

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

PRINTED: 10/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 9/24/19 through 9/26/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Complaints were investigated during the survey. The Life Safety Code survey/report will follow. The census in this 88 certified bed facility was 77 at the time of the survey. The survey sample consisted of 37 current resident reviews and 4 closed record reviews.	F 000			
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §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. §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. §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	F 550	1. Social Services met with R34, R61, R38, R2, and R21 to verify showers are being provided and dignity is respected per resident expectations. 2. All residents have the potential to be effected. Quality review by DON/designee of current residents completed to verify respect/dignity and provision of care according to resident's preference. 3. Staff re-educated by DON/designee on 10/23 and 10/24 on Residents Rights policy with a focus on providing		

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

TITLE

(X6) DATE

Jaime Porras Burnett

Executive Director

10/18/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1</p> <p>practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to provide care in a manner to promote and maintain dignity for five of 42 residents in the survey sample, Residents #34, #61, #38, #2, and #21. The facility staff failed to provide showers on multiple days throughout the months of July, August, and September 2019, to Resident #34, Resident #61 and Resident #21 who are dependent on staff for bathing. Resident #34 stated the lack of consistent showers made her feel bad about herself. Resident #61 stated that not receiving consistent showers made him feel awful, dirty, smelly and embarrassed and</p>	F 550	<p>care that honors residents' preferences. Direct care staff will be re-educated by DON/designee to use the kardex to verify residents' preferences. New resident's kardex will be updated with resident's preference during morning meeting.</p> <p>4. Social Services/designee will interview 10 residents weekly x 4 weeks then monthly x 3 months to ensure residents' preferences are being honored. Variances will be reported to QAPI with follow up as indicated. DON/designee will audit 10 kardexs weekly x 4 weeks then monthly x 3 months to ensure residents' preferences are being honored. Variances will be reported to QAPI with follow up as indicated.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 550	<p>Continued From page 2</p> <p>Resident #54 stated not being provided showers caused him embarrassment. The facility staff failed to cover, Resident #38's bare back as she was transported wearing a hospital gown from her room to the therapy gym on 9/24/19. The facility staff failed to provide care in a manner to promote Resident #2's dignity during the lunch meal on 9/24/19. Resident #2 waited 30 minutes for her food to be served and watched while other residents at her table ate their food.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide care to promote and maintain Resident #34's dignity. Staff failed to provide showers on multiple days throughout the months of July, August, and September 2019, to Resident #34, who is dependent on staff for bathing. Resident #34 stated the lack of consistent showers made her feel bad about herself.</p> <p>Resident #34 was admitted to the facility on 7/10/15, with diagnoses that include, but not limited to, history of a stroke, chronic kidney disease, and diabetes mellitus (1). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/22/19, Resident #34 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). She was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing.</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>On 9/25/19 at 2:35 p.m., Resident #34 was observed lying in bed, watching television. Since Resident #34 is the Resident Council president, the surveyor asked Resident #34 for permission to review the Resident Council minutes from the past few months. Resident #34 stated, "Yes that will be fine."</p> <p>On 9/25/19 at 10:00 a.m., Resident #34 attended the group meeting as a part of the survey process. When asked about any concerns the facility staff were aware of but had not yet been resolved to the residents' satisfaction, Resident #34 stated, "Oh, the showers." She stated that because the facility "is so short staffed," residents who require a mechanical lift to transfer into a shower chair had not been receiving showers "for quite some time." Resident #34 stated, "If I had not gotten a shower last Friday, it would have made two weeks since I've been bathed, and I'm not the only one. You need to go talk to [name of Resident #61]."</p> <p>On 9/25/19 at 5:25 p.m., Resident #34 was observed lying in her bed. An interview was conducted with the resident at this time. When asked when she was scheduled to receive a shower, Resident #34 stated, "I'm scheduled for day shift. It's when all the Hoyer (brand of mechanical lift) people are scheduled."</p> <p>A review of Resident #34's comprehensive care plan dated 9/24/18 and updated 1/25/19 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: The resident is totally dependent on staff for transferring with a Hoyer."</p>	F 550			

