care plan had address Resident #6 i.e. indwelling Foley cathetes. For Resident #1, for a care plan for necess. Resident #1 was admitted that was admitted that a care plan for necess.	he surveyor notified the DON to review of the CCP failed to that addressed Resident #6's he surveyor reviewed the the MDS Nurse. The MDS plocate a care plan that the the MDS Nurse. The MDS plocate a care plan that the the MDS Nurse of the DON and MDS Nurse of the the the the the the the the the the	F2	279	'9		

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	PROVIDER OR SUPPLIER	RTSMOUTH		9	TREET ADDRESS, CITY, STATE, ZIP CODE 00 LONDON BOULEVARD CORTSMOUTH, VA 23704		2/02/2016
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	sepsis, pressure uld the admission MDS the resident scored for mental status. The content of the resident status of the resident status. The composition of the resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The resident's bed. The surveyor noted that the physician's bed. The surveyor noted that the surveyor noted that the surveyor interview about the resident's bed. The MDS coordinator was miscoded for unit of the resident's composition of the	cer, and bipolar disorder. On assessment dated 9/4/15, 12/15 on the brief interview he resident was coded 1 inent) for urinary elimination continent) for bowel on 2/2/15, the surveyor drainage bag hanging from When asked, the resident urinary catheter and a dent's CNA confirmed that he dreview, the surveyor noted history and physical and the eatheter and colostomy resident's quadriplegia. The he quarterly MDS 2/5/15 was not coded for the colostomy. Ewed the MDS coordinator MDS assessments on 2/2/16, and acknowledged the MDS mary and bowel elimination. The hensive care plan included 0/15 "alteration in elimination indwelling urinary atton" addressed to urinary catheter care. It	F 2	279			

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					D: 02/23/2016 MAPPROVED
STATEMEN"	T OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPL I	E CONSTRUCTION	OMB NO	<u>0. 0938-0391</u>
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F 315 SS=D	483.25(d) NO CATH RESTORE BLADDE	HETER, PREVENT UTI, ER	F 3	15			
	Based on the reside	ent's comprehensive			-F 315		
	assessment, the factoresident who enters indwelling catheter is resident's clinical concatheterization was who is incontinent of treatment and service infections and to residention as possible. This REQUIREMENT by: Based on observation record review and factore indwelling Foley of the resident who is incontinuous.	cility must ensure that a the facility without an s not catheterized unless the indition demonstrates that necessary; and a resident f bladder receives appropriate ces to prevent urinary tract store as much normal bladder T is not met as evidenced on, staff interview, clinical cility document review, it was facility staff failed to anchor eatheter to prevent excessive			Resident #2's indwelling Foley catheter was immediately anch to prevent excessive tension on urinary meatus, per policy for indwelling catheters. Family a physician were notified per pro Education was provided to the Responsible Party (RP) related contraindications of not anchor the Foley catheter to prevent excessive tension on the meature policy. RP expressed understand agreement. A 100% audit of residents with	ored the nd btocol. to ing s per nding	
	tension on the urinar Residents in the sam The Findings Include	nple survey, Resident #2.			Foley catheters was completed assure proper physician orders anchoring were in place and that	to for it	
	For Resident #2 the range industrial for the range in a second for the uninary tension on the uninary	facility staff failed to anchor atheter to prevent excessive y meatus.			care plans reflected proper anch orders. No issues identified per audit.	oring	
	originally admitted on 11/17/15. Admitting on the second in radiation wound to the			Re-education was provided to mand CNA's on the purpose of earesident with a Foley catheter to have a leg strap to relieve tension the meatus per policy and physicorders. New admissions and residents that require the need for Foley catheter will be validated a proper orders for Foley catheter anchor and care plan accordingly.	n on cian or a for		

