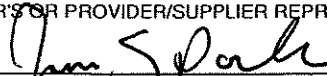


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2018
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey was conducted 12/18/18 through 12/19/18. Two complaints were investigated during the survey process. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 128 certified bed facility was 98 at the time of the survey. The survey sample consisted of one current resident review, Resident #1 and three closed record reviews, Residents #2, #3 and #4.</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p>	F 550	<p>F550</p> <p>Corrective Action</p> <p>Resident #1 is wound treatment is Being administered per the physician's prescribed order and following infection control procedures Resident # 1 suffered no adverse effects and did not require transfer to a higher level of care.</p> <p>Corrective Action for those having the potential to be affected</p> <p>Residents with the treatment orders for have the potential to be affected by this alleged deficient practice. The nurse involved with the dressing change of Resident #1 was educated on the dressing change- non sterile clean policy.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 1/17/19
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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 patient. (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 550	<p>Continued From page 1</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, it was determined the facility staff failed to maintain resident dignity during a dressing change for one of four residents in the survey sample, Resident #1.</p> <p>The facility staff was observed writing the date the dressing was changed and initials, using a marker, directly on the two dressings attached to Resident #1's abdomen.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that</p>	F 550	<p>The facility will educate licensed nurses on dressing change - non sterile clean policy. The D.O.N or designee will observe two licensed nurses a week x 4 weeks completing a treatment with correct dressing change- non sterile clean technique After 4 weeks, two treatments a month x2 months will be Observed by D.O.N or designee.</p> <p>Systematic Changes</p> <p>The D.O.N or designee will observe two licensed nurses a week x 4 weeks completing a treatment with correct dressing change- non sterile clean technique After 4 weeks, two treatments a month x2 months will be Observed by D.O.N or designee.</p> <p>Monitoring</p> <p>Ongoing, compliance will be monitored through facility's quality assurance meeting monthly.</p> <p>We will review HCR's treatment observations forms completed for the month. Any issues found will result in education or disciplinary action.</p> <p>Dates Completed: 01/31/19</p>	
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F 550	<p>Continued From page 2</p> <p>is usually a combination of emphysema and chronic bronchitis (1)], depression, dementia, and impaired vision.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube.</p> <p>Observation was made of RN (registered nurse) #1 on 12/19/18 at 9:25 a.m., performing dressing changes for Resident #1. The resident had two dressings to be completed, one on the suprapubic catheter [A suprapubic catheter (tube) drains urine from your bladder. It is inserted into your bladder through a small hole in your belly (2)], insertion site and one on the gastrostomy tube [Gastrostomy tube a surgical creation of an artificial opening into the stomach through the abdominal wall done to allow artificial feeding (3)], insertion site. After completing the dressing changes, RN #1 applied tape around the edges of both dressings, and was observed removing a permanent marker from her pocket. She was then observed writing the date and her initials directly onto the tape on the dressings attached to Resident #1's abdomen.</p> <p>An interview was conducted with RN #1 on 12/19/18 at 11:17 a.m., regarding the process</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>staff follow for dating dressing during a dressing change. RN #1 stated the nurse should put the date, time and initials. RN #1 stated, "Oops, I forgot to put the time on it." When asked if a nurse is supposed to write on a dressing while it's on the resident, RN #1 stated, "No, I was nervous with you watching me."</p> <p>An interview was conducted on 12/19/18 with RN #2, the unit manager, at 11:31 a.m. When asked how a nurse is to identify when a dressing was changed, RN #2 stated, "You put the date on a piece of tape then put it on the dressing." When asked if a nurse is to write on the tape while the tape is on a resident's abdomen, RN #2 stated, "No, Ma'am."</p> <p>The facility policy, "Dressing Change: Non Sterile (Clean)" documented in part, "15. Prepare clean field: Label tape used to secure dressing with caregiver initials and date...21. Apply tape with initials and date of dressing change to secure dressing."</p> <p>Basic Nursing, Essentials for Practice, Potter and Perry, 6th edition, 2007, pages 1015-1067, was used as a reference for dating and initialing dressing changes. Skill 35-3 Applying Dressings: Dry or Wet-to-Dry and Transparent Recording and Reporting read: "Write your initials, date, and time of dressing change on a piece of tape in ink (not marker), and place on dressing."</p> <p>Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m.</p>	F 550			

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F 550	Continued From page 4 No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) This information was obtained from the following website: wwwqa.nlm.nih.gov/medlineplus/275/ency/patientinstructions/000145.htm (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 243.	F 550			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584	F584 Corrective Action Resident 1 # mattress was replaced on 12/20/18. Resident # 1 suffered no adverse effects and did not require transfer to a higher level of care due to tear in mattress. Corrective Action for those having the potential to be affected. An audit of the facilities mattress was completed on 12/28/18. No other mattresses were affected. Systematic Changes licensed nursing staff and housekeeping was educated by Maintenance on completing work orders for ripped mattresses. 20 percent mattresses will be inspected monthly for 2 months.		