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F 550	Continued From page 4 A review of the Nurse Tech (technician) Information Kardex for Resident #34 revealed, in part, the following: "Bathing: Shower. Bath Days: Tuesday and Friday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer Assist: Sling size - Large, Transfer aid - Hoyer." A review of the unit's shower schedule revealed, in part, the following: "[Resident #34] - Tuesday and Friday." On 9/26/19 at 9:14 a.m., Resident #34 was observed lying in her bed. She was awake and alert and interviewed at this time. When asked if she could provide more details about the comments she had made during the group meeting, she stated, "I got a shower last Friday (9/20/19). It was the first one in two weeks. In May, June, July, and August, I got almost no showers." When asked why she had not received showers, she stated, "It's because I'm a Hoyer. It's too much trouble for them. There is not enough staff to do it. There is just not. It's true for all of us who are Hoyers (requiring mechanical lift for transfer). If you need a Hoyer and there is no staff, you're not going to get a shower." When asked if she had received any kind of bath during these months, she stated, "Well if you want to call it that. They wipe me down, but it's not a bath. You can't even call it a bed bath." When asked how this makes her feel, Resident #34 stated, "It makes me feel so bad about myself. Like I'm too big. Like I don't matter." She stated that the CNAs (certified nursing assistants) are responsible for giving showers. "When they have only two on the floor, there are just not enough people to do what they need to do for us. It's pretty simple math."	F 550			

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F 550	<p>Continued From page 5</p> <p>A review of the facility's bathing record for Resident #34 revealed that the resident was bathed on 8/9/19. The documentation did not specify what type of bath Resident #34 received on this day. The documentation revealed no evidence that Resident #34 received any kind of bath from 7/1/19 through the time of the survey.</p> <p>A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #34's unit. On some of these days, an additional CNA, was shown as working. This CNA, called the "bath aide" by facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #34 resides has 58 resident beds</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't [give the showers], but she doesn't. The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, she stated, "Yeah, if I had done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed.</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>CNA #3 stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed the type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a</p>	F 550			

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F 550	<p>Continued From page 7 shower."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, CNA #4 stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower, but mostly, I am just paying attention. I am kind of figuring out whose days are what." CNA #4 stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents using a mechanical lift, CNA #4 stated, "No. There are not always two aides on every hallway." When asked if there have been days where there have not been enough staff to give baths to residents, CNA #4 stated, "Yes, that's why I'm here. Our agency is here to fill in. But even with us, there have been so many days when there still is not enough staff."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #34 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:23 a.m., CNA #5 was</p>	F 550			

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F 550	<p>Continued From page 8</p> <p>interviewed. She stated she has only worked at the facility for two weeks. She stated it takes two staff to get residents in and out of shower chairs if the residents require a Hoyer lift."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA#6 stated, "The floor CNAs on [Resident #34's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit, and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #34's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #34's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL</p>	F 550			

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F 550	<p>Continued From page 9</p> <p>documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been drying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." She stated, "It really started in February. In making rounds, I kept hearing showers were not happening, as they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it. Not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyers [residents needing transfer with mechanical lift], and I still have to figure out how to do it. Now, the</p>	F 550			

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F 550	<p>Continued From page 10</p> <p>people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." She concluded, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>A review of the facility policy, "Resident's Rights and Responsibilities," revealed, in part, the following: "Each nursing facility resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident. As a nursing facility resident, you have the following rights under federal and state law: ...To be treated in a manner and in an environment that maintains or enhances your dignity, and respect in full recognition of your individuality and privacy."</p> <p>(1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html.</p> <p>No further information was provided prior to exit.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. The facility staff failed to provide care to promote and maintain Resident #61's dignity. Staff failed to provide showers on multiple days throughout the months of July, August, and September 2019, to Resident #61, coded as</p>	F 550			

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F 550	<p>Continued From page 11</p> <p>dependent on staff for bathing. Resident #61 stated that not receiving consistent showers made him feel awful, dirty, smelly and embarrassed.</p> <p>Resident #61 was admitted to the facility on 5/27/10, and was most recently readmitted on 5/3/19 with diagnoses including, but not limited to history of a spinal cord injury and quadriplegia (1). On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 9/7/19, Resident #61 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). He was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing. In sections</p> <p>During the group meeting on 9/25/19 at 10:00 a.m., Resident #61 was identified by another resident as possibly not having received showers due to his requirement of being transferred by a mechanical lift.</p> <p>A review of Resident #61's comprehensive care plan dated 11/8/18 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: [Resident #61] requires a full body Mechanical Lift with 2 staff assistance for transfers."</p> <p>On 9/25/19 at 4:55 p.m., an interview was conducted with Resident #61. When asked if he had been receiving showers as he thought he</p>	F 550			