anchor and care plan accordingly by

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	Correction to an Ani Assessment Refere The facility staff cod and long term memodified independer regarding Activities of facility staff also code extensive (3/2) to to ADL's. In Section H. facility staff coded the indwelling catheter. On February 2, 2016 observed Resident #2 care from 2 (two) Ce (C.N.A.'s #1 and #2) urinary drainage bag side of Resident #2's observed a Foley care from the right hand a surveyor asked the 2 Resident #2's bedline could observe if Resident #2's bedline could observe if Resident #2's bedline could observe if Resident #2's bedline could observe if Resident #2's bedline anchored. The Surveyor asked the 2 Resident #2's bedline could observe if Resident #2's bedline could observe if Resident #2's bedline anchored. The surveyor asked the C.N. Surveyor asked the surveyor asked the #2 catheter tubing extending that Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing and that Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #2 catheter tubing. Resident #3 catheter tubing.	In the clinical record was a hual MDS assessment with an ince Date (ARD) of 11/2/15. Led that Resident #2 had short ory impairment (1/1) and had ince with decision making (1) of Daily Living (ADL's). The led that Resident #2 required that Resident #2 required that Resident #2 had an ince with decision making (1) of Daily Living (ADL's). The led that Resident #2 required that Resident #2 had an ince with least Resident #2 had an ince	F	315	clinical management staff. Da Clinical Start Up review will as residents with new catheter ordered and assure correct physician ordered and care plan for those orders. I identified will be addressed immediately and care plan upda will be made as needed. Randon audits weekly will be conducted DNS and/or designee to assure the Foley Catheters are anchored according to physician orders and care plan. Audit results will be brought to the QA committee for follow-up and recommendations x 3 months. A completion of 3 months, the QA committee will recommend if the is a need to continue.	sess ers ers ers lers ssues tes h by hat d	03-11-16

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				Р		D: 02/23/2016 MAPPROVED	
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NAME OF	PROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIF	CODE	1 02	/02/2016	
GOLDE	N LIVINGCENTER- PO	RTSMOUTH			900 LONDON BOULEVARD PORTSMOUTH, VA 23704				
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F 315	Continued From page	ge 21	F3	31	15				
	been left in the conf 2016. The policy an "Procedure Purpose reduce irritation! Ensure catheter is a anchoring device." On February 2, 2010 reviewed Resident & the clinical record pr Orders Sheets (POS the POS's revealed catheter care: "Cath balloon r/t (related to comfort every shift re CARCINOMA OF SI Change catheter 16 as needed every shi CELL CARCINOMA (C44.92)." (sic) Con	derence room on February 1, deprocedure read in part en To prevent infection. To Procedure Details: 7. Inchored using strap or other at 12:50 p.m. the surveyor classical record. Review of roduced signed Physician en Sis dated 1/30/16. Review of the following orders for Foley eter in place 16 French 10ml en procedure of the following orders for Foley eter in place 16 French 10ml en	31						
	#2's Foley catheter v On February 2, 2016 notified the Director of Nurse that Resident been anchored to pre meatus and to preve	cumentation that Resident vas initiated on 11/10/15. at 9:40 a.m. the surveyor of Nursing (DON) and MDS #2's Foley catheter had not event tension on the urinary nt injury from the Foley							
	team met with the Ad MDS Nurse. The sur Administrative Team Foley catheter and th anchored. No additional informa	at 1:55 p.m. the survey					T		

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GOLDE	N LIVINGCENTER- PO	RTSMOUTH		900 LONDON BOULEVARD PORTSMOUTH, VA 23704		
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F 315			F 31	5		
	to anchor Resident	#2's Foley catheter to prevent				
F 356	483.30(e) POSTED	n the urinary meatus.	F 05			
SS=C	INFORMATION	HONGESTAFFING	F 35	-F356		
	a daily basis: o Facility name. o The current date. o The total number is by the following cate unlicensed nursing is resident care per shandle and in the facility must possible and readable of the facility must, upon a feach shift. Data in the facility must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must, upon a feach shift must mai staffing data for a mirrequired by State law	ses. ical nurses or licensed is defined under State law). aides. st the nurse staffing data a daily basis at the beginning nust be posted as follows: e format. ce readily accessible to		The posted nurse staffing data immediately updated to include total number and the actual how worked by Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants dis responsible for resident care pershift. An immediate modification was made by Staffing Coordinator to display the total number and act hours worked per category requirem per shift going forward in each posting. Re-education was provided to a Management staff and Charge Nurses on the posting requirem reflect the total number and act hours worked by licensed and unlicensed nursing staff directly responsible for resident care pershift. Random audits will be completed weekly by ED/DNS/designee to assure proposting per shift, to include actual hours worked by those staff members. Any findings will be	e the ars rectly restricted for the care daily all ent to the care daily rectly restricted for the care daily all ent to the care daily restricted for the c	