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F 584	<p>Continued From page 5</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and in the course of a complaint investigation, it was determined the facility staff failed to maintain a homelike environment for one of four residents in the survey sample, Resident #1.</p> <p>Resident #1 mattress was observed with a large rip on the top right side at the seam.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)], depression, dementia, and impaired vision.</p>	F 584	<p>Monitoring</p> <p>Licensed nursing staff and housekeepers will complete a work order if they identify a mattress that has a rip or tear in it. 20 percent mattresses will be inspected monthly for 2 months.</p> <p>Ongoing, compliance will be monitored through inspecting work orders. In addition, the monthly mattress audits will be brought to the facility's quality assurance meeting monthly.</p> <p>Date Completed: 01/31/19</p>	

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F 584	Continued From page 6 The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube. Observation was made on 12/19/18 at 9:25 a.m. of Resident #1. The resident was in his bed. The right side of the mattress, the side next to the window, was observed with a large rip in it, and the inner mattress foam was exposed. The area that was ripped was approximately two and a half feet long and was approximately eight inches in height. The bed sheet was not covering the open area. An interview was conducted with CNA (certified nursing assistant) #4 on 12/19/18 at approximately 9:30 a.m. CNA #4 stated, "They are supposed to get him a new mattress." When asked if the ripped mattress was an infection control issue, CNA #4 stated, "Yes, I guess so." When asked about the process staff follow when something is broken or in need of repair, CNA #1 stated the staff fills in a work order to maintenance. You tell your charge nurse and the unit manager. An interview was conducted with RN (registered nurse) #1, on 12/19/18 at approximately 9:35	F 584			

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F 584	<p>Continued From page 7</p> <p>a.m. When asked if she was aware of Resident #1's ripped mattress, RN #1 stated, I just saw it last week."</p> <p>A second interview was conducted with RN #1 on 12/19/18 at 11:17 a.m. When asked when she saw the ripped mattress, RN #1 stated it was towards the end of last week. When asked what she had done to address this, RN #1 stated she had called maintenance to get him a new mattress.</p> <p>An interview was conducted with RN #2, the unit manager on 12/19/18 at 11:31 a.m. When asked about the process the staff follows when they find something broken or ripped, RN #2 stated, "We have to tell maintenance or housekeeping." When asked if she was made aware of the rip in Resident #1's mattress, RN #2 stated she had been made aware and had told (name of director of environmental services). When asked if the rip in the mattress was an infection control concern, RN #2 stated, "Yes, but the rip is on the edge. It would be more of an issue if it was in the middle of the mattress."</p> <p>An interview was conducted with OSM (other staff member) #1, the environmental service director, on 12/19/18 at 11:51 a.m. When asked what is done if a mattress is ripped, OSM #1 stated, "It should be replaced." When asked if she was made aware of Resident #1's ripped mattress, OSM #1 stated, "I was told about it a couple of days ago. We have mattresses on order." When asked how long they have been waiting for the mattresses, OSM #1 stated, "I believe it has been about a month." OSM #1, was asked why a mattress from an empty bed had not been taken, since the facility is not full. OSM #1 stated, "What</p>	F 584			

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F 584	<p>Continued From page 8</p> <p>I will do is go pull one from another room and replace it." OSM #1 returned at 12:05 p.m. and informed the writer that the mattress had been changed out and thrown away."</p> <p>The facility policy, "Bed Environment" documented in part, "The bed environment includes the bed frame, the support surface, patient and immediate geographic environment surrounding the bed frame. While individuals may differ in sleeping and sleep habits, creation of a safe bed environment that takes into account patient's medical needs, comfort and freedom of movement is based on individualized patient evaluation by the interdisciplinary team, physician, patient and family...The bed system equipment is inspected, evaluated, maintained and upgraded on a routine basis and as needed."</p> <p>Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m. When asked why this writer was concerned with the mattress, ASM #1 stated there were two reasons, one was the comfortable homelike environment and the other is infection control.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p>	F 584		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)	F 656		