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F 550	<p>Continued From page 12</p> <p>should. Resident #61 stated, "No. They have been short of help. They won't do the showers when they are short of help. We just don't have the help." When asked if other types of baths were offered to him in place of the showers, Resident #61 stated, "If you could call it that. I wouldn't call it that, I am wiped off, and that's about it. May, June, July, and August. My head did not get washed. It was not even a bed bath, really. Just wiped off." When asked if the facility records showed he received a shower on any of those days, Resident #61 stated, "I did not receive a shower any of those times. I wouldn't even call it a bath." He stated he knows there is a CNA dedicated strictly to bathing residents, but she does not provide showers for residents who require a mechanical lift for transfers. He stated, "If [RN (registered nurse) #2] is here, she will make sure it (shower) gets done." When asked if RN #2 is at the facility every day he or other residents need a shower, he stated, "No, she's not." When asked how not getting a shower makes him feel, Resident #61 stated, "It makes me feel awful, dirty and smelly. It makes me embarrassed because I am so large and that's why the bath aide can't give me a shower. It just makes me feel so bad." When informed the concern would be looked into, Resident 61 was observed with tears on his cheeks and stated thank you.</p> <p>A review of the Nurse Tech (technician) Information Kardex for Resident #61 revealed, in part, the following: "Bathing: Shower. Bath Days: Monday and Thursday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer Assist: Sling size - Large, Transfer aid - Hoyer."</p>	F 550			

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F 550	<p>Continued From page 13</p> <p>A review of the unit's shower schedule revealed, in part, the following: "[Resident 61] - Monday and Thursday."</p> <p>A review of the facility's bathing record for Resident #61 revealed that he received some type of bath on 17 days from July 1, 2019 through the time of the survey. The bath record did not specify what type of bath he received on any of these dates. The remainder of the dates during this time period did not reveal any evidence that Resident #61 received a bath.</p> <p>A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #61's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #61 resides has 58 resident beds.</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't [give the showers], but she doesn't. The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, she stated, "Yeah, if I had</p>	F 550			

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F 550	<p>Continued From page 14 done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. CNA #3 stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed the type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not</p>	F 550			

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F 550	<p>Continued From page 15</p> <p>aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, CNA #4 stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower, but mostly, I am just paying attention. I am kind of figuring out whose days are what." CNA #4 stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents using a mechanical lift, CNA #4 stated, "No. There are not always two aides on every hallway." When asked if there have been days where there have not been enough staff to give baths to residents, CNA #4 stated, "Yes, that's why I'm here. Our agency is here to fill in. But even with us, there have been so many days when there still is not enough staff."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #61 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days</p>	F 550			

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F 550	<p>Continued From page 16</p> <p>when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA#6 stated, "The floor CNAs on [Resident #34's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit, and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #61's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #61's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you</p>	F 550			

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F 550	<p>Continued From page 17</p> <p>could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been drying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." She stated, "It really started in February. In making rounds, I kept hearing showers were not happening, as they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it. Not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyers [residents needing transfer with mechanical lift], and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room</p>	F 550			

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F 550	<p>Continued From page 18</p> <p>for improvement. We may need another full time Hoyer person just to give those showers." She concluded, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>A review of the facility policy, "Resident's Rights and Responsibilities," revealed, in part, the following: "Each nursing facility resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident. As a nursing facility resident, you have the following rights under federal and state law: ...To be treated in a manner and in an environment that maintains or enhances your dignity, and respect in full recognition of your individuality and privacy."</p> <p>(1) "Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia." This information is taken from the website https://medlineplus.gov/paralysis.html.</p> <p>No further information was provided prior to exit.</p> <p>COMPLAINT DEFICIENCY</p>	F 550			

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F 550	<p>Continued From page 19</p> <p>3. The facility staff failed to cover Resident #38's bare back as she was transported wearing a hospital gown from her room to the therapy gym on 9/24/19.</p> <p>Resident #38 was admitted to the facility on 9/25/17 and most recently readmitted on 9/19/19 with diagnoses including, but not limited to vascular dementia (1), a recent GI (gastrointestinal bleed) (2), and shingles (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/26/19, Resident #38 was coded as being mildly cognitively impaired for making daily decisions, having scored 13 out of 15 on the BIMS (brief interview for mental status). She was coded as using a wheelchair for mobility.</p> <p>On 9/24/19 at 3:01 p.m., Resident #38 was observed lying in her bed. Her bed was in low position, and her eyes were closed.</p> <p>On 9/24/19 at 4:25 p.m., Resident #38 was observed in a wheelchair in the hallway. She was being pushed in the wheelchair by OSM (other staff member) #8, a physical therapy assistant. OSM #8 pushed the resident down the hallway into the therapy gym. During this transport, Resident #38 was wearing hospital gown; the gown was tied at the top, and open from the area underneath the tie to the top of the wheelchair back. Her bare back was partially visible above the back of the wheelchair. There were three other therapy staff members in the room.</p> <p>On 9/25/19 at 8:56 a.m., Resident #38 was lying in bed. Her meal tray was on the over bed table, and the resident was staring straight ahead, not eating. The resident stated she did not want to</p>	F 550			