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	PROVIDER OR SUPPLIER N LIVINGCENTER- PO	<u> </u>		9	TREET ADDRESS, CITY, STATE, ZIP CODE 00 LONDON BOULEVARD PORTSMOUTH, VA 23704	1 021	10212016
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F 356	Based on observation staff failed to post the hours worked by lice staff directly responsibility. During initial tour on observed nurse staff bulletin board across posting included the each shift, and the relicensed practical nuassistants scheduled posting did not inclusted those staff members. The surveyor discuss director of nursing or nursing acknowledge.	ion and staff interview, facility ne total number and the actual ensed and unlicensed nursing sible for resident care per 12/1/16, the surveyor fing numbers posted on a serior from the dining room. The date, the resident census for number of registered nurses, arses, and certified nursing do to work each shift. The de actual hours worked by seed the issue with the no 2/1/16. The director of	F3	356	corrected immediately and reeducation given as needed. Audit results will be brought to the QA committee for follow-up and recommendations x 3 months. At completion of 3 months, the QA committee will recommend if there is a need to continue.	the	03-11-16
F 514 SS=D	RECORDS-COMPLLE The facility must mai resident in accordant standards and practic accurately document systematically organically organical record minformation to identify resident's assessment services provided; the preadmission screen and progress notes.	ust contain sufficient / the resident; a record of the hts; the plan of care and	F 5	14	The Attending Physician for Resident #2 was called to obtain a change in medication orders to have all medications administered via p tube. The family was notified of medications to be administered via peg tube. Physician orders and carplan were updated accordingly. All residents with peg tube orders were validated for proper administration route of medication No findings were identified per audit.	re eg	

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES					D: 02/23/2016
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	by: Based on staff inter review, it was determ failed to ensure a correcord for 1 of 10 Resident #2. The Findings Include For Resident #2 the complete and accura (POS's) and Medica (MAR's). Resident #2 was a 7 originally admitted or 11/17/15. Admitting not limited to: hypoth glaucoma, osteoarth hypertension, cerebrabdominal mass with rectum and Schizoph The most current Mirassessment located Correction to an Anni ARD of 11/2/15. The Resident #2 had show impairment (1/1) and with decision making Daily Living (ADL's), that Resident #2 requiresing care (4/2) with the clinical record proposition of the signed by Review of the signed	rview and clinical record mined that the facility staff amplete and accurate clinical esidents in the sample survey, ed: facility staff failed to ensure ate Physician Order Sheets tion Administration Records 3 year old female who was a 10/25/09 and readmitted on diagnoses included, but were hyroidism, skin cancer, ritis, diabetes mellitus, ovascular accident, a radiation wound to the arenia. Inimum Data Set (MDS) in the clinical record was a ual MDS assessment with an facility staff coded that are and long term memory had modified independence (1) regarding Activities of The facility staff also coded aired extensive (3/2) to total	F	514	Re-education of licensed nurse: provided on following physician orders and on medication administration for peg tube residents. Random weekly med observations and physician order review throughout facility on putube residents will be conducted DNS/ADNS/designee to assure proper medication administration physician orders. Findings will corrected immediately and reeducation provided as needed. Audit results will be brought to QA committee for follow-up and recommendations x 3 months. A completion of 3 months, the QA committee will recommend if the is a need to continue.	l passer er eg l by on per be the d tthe	03-11-16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE	UZ	02/2016	
GOLDEN	I LIVINGCENTER- PO	RTSMOUTH		900 LONDON BOULEVARD PORTSMOUTH, VA 237)			
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	administrated by movere ordered to be (percutaneous endo physician orders incomplysician orders and DIABETES MELLIT COMPLICATIONS (Abilify Tablet 5MG (Abilify Tablet 5MG (Abilify Tablet 5MG (Asserting a day every 30 UNSPECIFIED OST UNSPECIFIED OST UNSPECIFIED AT (148.91). CloNIDine tablet by mouth three ESSENTIAL (PRIMARIOMAL CAPIALAZINE HCL Town times a day related to the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of the property of tablet of ta	couth while other medications administered by PEG tube escopic gastrostomy). Signed duded, but not limited to: five times a day FREE waternes a day. Enteral feeding ay related to TYPE 1 US WITHOUT E10.9) Glucerna 1.2 cal. ARIPIprazole Give 1 tablet by ay related to (F20). Actonel Tablet 150MG (F20). Actonel Tablet 150MG (F20). Actonel Tablet 81 mouth one time a day related to (EOARTHRITIS, EM19.90). Aspirin Tablet 81 mouth one time a day related frial FIBRILLATION (HCL Tablet 0.2mg Give 1 etimes a day related to (TAMSULOSIN HCL) outh one time a day related MICTURITION (R35.0). Tablet 25 MG Give one tablet ed to ATHEROSCLEROTIC FNATIVE CORONARY ANGINA PECTORIS let 10MG (Escitalopram let by mouth one time a day EPRESSIVE DISORDER, NSPECIFIED (F32.9). MG (Metoprolol Tartrate) Give times a day related to RY) HYPERTENSION (I10). Clopidogrel Bisulfate) Give 1	F 51					

		AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 02/23/2016 M APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER			Π	STREET ADDRESS, CITY, STATE, ZIP CODE	02/02/2016	
GOLDEN LIVINGCENTER- PORTSMOUTH					900 LONDON BOULEVARD PORTSMOUTH, VA 23704		
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	Tablet Delayed releating Magnesium) Give 1 day related to GAST DISEASE WITHOU Synthroid Tablet (Let 1.5mg by mouth one thyroid. Zocor tablet tablet by mouth in the ATHEROSCLEROT NATIVE CORONAR ANGINA PECTORIS medications were on PEG tube. Continued review of the January and Fet of the MAR's docum medications were be while others were be tube. On February 2, 2016 interviewed the medications by PEG Licensed Practical N Resident #2 received stated that Resident medications by PEG LPN (#1) if she was always and mouth were ordered to be a LPN (#1) stated, "I've that." The surveyor reand MAR's with LPN would call the physic corrected.	S (I25.10). Prolosec OTC ase 20 MG (Omeprazole table by mouth one time a FRO-ESPHAGEAL REFLUX T ESPHAGITIS (K92.9). Evothyroxine Sodium) Give at time a day for underactive at 40MG (Simvastatin) Give 1 the evening related to FRY ARTERY WITHOUT S (I25.10)." (sic) All other ordered to be administered by the clinical record produced or any 2016 MAR's. Review the the clinical record by mouth being administered by PEG S at 1:40 p.m. the surveyor ication nurse, who was a lurse (LPN (#1), how do her medications. LPN (#1) #2 received all of her tube. The surveyor asked aware that some of Resident	F	514	4		

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					M APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER- PORTSMOUTH			STREET ADDRESS, CITY, STATE, ZIP CODE 900 LONDON BOULEVARD PORTSMOUTH, VA 23704				02/02/2016		
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F 514	team met with the A of Nursing (DON) an notified the Adminis Resident #2's POS's The surveyor notifie Resident #2's medicadministered by mo to be administered by notified the AT that a medications were betube. No additional inform exiting the facility as	administrator (Adm), Director and MDS Nurse. The surveyor trative Team (AT) that is and MAR's were incorrect. It is and the AT that some of cations were ordered to be surfly while others were ordered by PEG tube. The surveyor	F	514					

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