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F 656	<p>Continued From page 9</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the</p>	F 656	<p>F656</p> <p>Corrective Action: Resident #1's Oxygen is being administered at prescribed rate Resident #2 has been discharged from the facility</p> <p>Potential residents to be affected. Other residents receiving Oxygen has the potential can be affected. Other residents with order for psych consults have the potential to be affected.</p> <p>Systematic Changes: An audit of all POC was completed for residents with order for Oxygen License Nurses will be re-educated to administer resident's oxygen at the prescribed rate. An audit of all POC was completed for residents with order for psych service IDT will be re-educated by the DON/Designee on the importance of implementing a comprehensive care plan by obtaining psych consults as ordered.</p>	
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F 656	<p>Continued From page 10 requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to implement the care plan for two of four residents in the survey sample, Residents #1 and #2.</p> <ol style="list-style-type: none"> The facility staff failed to implement Resident #1's comprehensive care plan for the administration oxygen. The facility staff failed to implement Resident #2's comprehensive care plan for obtaining a psychiatry consult. <p>The findings include:</p> <ol style="list-style-type: none"> Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis. (1)], depression, dementia, and impaired vision. <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff</p>	F 656	<p>Monitoring System: DON/designee will complete random audit of 5 residents receiving oxygen for compliance with prescribed rate Social Services director/designee will complete a random audit of 5 residents care plan for implementation of comprehensive care plan for psychiatrist consults Audit will be completed weekly for 4 weeks and monthly for 2 months. Identified discrepancies will be addressed accordingly, and as appropriate. Such will be forwarded to the QA&A committee for further review and/or possible revisions to facility protocol</p> <p>The Facility alleges complains on 1/31/19</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2018
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-IMPERIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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F 656	<p>Continued From page 11</p> <p>members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube.</p> <p>The comprehensive care plan dated, 6/22/18, documented in part, "Focus: The resident has oxygen therapy r/t (related to) ineffective gas exchange and nebulizer treatment." The "Interventions" documented, "Give medications as ordered by physician. Monitor for side effects and effectiveness."</p> <p>Observation was made of Resident #1 on 12/18/18 at 2:37 p.m. the resident was observed with oxygen on via a nasal cannula (two prongs that insert into the nose) connected to an oxygen concentrator. The oxygen- concentrator flow rate was set at 3L/min (liters per minute). A second observation was made of Resident #1 on 12/19/18 at 8:41 a.m. The oxygen was in use by the resident, and the flow rate setting was observed at 3L/min. A third observation was made of the resident on 12/19/18 at 9:25 a.m. the resident was awake, his oxygen was in use via the nasal cannula connected to an oxygen concentrator. The oxygen -concentrator flow rate was set at 3L/min.</p> <p>On 12/19/18 at 9:50 a.m., RN (registered nurse) #1 was asked to observe Resident #1's oxygen concentrator and tell this writer the flow rate setting. RN #1 stated the oxygen was set at 3L/min.</p> <p>The physician order dated, 9/19/18, documented, "O2 (oxygen) @ (at) 2 liters per minute via nasal cannula every shift related to Chronic Obstructive</p>	F 656		
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F 656	<p>Continued From page 12 Pulmonary Disease."</p> <p>An interview was conducted with RN #1 on 12/19/18 at 11:17 a.m. When asked the purpose of the comprehensive care plan, RN #1 stated it's for the care of the patient and their safety to ensure they get the care they need." When asked if the staff should follow the care plan, RN #1 stated, "Yes." When asked if staff were following Resident #1's comprehensive care plan if oxygen was care planned to be administered per the physician order, and Resident #1's oxygen was set at the incorrect rate, RN #1 stated, "No."</p> <p>An interview was conducted with RN #2, the unit manager, on 12/19/18 at 11:31 a.m. When asked the purpose of the comprehensive care plan, RN #2 stated it's the guideline of patient care for the staff to follow. When asked if it should be followed, RN #2 stated, "Yes."</p> <p>The facility policy, "Interdisciplinary Care Planning" documented in part, "Implementation: Once the care plan is developed, the staff must implement the interventions identified in the care plan. These may include, but is not limited to: administering treatments and medications, performing therapies and participating in activities with the patient."</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient</p>	F 656		

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

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

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F 656	<p>Continued From page 13 and is used to direct care...expect to review, revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders..."</p> <p>Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>2. The facility staff failed to implement Resident # 2's comprehensive care plan for obtaining a psychiatry consult.</p> <p>Resident #2 was admitted to the facility on 2/23/18 with diagnoses that included but were not limited to: anxiety disorder, depression, Parkinson's disease, [a slowly progressive neurological disorder characterized by resting tremor, shuffling gait, stooped posture, rolling motions of the fingers, drooling and muscle weakness, sometimes with emotional instability. (1)], seizures, high blood pressure, mood disorder, and traumatic brain injury [TBI - happens when a bump, blow, jolt, or other head injury causes damage to the brain. (2)].</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 10/17/18, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score indicating the</p>	F 656			

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F 656	<p>Continued From page 14</p> <p>resident was moderately impaired to make daily cognitive decisions. Resident #2 was coded as being capable of making himself understood, and as usually understanding others. The resident was not coded as having any signs or symptoms of delirium. In Section E - Behaviors, the resident was not coded as having any indicators of psychosis or having any behavioral symptoms during the past seven days of the look back period. Resident #2 was coded as requiring supervision of one staff member for moving in the bed, transferring from one surface to another surface, dressing, toileting and personal hygiene. The resident required limited assistance of one staff member for walking in the corridor, and was independent in moving on and off the unit and eating.</p> <p>The comprehensive care plan dated, 8/8/18, documented in part, "Focus: At risk for behavior symptom r/t (related to) mood disorder, depression and anxiety." The "Interventions" dated 8/8/18 documented in part, "Administer medication per physician order. Observe for mental status/behavior changes when new medication started or with changes in dosage. Psych (psychiatry) referral as needed. Redirect patient when he becomes agitated by offering to call his sister or soda."</p> <p>During an interview with LPN (licensed practical nurse) #3 on 12/19/18 at 9:57 a.m., LPN #3 stated Resident #2 was involved in a resident-to-resident incident on 8/8/18. Another resident entered his room and sat on the bed. Resident #2 went out into the hallway and started screaming, "Get this damn man out of my room." The facility staff stated that it took some encouragement to get the resident out of</p>	F 656			