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F 550	<p>Continued From page 20 participate in an interview with the surveyor.</p> <p>On 9/25/19 at 2:55 p.m., OSM #8 was interviewed. When asked if he remembered how Resident #38 was dressed when he transported her from her room to the therapy gym on the previous afternoon, OSM #8 stated, "Not really." When informed of the surveyor's observations regarding the resident wearing a hospital gown that was open in the back, OSM #8 stated, "We try to keep that gown closed as much as we can." He stated the resident preferred the gown because of the pain caused by the shingles. OSM #8 stated, "That was as good as that gown was going to get. We didn't have one big enough, honestly."</p> <p>On 9/26/19 at 10:46 a.m., CNA (certified nursing assistant) # 4 was interviewed. When asked if a resident should be completely covered while being transported down the hall in a wheelchair, CNA #4 stated, "Yes. Absolutely." When informed of the surveyor's observation of Resident #38 on the previous day, CNA #4 stated, "That is horrible. I would not want anyone rolling me down the hall like that; she should have been wheeled back to her room and dressed. Nobody wants to be seen like that."</p> <p>On 9/26/19 at 11:16 a.m., LPN (licensed practical nurse) #3 was interviewed. When asked if a resident should be completely covered while being transported down the hall in a wheelchair, she stated, "Yes. That is not even a question." When informed of the surveyor's observation of Resident #38 on the previous day, LPN #3 stated, "She should at least have had a blanket around her, or another gown put around her back. They really should be dressed. If they don't want to get</p>	F 550			

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F 550	<p>Continued From page 21</p> <p>dressed, then the therapist should go to them in their room. No way should a resident look like that going to therapy."</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the DON (director of nursing) was interviewed. When informed of the surveyor's observation of Resident #38's transport to therapy gym wearing a hospital gown that was open in the back and asked if this was acceptable, ASM #2 stated, "Absolutely not." When asked why it was not acceptable, ASM #2 stated, "It's a dignity issue. That did not protect that resident's dignity."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Vascular dementia (VaD) is caused by a series of small strokes over a long period." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>(2) "Your digestive or gastrointestinal (GI) tract includes the esophagus, stomach, small intestine, large intestine or colon, rectum, and anus. Bleeding can come from any of these areas. The amount of bleeding can be so small that only a lab test can find it." This information was obtained from the website https://medlineplus.gov/gastrointestinalbleeding.html.</p> <p>(3) "Shingles (herpes zoster) is a painful, blistering skin rash. It is caused by the</p>	F 550			

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F 550	<p>Continued From page 22 varicella-zoster virus. This is the virus that also causes chickenpox."</p> <p>COMPLAINT DEFICIENCY</p> <p>4. The facility staff failed to provide care in a manner to promote Resident #2's dignity during the lunch meal on 9/24/19. Resident #2 waited 30 minutes for her food to be served and watched while other residents at her table ate their food.</p> <p>Resident #2 was admitted to the facility on 12/26/18, with diagnoses that include, but are not limited to, dementia with behaviors (1) and heart disease. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/21/19, she was coded as being severely cognitively impaired for making daily decisions, having been coded in Sections C700-C1000. She was coded as requiring the assistance of one staff member for eating.</p> <p>On 9/24/19 at 12:30 p.m., observation of the service of the lunch meal was made in the main dining room. Resident #2 was seated at a table with six other residents. At 12:32 p.m., lunch was served to three residents seated at the opposite end of the table from Resident #2. This consisted of soup and a plate of food. Resident #2 stared at the three residents as they ate their lunch. Two of the three residents who received their food at 12:32 p.m. left the dining room at 12:50. At approximately 1:00 p.m., Resident #2 was served her lunch. She was served one item at a time. When she finished with one item, CNA (certified nursing assistant) #3 who is also the central supply clerk opened a new bowl of food for her</p>	F 550			

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F 550	<p>Continued From page 23 and assisted her with eating.</p> <p>A review of Resident #2's comprehensive care plan dated 1/10/19 and updated 7/4/19 revealed, in part, the following: "EATING: The resident requires extensive (sic) by staff to eat. Clothing protector PRN (as needed)."</p> <p>On 9/25/19 at 2:40 p.m., CNA #3 was interviewed. When asked if she was aware that Resident #2 was served lunch almost 30 minutes after three of her tablemate's on 9/24/19, CNA #3 stated, "Yes, I'm aware. I think there is a problem in our dining room. I think we don't have enough help for everyone who needs feeding or supervision. When everyone is up and out of bed, we have ten residents who need to be fed, and ten residents who require close supervision. Most of the time, there is just me, and maybe one other person who are able to feed or supervise residents. It's just not enough, in my opinion." When asked if Resident #2's dignity was impacted by having to watch, others eat while she had to wait for her food, CNA #3 stated, "Without a doubt. I was at another table helping other residents. I couldn't get to her, and she needs her food one item at a time. I can't be everywhere at once, and I know she must feel bad having to wait. Even if she can't understand everything, I'm sure she can feel that."</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed about Resident #2 having to wait for 30 minutes to be served while others at her table were eating their lunch. ASM #2 stated, "Yes, it's a problem." When asked why it is a problem, ASM #2 stated, "It's a dignity problem. Everyone who is sitting at a table should be served</p>	F 550			

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F 550	<p>Continued From page 24 together. You know, some days are worse than others, I can't totally disagree with you."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>COMPLAINT DEFICIENCY</p> <p>5. The facility staff failed to provide care and services to maintain the dignity of Resident #21. Resident #21 was not provided showers consistently during the months of August and September and stated not receiving a shower caused him embarrassment.</p> <p>Resident #21 was admitted to the facility on 09/24/2018. His diagnoses include paraplegia (paralysis of the legs and lower body), anxiety, and post-traumatic stress disorder (PTSD). Resident #21's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #21 at a 15, indicating no impairment. Resident #21 was coded as requiring extensive assistance of 1 person for bed mobility, transfers, and toileting, and total dependence on 1 person for bathing.</p> <p>On the afternoon of 09/24/2019, an interview was</p>	F 550			

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F 550	<p>Continued From page 25</p> <p>conducted during which Resident #21 expressed dissatisfaction with the bathing and showering provided by facility staff. Resident #21 stated that he prefers to take showers, but that he has been unable to get a shower recently after the staff member who bathed residents who needed use of a Hoyer lift was fired. Resident #21 stated that the bed baths did not always eliminate his body odor, and that this caused him embarrassment when going out such as to doctor's appointments.</p> <p>Resident #21's comprehensive care plan dated 08/08/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident is extensive-totally dependent on staff to provide shower/bathe." "TRANSFER: sliding board with limited-no assistance transferring."</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't [give the showers], but she doesn't. The shower aide has never done showers for people who use the lift."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who</p>	F 550			

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F 550	<p>Continued From page 26</p> <p>required a Hoyer lift for transfer during her shift that day, she stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what kind of bath a resident received, she stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, she stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>A review of Resident #21's shower logs for August and September 2019, showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. She stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower."</p>	F 550			

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F 550	<p>Continued From page 27</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, she stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." She stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available, she stated, "No. There are not always two aides on every hallway."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #21 resides. When asked about staffing and resident baths, she stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. She stated, I usually work the other unit. I give all the showers on that unit. When there is only one CNA on this unit, the showers don't happen like they should."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. She stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p>	F 550			

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F 550	Continued From page 28	F 550			
F 561 SS=D	<p>Administrative Staff Member (ASM) #1, the facility Executive Director, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided.</p> <p>1. A Hoyer Lift is a hydraulic or electrical lift used in combination with a sling to move patients who have limited to no mobility of their own.</p> <p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p>	F 561	<p>1. R54 has been receiving showers to date as scheduled/preferred.</p> <p>2. All residents have the potential to be effected. Quality review by DON/designee of shower documentation for past 2 weeks, resident/RP interviews completed to verify resident's preference being accommodated.</p> <p>3. Staff re-educated by DON/designee on 10/23 and 10/24 on Resident Rights policy with a focus on providing choices for delivery of care, honoring preferences and documentation. Direct care staff will be re-educated on 10/23 and 10/24 to use the kardex to verify resident</p>		