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F 656	<p>Continued From page 15</p> <p>Resident #2's room. Resident #2 stated, "If he don't get out of my room, I am gonna come in there and fuck him up."</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 5/5/18. Per documentation, the psychiatrist adjusted Resident #2's medication. The Buspar [used to treat anxiety disorders. (3)] was increased to 15 MG (milligrams) one tablet by mouth three times a day. The resident was to remain on Cymbalta [used to treat anxiety and generalized anxiety. (4)] 60 mg by mouth every day.</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 6/16/18. Per documentation, the psychiatrist adjusted Resident #2's medications. The Buspar was continued, Resident #2 was started on Zoloft [is used to treat depression, obsessive-compulsive disorder [bothersome thoughts that won't go away and ... including mood swings, irritability, bloating, and breast tenderness] (5)] 50 mg one tablet by mouth every morning.</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 7/14/18. He adjusted Resident #2's medication. The Buspar was continued but the Zoloft was increased to 100 mg one tablet every morning.</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated, 8/8/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, agitation, irritability or hyperactivity, resistance to ADLs (activities of daily living), yelling/repetitive verbalizations, socially inappropriate disruptive behaviors, unrealistic demands, unsafe impulsive behaviors. Patient is</p>	F 656			

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F 656	<p>Continued From page 16 immediate threat to others - no."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 8/13/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, agitation, irritability or hyperactivity. Patient immediate threat to others - yes. Additional comments: was standing in the hall near resident room. Resident could be heard being verbally aggressive towards his sister. Told her to get the **** out (use profanity). RP (responsible party) was telling resident to continue therapy and he was saying he wanted to get out the place."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 10/8/18, documented in part, "Identified Behavioral Symptoms - verbal aggression. Patient immediate threat to others - no." Additional Comments: Resident in his wheelchair going down the hall way, when he saw another resident and began to call the resident inappropriate names."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 10/29/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, socially disruptive behaviors. Patient immediate threat to others - no."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 11/5/18, documented in part, "Identified Behavioral Symptoms - verbal aggression. Patient immediate threat to others - no. Additional Comments: Using inapposite (sic) language towards staff, and stating how he hates this place."</p> <p>Further review of Resident #2's clinical record</p>	F 656		

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F 656	<p>Continued From page 17</p> <p>failed to evidence any further psychiatric consults or visits.</p> <p>An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 12/19/18 at 8:04 a.m. When asked why the psychiatrist did not see Resident #2 after 7/14/18, ASM #2 stated the contract with that psychiatrist ended. When asked how residents in need of psychiatric services being taken care of, ASM #2 stated the facility is currently sending the resident out to two different hospitals and one psychiatrist for treatment. When asked why Resident #2 was not sent out for continued psychiatric services after the incident with another resident on 8/8/18, ASM #2 stated she didn't know. A copy of the contract for psychiatric services was requested to check on the date of the expiration of the contract. On 12/19/18 at 12:22 p.m., ASM #2 informed this surveyor that the contract could not be located. At this same time, ASM #1, the administrator, stated that when he arrived at the facility as the administrator, he has been trying to get psychiatric services in the building. They currently do not have psychiatric services in house at this time. When asked if not having psychiatric services for Resident #2 was following his comprehensive care plan that documents, as an intervention, to have psychiatry services, ASM #2 stated, "No, Ma'am, it's not."</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were made aware of the above findings on 12/19/18 at 12:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the</p>	F 656			

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F 656	<p>Continued From page 18</p> <p>Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 437.</p> <p>(2) This information was obtained from the following website: https://medlineplus.gov/traumaticbraininjury.html</p> <p>(3) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Buspar&_ga=2.33818601.934922596.1545340204-938173006.1468851256</p> <p>(4) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Cymbalta&_ga=2.264045508.934922596.1545340204-938173006.1468851256</p> <p>(5) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Zolofit&_ga=2.33818601.934922596.1545340204-938173006.1468851256</p>	F 656		
F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p>	F 695	<p>F695</p> <p>Corrective Action.</p> <p>Resident #1's oxygen is being Administered per the physician's prescribed rate. Resident # 1 suffered no adverse effects and did not require transfer to a higher level of care.</p>	