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F 561	<p>Continued From page 29</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review and review of facility documentation the facility staff failed to honor the resident's preference for one of 42 residents in the survey sample, (Resident #54).</p> <p>The facility staff failed to honor Resident #54's preference for a shower instead of a bed bath.</p> <p>The findings include:</p> <p>Resident #54 was admitted to the facility on 03/28/2019. Her diagnoses included pneumonia, muscle weakness, diabetes, and morbid obesity. Resident #54's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 08/26/2019. The Brief Interview for Mental Status (BIMS) scored Resident #54 at a 15, indicating no impairment. Resident #54 was coded as requiring extensive assistance of one person for bed mobility and dressing. The resident was coded as requiring the supervision of 1 person for transfers, and being totally dependent on one person for toileting and bathing. Ambulation was coded as not occurring during the lookback period.</p> <p>On 09/24/2019 at 1:08p.m., an interview was conducted with Resident #54. During this interview, Resident #54 stated that she had not</p>	F 561	<p>preferences. Showers will be reviewed at the morning meeting to ensure compliance. Residents will be interviewed during mock rounds to ensure preferences are being followed.</p> <p>4. Social Services/designee will interview 10 residents weekly x 4 weeks then monthly x 3 months to verify provision of care per residents' preferences and documentation is complete. Variances will be reported to QAPI with follow up as indicated.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 561	<p>Continued From page 30</p> <p>had a shower "since July 23rd". Resident #54 stated that "the bath aide who used the Hoyer lift quit" and that no other staff used the Hoyer lift. When asked what kind of bathing she was receiving, Resident #54 stated that she was getting bed baths. When asked which type of bath she would prefer, Resident #54 stated she preferred showers. When asked if she had told staff this, Resident #54 stated yes.</p> <p>Resident #54's comprehensive care plan dated 09/19/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident requires extensive-full assistance by staff with shower." "TRANSFER: The resident is totally dependent on 2 staff for transferring with Hoyer."</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't [give the showers], but she doesn't. The shower aide has never done showers for people who use the lift."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. CNA #3 stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her</p>	F 561			

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F 561	<p>Continued From page 31 shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL (activities of daily living) record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>A review of Resident #54's August and September 2019 shower logs showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was</p>	F 561			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 561	<p>Continued From page 32</p> <p>interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #54 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA #6 stated, "The floor CNAs on [Resident #54's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit. When there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #54's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #54's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them. But I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how a resident who is not able to make a request for themselves is certain to receive a shower because 'she will make sure they get one,' RN #2 stated, "I don't know. That's a good question. I mean, I started this tracking on Monday." When asked if there have been times</p>	F 561			

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F 561	Continued From page 33 when residents did not receive showers because of a lack of sufficient staff, RN #2 stated, "Yes. There have been. Over here, we need at least four CNAs plus a bath aide in order for showers to be given. We honestly have not had that very often in the two months I've been here. I jump in and help as much as possible. It's a team effort. But I know the residents see and know when there are not enough people here." When shown Resident #54's shower records for August and September 2019 from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out." On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, she stated, "No. Not ever."	F 561			
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize	F 565			

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F 565	<p>Continued From page 34</p> <p>and participate in resident groups in the facility.</p> <p>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to demonstrate responses to concerns identified at</p>	F 565	<ol style="list-style-type: none"> 1. October meeting was held 10/01/2019. Grievances raised were distributed to the appropriate Departmental Heads, resolutions initiated within 48 hours. Follow up will occur 11/01/2019. 2. All residents have the potential to be effected. Quality review of reported grievances of the past 60 days completed to verify resident/RP satisfaction with resolutions. 3. Staff will be re-educated by DON/designee on 10/23 and 10/24 on Grievance policy with a focus on appropriate resolution. Grievances will be monitored during morning meetings to ensure timely follow-up and resolution per policy. 4. Executive Director/designee will complete quality review of 10 grievances to ensure resolution to the satisfaction of resident/RP weekly x 4 weeks then monthly x 3 months. Variances will be reported to QAPI with follow up as indicated. 5. Allegation of compliance date of 11/06/2019 		

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F 565	<p>Continued From page 35</p> <p>three of the last six resident council meetings, and failed to act promptly upon grievance from the resident council meeting minutes reviewed. The facility staff failed to evidence responses to concerns expressed during Resident Council meetings in April, and August 2019, regarding residents not receiving showers, and staff failed to evidence any response to the September 2019 Resident Counsel grievance regarding residents not receiving showers.</p> <p>The findings include:</p> <p>On 9/25/19 at 2:35 p.m., the survey team received permission from the facility Resident Council president to review the Resident Council minutes for the last six months.</p> <p>A review of the Resident Council minutes dated 4/1/19 revealed, in part, the following: "New Business: Issue: Showers - being given. Person responsible [ASM (administrative staff member) #2, the DON (director of nursing)]. A review of facility form, "Resident Council Complaint/Grievance Form," revealed the following: "Date given to Department 4/1/19. Department Nursing. Per Guidance to Surveyors, "Prompt efforts...to resolve" include facility acknowledgment of complaint/grievances and actively working toward resolution of that complaint/grievance." Residents at Resident Council Meeting have voiced the following grievance:...Shower and new schedule. Please respond below and return this form to the Activities Department by _____ (the date was not filled in)." All lines below this instruction were blank.</p>	F 565			

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F 565	<p>Continued From page 36</p> <p>A review of the Resident Council minutes dated 8/1/19 revealed, in part, the following: "Old Business: Issue: Showers not being done as scheduled." A review of facility form, "Resident Council Complaint/Grievance Form," revealed the following: "Date given to Department 8/1/19, Department Nursing. Per Guidance to Surveyors, "Prompt efforts...to resolve" include facility acknowledgment of complaint/grievances and actively working toward resolution of that complaint/grievance." Residents at Resident Council Meeting have voiced the following grievance:...2. Showers not being done as scheduled - particularly Hoyer (mechanical) lifts. Please respond below and return this form to the Activities Department by _____ (the date was not filled in). Will review with [name of a nursing unit] staff." This document contained no signature.</p> <p>A review of the Resident Council minutes dated 9/2/19 revealed, in part, the following: "Old Business: Issue: Showers not being done as scheduled." A review of facility "Resident Council Complaint/Grievance Forms," from this meeting revealed no evidence that the concerns about resident showers was documented or addressed in any way beyond the Resident Council minutes.</p> <p>On 9/25/19 at 3:14 p.m., OSM (other staff member) #1, the social worker, was interviewed regarding the process of resolution of resident grievances expressed during Resident Council meetings. She stated, "I haven't been to a resident council meeting. I just started in July. The activities director has been doing Resident Council. If she tells me something I can help with, I try to do that."</p>	F 565			

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F 565	<p>Continued From page 37</p> <p>On 9/25/19 at 4:46 p.m., OSM #4, the activities director, was interviewed. She stated that when residents share a grievance in the Resident Council meeting, she writes down the specific issue on a form, and gives the form to the department head responsible for resolving the grievance. OSM #4 stated, "They have to give them back to me with the plan of action. It goes in the Resident council book so we can revisit it the following month and I can tell them what has been done." When asked if the executive director is ever informed, OSM #4 stated, "I take them all to the administrator. Even before I get all the forms back, she knows the issues. When the forms come back to me from the department heads, I look them over. If it does not look like it is resolved, I will go back to the department head." When asked the process for repeated complaints, OSM #4 stated, "If it is a repeat complaint, it becomes a new grievance. I address again with the department head. I tell them this is an issue again." When asked if the department head responsible for addressing the grievance informs the Resident Council of the outcome and response effort, OSM #4 stated, "Not that I know of. If the issue comes up again, I will just treat it like a new grievance."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the director of nursing, was interviewed regarding resolving grievances expressed in Resident Council meetings. ASM #2 stated, "Usually if it has anything to do with nursing, it goes to me. I was hoping to get unit managers more involved. Normally, I do direct teaching with the staff. I investigate if needed." When asked how she follows up to make sure the grievances are resolved, ASM #2 stated, "I do walking rounds, trying to ensure everyone is doing what they</p>	F 565			

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F 565	<p>Continued From page 38</p> <p>should." When asked if the resident concern regarding showers for residents who require a mechanical lift for transfers has been resolved, ASM #2 stated, "No. I am sure it hasn't. It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process we have been trying to correct. It's much improved now." When asked if she had communicated her efforts to resolve the grievance regarding resident showers to the Resident Council, ASM #2 stated, "No, not specifically." When asked if she could provide evidence of her efforts to resolve the grievance regarding showers in April, August, and September 2019, ASM #2 stated, "All I would have would be the papers you already have." When shown the September 2019 documentation provided by ASM #2 that failed to reveal evidence of addressing the showers, ASM #2 stated, "That would be all I have."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. When asked about the process for resolving grievances expressed during Resident Council meeting, ASM #1 stated, "Activities does Resident Council. She writes up a concern form. The department heads are required to get it back to her, and then she brings it to me." When asked about the process staff follows when grievances are not resolved, ASM #1 stated, "If it's not resolved, she lets me know. We talk about it in the quality meetings. We have our action plans. If it keeps coming up, it is not resolved." When asked about the recurrent concern about residents not receiving showers, ASM #1 stated, "It's not resolved. It really started</p>	F 565			