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F 695	<p>Continued From page 19</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to administer oxygen at the physician prescribed rate for one of four residents in the survey sample, Resident #1.</p> <p>The facility staff failed to administer Resident #1's oxygen at the physician prescribed rate of two liters per minute.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis. (1)], depression, dementia, and impaired vision.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube.</p>	F 695	<p>Potential residents to be affected.</p> <p>Residents with the order for Oxygen have the potential to be affected by this alleged deficient practice. The facility will audit residents with oxygen orders to ensure that the correct number of liters are at the physicians prescribed rate via eagle room.</p> <p>Systematic Changes</p> <p>licensed nursing staff will be re-educated on administering oxygen at physician prescribed rate</p> <p>Monitoring</p> <p>DON/designee will conduct random audit: of 5 residents on oxygen weekly for 4 weeks and then monthly for two months to ensure liters are set to physician's prescribed rate.</p> <p>Identified discrepancies will be addressed accordingly, and as appropriate will be forwarded to the QA&A committee for further review and/or possible revisions to facility protocol.</p> <p>The facility alleges complain on 1/31/19</p>		

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F 695	Continued From page 20 Observation was made of Resident #1 on 12/18/18 at 2:37 p.m. the resident was observed with oxygen on via a nasal cannula (two prongs that insert into the nose) connected to an oxygen concentrator. The oxygen- concentrator flow rate was set at 3L/min (liters per minute). A second observation was made of Resident #1 on 12/19/18 at 8:41 a.m. The oxygen was in use by the resident, and the flow rate setting was observed at 3L/min. A third observation was made of the resident on 12/19/18 at 9:25 a.m. the resident was awake, his oxygen was in use via the nasal cannula connected to an oxygen concentrator. The oxygen -concentrator flow rate was set at 3L/min. On 12/19/18 at 9:50 a.m., RN (registered nurse) #1 was asked to observe Resident #1's oxygen concentrator and tell this writer the flow rate setting. RN #1 stated the oxygen was set at 3L/min. The physician order dated, 9/19/18, documented, "O2 (oxygen) @ (at) 2 liters per minute via nasal cannula every shift related to Chronic Obstructive Pulmonary Disease." The comprehensive care plan dated, 6/22/18, documented in part, "Focus: The resident has oxygen therapy r/t (related to) ineffective gas exchange and nebulizer treatment." The "Interventions" documented, "Give medications as ordered by physician. Monitor for side effects and effectiveness." On 12/19/18 at 9:50 a.m., RN (registered nurse) #1 was asked to observe Resident #1's oxygen concentrator and tell this writer the flow rate	F 695			

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F 695	<p>Continued From page 21 setting. RN #1 stated the oxygen was set at 3L/min.</p> <p>An interview was conducted with RN #1 on 12/19/18 at 11:17 a.m. When asked what flow rate Resident #1's oxygen was to be set on, RN #1 stated she believed it was 2L/min. RN #1 was asked to read Resident #1's physician order for the oxygen. When asked if the staff were following the physician order, RN #1 stated, "No."</p> <p>An interview was conducted with RN #2, the unit manager, on 12/19/18 at 11:31 a.m., regarding the process staff follow when the physician has ordered oxygen to be set at 2L/min. RN #2 stated, "They should set the oxygen at two liters." When asked how often the nurse should check the setting of the oxygen, RN #2 stated, "Every shift." The above observation was shared with RN #2. RN #2 stated she had gone into the room on 12/18/18 after this writer had left the room and noted the oxygen was set at three liters. RN #2 stated she had turned it down to the prescribed rate of 2L/min. She stated that someone must have adjusted it back up to three between the time she had adjusted the rate, and when this writer observed it on 12/19/18.</p> <p>The facility policy, "Oxygen Administration" documented in part, "Procedure: 1. Verify Physician's order...Preparation of equipment: 3. For oxygen concentrator, plug in power cord, turn unit on and set flow meter to correct flow rate."</p> <p>According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen</p>	F 695			

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F 695 Continued From page 22
should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."

Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m.

No further information was provided prior to exit.

F 695

F 740
SS=D Behavioral Health Services
CFR(s): 483.40

§483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by:
Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide psychiatric services

F 740

F740

Corrective Action

Resident #2 has been discharged from the facility.

Potential residents to be affected
Residents with order for Psychiatric consult has the potential to be affected

An audit of residents with orders for psychiatric services have been completed

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F 740	<p>Continued From page 23 for one of four residents in the survey sample, Resident #2.</p> <p>The facility staff failed to provide psychiatric services for Resident #2 after a resident-to-resident altercation on 8/8/18.</p> <p>The findings include:</p> <p>Resident #2 was admitted to the facility on 2/23/18 with diagnoses that included but were not limited to: anxiety disorder, depression, Parkinson's disease, [a slowly progressive neurological disorder characterized by resting tremor, shuffling gait, stooped posture, rolling motions of the fingers, drooling and muscle weakness, sometimes with emotional instability. (1)], seizures, high blood pressure, mood disorder, and traumatic brain injury [TBI - happens when a bump, blow, jolt, or other head injury causes damage to the brain. (2)].</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 10/17/18, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score indicating the resident was moderately impaired to make daily cognitive decisions. Resident #2 was coded as being capable of making himself understood, and as usually understanding others. The resident was not coded as having any signs or symptoms of delirium. In Section E - Behaviors, the resident was not coded as having any indicators of psychosis or having any behavioral symptoms during the past seven days of the look back period. Resident #2 was coded as requiring supervision of one staff member for moving in the bed, transferring from one surface to another</p>	F 740	<p>Systematic Changes:</p> <p>Licensed nursing and social services personnel Will be re-educated on the appropriate process for the follow up with order.</p> <p>Monitoring System:</p> <p>Director of social services/designee will complete a random audit of 10 resident's physician orders for psychiatric consults and that arrangement was completed for resident to be seen by a psychiatrist. Audit will be completed weekly for 4weeks and monthly for 2 months.</p> <p>Identified discrepancies will be addressed accordingly, and as appropriate.</p> <p>Results of audit be forwarded to the QA&A Committee for further review and/or possible revisions to facility protocol.</p> <p>Completion date: 01/31/19</p>	
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F 740	<p>Continued From page 24</p> <p>surface, dressing, toileting and personal hygiene. The resident required limited assistance of one staff member for walking in the corridor, and was independent in moving on and off the unit and eating.</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 5/5/18. Per documentation, the psychiatrist adjusted Resident #2's medication. The Buspar [used to treat anxiety disorders. (3)] was increased to 15 MG (milligrams) one tablet by mouth three times a day. The resident was to remain on Cymbalta [used to treat anxiety and generalized anxiety. (4)] 60 mg by mouth every day.</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 6/16/18. Per documentation, the psychiatrist adjusted Resident #2's medications. The Buspar was continued, Resident #2 was started on Zoloft [is used to treat depression, obsessive-compulsive disorder [bothersome thoughts that won't go away and ... including mood swings, irritability, bloating, and breast tenderness] (5)] 50 mg one tablet by mouth every morning.</p> <p>The clinical record documented, the psychiatrist saw Resident #2 on 7/14/18. He adjusted Resident #2's medication. The Buspar was continued but the Zoloft was increased to 100 mg one tablet every morning.</p> <p>During an interview with LPN (licensed practical nurse) #3 on 12/19/18 at 9:57 a.m., LPN #3 stated Resident #2 was involved in a resident-to-resident incident on 8/8/18. Another resident entered his room and sat on the bed. Resident #2 went out into the hallway and started</p>	F 740		

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F 740	<p>Continued From page 25</p> <p>screaming, "Get this damn man out of my room." The facility staff stated that it took some encouragement to get the resident out of Resident #2's room. Resident #2 stated, "If he don't get out of my room, I am gonna come in there and fuck him up."</p> <p>The comprehensive care plan dated, 8/8/18, documented in part, "Focus: At risk for behavior symptom r/t (related to) mood disorder, depression and anxiety." The "Interventions" dated 8/8/18 documented in part, "Administer medication per physician order. Observe for mental status/behavior changes when new medication started or with changes in dosage. Psych (psychiatry) referral as needed. Redirect patient when he becomes agitated by offering to call his sister or soda."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated, 8/8/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, agitation, irritability or hyperactivity, resistance to ADLs (activities of daily living), yelling/repetitive verbalizations, socially inappropriate disruptive behaviors, unrealistic demands, unsafe impulsive behaviors. Patient is immediate threat to others - no."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 8/13/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, agitation, irritability or hyperactivity. Patient immediate threat to others - yes. Additional comments: was standing in the hall near resident room. Resident could be heard being verbally aggressive towards his sister. Told her to get the **** out (use profanity). RP (responsible party) was telling resident to</p>	F 740		

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F 740	<p>Continued From page 26 continue therapy and he was saying he wanted to get out the place."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 10/8/18, documented in part, "Identified Behavioral Symptoms - verbal aggression. Patient immediate threat to others - no." Additional Comments: Resident in his wheelchair going down the hall way, when he saw another resident and began to call the resident inappropriate names."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 10/29/18, documented in part, "Identified Behavioral Symptoms - verbal aggression, socially disruptive behaviors. Patient immediate threat to others - no."</p> <p>The "Behavioral Symptom Assessment" for Resident #2, dated 11/5/18, documented in part, "Identified Behavioral Symptoms - verbal aggression. Patient immediate threat to others - no. Additional Comments: Using inapposite (sic) language towards staff, and stating how he hates this place."</p> <p>Further review of Resident #2's clinical record failed to evidence any further psychiatric consults or visits.</p> <p>An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 12/19/18 at 8:04 a.m. When asked why the psychiatrist did not see Resident #2 after 7/14/18, ASM #2 stated the contract with that psychiatrist ended. When asked how residents in need of psychiatric services being taken care of, ASM #2 stated the facility is currently sending the resident</p>	F 740		

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F 740	<p>Continued From page 27</p> <p>out to two different hospitals and one psychiatrist for treatment. When asked why Resident #2 was not sent out for continued psychiatric services after the incident with another resident on 8/8/18, ASM #2 stated she didn't know. A copy of the contract for psychiatric services was requested to check on the date of the expiration of the contract. On 12/19/18 at 12:22 p.m., ASM #2 informed this surveyor that the contract could not be located. At this same time, ASM #1, the administrator, stated that when he arrived at the facility as the administrator, he has been trying to get psychiatric services in the building. They currently do not have psychiatric services in house at this time. When asked if not having psychiatric services for Resident #2 was following his comprehensive care plan that documents, as an intervention, to have psychiatry services, ASM #2 stated, "No, Ma'am, it's not."</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were made aware of the above findings on 12/19/18 at 12:25 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 437. (2) This information was obtained from the following website: https://medlineplus.gov/traumaticbraininjury.html (3) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Buspar&_ga=2.33818601.934922596.1545340204-938173006.146885</p>	F 740			

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F 740	Continued From page 28 1256 (4) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Cymbalta&_ga=2.264045508.934922596.1545340204-938173006.1468851256 (5) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=Zolofit&_ga=2.33818601.934922596.1545340204-938173006.1468851256	F 740			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880	Corrective Action: Resident #1 Nurse was immediately re-educated on completing dressing changes using proper infection control practices. Upon notification by the surveyor, resident #1 mattress was immediately replaced. Potential residents to be affected. Residents receiving dressing changes have the potential to be affected. All resident's mattress has the potential to be affected. Systematic Changes: License Nurses will be re-educated to complete dressing change using proper infection control practices Licensed nursing staff will be re-educated on completing wound care using proper infection control technique		

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F 880	<p>Continued From page 29</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880	<p>An audit of all mattress has be completed Admin/Designee will re-educate maintenance Director to complete bed/mattress audit twice a year per facility policy and all staff to immediately complete a work order request notifying the Maintenance Director of any issues with any mattress.</p> <p>Monitoring System: DON/designee will conduct random audits of 2 license nurses weekly for 4 weeks and then monthly for two months to ensure that wound care is being completed using proper infection control technique</p> <p>Admin/Designees will complete random audit of 10 resident mattresses assessing for rips weekly for 4 weeks and monthly for 2 months. Identified discrepancies will be addressed accordingly, and as appropriate at QA&A committee for further review and/or possible revisions to facility protocol.</p> <p>The facility alleges complain on 1/31/19</p>		

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F 880	<p>Continued From page 30 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to follow infection control practices for one of four residents in the survey sample, Resident #1.</p> <p>1. The facility staff failed to follow infection control practices during a dressing change for Resident #1.</p> <p>2. The facility staff failed to maintain infection control practices for the maintenance of Resident #1's bed mattress. Resident #1 mattress was observed with a large rip on the top right side at the seam.</p> <p>The findings include:</p> <p>1. The facility staff failed to follow infection control practices while doing a dressing change for Resident #1.</p> <p>Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and</p>	F 880		
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F 880	<p>Continued From page 31</p> <p>chronic bronchitis (1)], depression, dementia, and impaired vision.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube.</p> <p>Observation was made on 12/18/18 at 9:25 a.m., of RN (registered nurse) #1 performing the dressing changes to Resident #1's suprapubic catheter [A tube that drains urine from your bladder. It is inserted into your bladder through a small hole in your belly. (2)] and his gastrostomy tube [a surgical creation of an artificial opening into the stomach through the abdominal wall done to allow artificial feeding. (3)]. RN #1 put on her gloves and proceeded to remove the dressing from the resident's suprapubic catheter. She placed the removed dressing on the nightstand. RN #1 then proceeded to remove the dressing from Resident #1's gastrostomy tube and put the removed dressing in her glove as she removed them to discarded the gloves. RN #1 then placed the removed gloves containing the gastrostomy dressing on the nightstand, which was observed to contain a package of four by four drain sponges in their packages. The dirty dressing was placed on the corner of the clean package. RN #1 then proceeded to clean the suprapubic</p>	F 880			

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F 880	<p>Continued From page 32</p> <p>catheter insertion site and then placed one of the drain sponges observed on the nightstand around the resident's suprapubic catheter at the insertions site. RN #1 did not change her gloves and proceeded to clean around the insertion site of the gastrostomy tube. She then placed a second drain sponge around the insertion site of the gastrostomy tube.</p> <p>An interview was conducted with RN #1 on 12/19/18 at 11:17 a.m. When asked if a dirty dressing should be placed on the nightstand with part of the dressing touching the package of the clean drain sponge, RN #1 stated, "No." When asked if a nurse is to change gloves between two different dressing sites, RN #1 stated, "Yes, we should change gloves." The above observation was shared with RN #1.</p> <p>An interview was conducted with RN #2, the unit manager, on 12/19/18 at 11:31 a.m. RN #2 was asked where the dirty dressing be placed when performing a dressing change. RN #2 stated, "You discard it in the trash can." When asked if two dressings are being changed, should staff change their gloves between the two different dressing sites, RN #2 stated, "Yes, it should be done individually."</p> <p>The facility policy, "Dressing Change: Non-Sterile (Clean)" documented in part, "Procedure: 7. Place waste receptacle, with a leak proof bag inside, under the over bed table....13. Remove soiled dressing and discard in trash bag...26. Remove soiled gloves and discard. Perform hand hygiene.</p> <p>Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and</p>	F 880		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-IMPERIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 33</p> <p>ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>(2) This information was obtained from the following website: wwwqa.nlm.nih.gov/medlineplus/275/ency/patientinstructions/000145.htm</p> <p>(3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 243.</p> <p>2. The facility staff failed to maintain infection control practices for the maintenance of a resident bed mattress for Resident #1.</p> <p>Resident #1 was admitted to the facility on 9/27/17 with a recent readmission on 9/19/18, with diagnoses that included but were not limited to: high blood pressure, stroke, chronic obstructive pulmonary disease [COPD - general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)], depression, dementia, and impaired vision.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 9/26/18, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon one or more staff</p>	F 880			

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F 880	<p>Continued From page 34</p> <p>members for all of his activities of daily living. In Section H - Bladder and Bowel, the resident was coded as having an indwelling catheter. In Section K - Swallowing/Nutritional Status, the resident was coded as having a feeding tube.</p> <p>Observation was made on 12/19/18 at 9:25 a.m. of Resident #1. The resident was in his bed. The right side of the mattress, the side next to the window, was observed with a large rip in it, and the inner mattress foam was exposed. The area that was ripped was approximately two and a half feet long and was approximately eight inches in height. The bed sheet was not covering the open area.</p> <p>An interview was conducted with CNA (certified nursing assistant) #4 on 12/19/18 at approximately 9:30 a.m. CNA #4 stated, "They are supposed to get him a new mattress." When asked if the ripped mattress was an infection control issue, CNA #4 stated, "Yes, I guess so." When asked about the process staff follow when something is broken or in need of repair, CNA #1 stated the staff fills in a work order to maintenance. You tell your charge nurse and the unit manager.</p> <p>An interview was conducted with RN (registered nurse) #1, on 12/19/18 at approximately 9:35 a.m. When asked if she was aware of the ripped mattress, RN #1 stated, I just saw it last week."</p> <p>A second interview was conducted with RN #1 on 12/19/18 at 11:17 a.m. When asked when she saw the ripped mattress, RN #1 stated it was towards the end of last week. When asked what she did about it, RN #1 stated she had called maintenance to get him a new mattress.</p>	F 880			

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F 880	Continued From page 35 An interview was conducted with RN #2, the unit manager on 12/19/18 at 11:31 a.m. When asked what the staff does when they find something broken or ripped, RN #2 stated, "We have to tell maintenance or housekeeping." When asked if she was made aware of the rip in Resident #1's mattress, RN #2 stated she had been made aware and had told (name of director of environmental services). When asked if the rip in the mattress was an infection control concern, RN #2 stated, "Yes, but the rip is on the edge. It would be more of an issue if it was in the middle of the mattress." An interview was conducted with OSM (other staff member) #1, the environmental service director, on 12/19/18 at 11:51 a.m. When asked if a mattress is ripped what is to be done with it, OSM #1 stated, "It should be replaced." When asked if she was made aware of Resident #1's ripped mattress, OSM #1 stated, "I was told about it a couple of days ago. We have mattresses on order." When asked how long have they been waiting for the mattresses, OSM #1 stated, "I believe it has been about a month." When stated to OSM #1, that the facility is not full, why hasn't a mattress been taken from an empty bed? OSM #1 stated, "What I will do is go pull one from another room and replace it." OSM #1 returned at 12:05 p.m. and informed the writer that the mattress had been changed out and thrown away." Administrative staff member (ASM) #1, the administrator, ASM #2, the director of nursing and ASM #3, the assistant director of nursing, were made aware of the above concern on 12/19/18 at 12:08 p.m. When asked why this writer was	F 880			

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F 880	<p>Continued From page 36</p> <p>concerned with the mattress, ASM #1 stated there were two reasons, one was the comfortable homelike environment and the other is infection control.</p> <p>The facility policy, "Bed Environment" documented in part, "The bed environment includes the bed frame, the support surface, patient and immediate geographic environment surrounding the bed frame. While individuals may differ in sleeping and sleep habits, creation of a safe bed environment that takes into account patient's medical needs, comfort and freedom of movement is based on individualized patient evaluation by the interdisciplinary team, physician, patient and family...The bed system equipment is inspected, evaluated, maintained and upgraded on a routine basis and as needed."</p> <p>No further information was provided prior to exit.</p>	F 880		
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