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F 565	<p>Continued From page 39</p> <p>in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide. Now we have it, but she does not do [resident mechanical lift transfers] Hoyers. The CNAs on the floor are supposed to do them. But they are not doing it. Not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyer [transfer residents], and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." ASM #1 stated, "I know our residents are hurting, I addressed it June in QAPI (quality assurance/performance improvement), but it is far from fixed."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were informed of these concerns.</p> <p>A review of the facility policy, "Clinical Guideline - Complaint/Grievance," dated 12/20/16 revealed, in part, the following: "The intent of this guideline is to support each resident's right to voice grievances...and to assure that after receiving a complaint/grievance, the center actively seeks a resolution and keeps the resident appropriately apprised of its progress toward resolution. Prompt efforts by the center to resolve grievances the resident may have, including those with respect to the behavior of other residents (sic)...The resident should have reasonable expectations of care and services and the center should address those expectations in a timely, reasonable, and consistent manner... The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14</p>	F 565			

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F 565	Continued From page 40 days. The findings of the grievance shall be recorded on the Complaint/Grievance Form or electronic equivalent. Once the follow-up is complete, the results should be forwarded to the Executive Director for review and filing. The individual voicing the grievance shall receive follow up communication with the resolution, a copy of the grievance resolution will be provided to the resident upon request."	F 565			
F 580 SS=D	No further information was provided prior to exit. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580	1. R38's infection has resolved without incident or ill effect. 2. All residents have the potential to be effected. Quality review of orders of the past 7 days completed to verify proper timely notification and resident's medications initiated as ordered. 3. Licensed nurses will be re-educated by DON/designee on 10/23 and 10/24 on Pharmacy policy regarding available medications and follow up when medications are not available. New orders will be reviewed at morning clinical meeting to		

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F 580	<p>Continued From page 41</p> <p>physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident observation, facility staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to immediately inform and consult with the physician/NP (nurse practitioner) when prescribed medications were unavailable and not administered to one of 42 sampled residents, Resident #38.</p> <p>The findings include:</p> <p>1. a. The facility staff failed to notify the physician/NP in a timely manner when Famciclovir (1) was not administered to Resident</p>	F 580	<p>ensure notification and validation that medication initiated per the physician order.</p> <p>4. DON/designee will conduct a quality review of orders to ensure compliance with notification of change weekly x 4 weeks then monthly x 3 months. Variances will be reported to QAPI with follow up as indicated.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 580	<p>Continued From page 42 #38 for seven days (9/2/19 through 9/8/19).</p> <p>Resident #38 was admitted to the facility on 9/25/17 and most recently readmitted on 9/19/19 with diagnoses including, but not limited to vascular dementia (1), a recent GI (gastrointestinal bleed) (2), and shingles (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/26/19, Resident #38 was coded as being mildly cognitively impaired for making daily decisions, having scored 13 out of 15 on the BIMS (brief interview for mental status). She was coded as using a wheelchair for mobility.</p> <p>On 9/25/19 at 8:56 a.m., Resident #38 was lying in bed. Her meal tray was on the overbed table, and the resident was staring straight ahead, not eating. The resident stated she did not want to participate in an interview with the surveyor.</p> <p>A review of Resident #38's clinical record revealed the following order, dated 9/2/19: "Famvir 500 mg (milligrams) 1 po (by mouth) TID (three times a day) X (for) 7 days." The order was signed by ASM (administrative staff member) #3, the NP (nurse practitioner).</p> <p>A review of Resident #38's clinical record revealed, in part, the following nurse note dated 9/2/19: "New order for Famvir 500 mg X 7 days. RR (resident representative) and MD (medical doctor) aware."</p> <p>A review of Resident #38's September 2019 MAR (medication administration record) revealed the following entry: "Famvir 500 mg (milligrams) 1 po (by mouth) TID (three times a day) X (for) 7 days." The review revealed either nurse initials,</p>	F 580			

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 580	<p>Continued From page 43</p> <p>which had been circled or blank spaces in the dates and times for the Famvir, to have been administered from 9/2/19 until 9/8/19. Nurse initials indicating the medication had been administered began at the 8:00 a.m. dose on 9/9/19. The back of the MAR had no information related to the Famvir.</p> <p>Further review of the clinical record revealed the following nurse note dated 9/9/19: "RP (responsible party) aware of delay in medication for shingles. MD stated to cont (continue) meds (medications) until dosage complete."</p> <p>A review of the facility's list of medications contained in the stat (immediate) box (locked box of widely prescribed medications accessed by communication between a nurse and pharmacist) revealed that Famciclovir is not available in the stat box.</p> <p>A review of the comprehensive care plan for Resident #38 dated 9/19/18 and updated 12/19/18 revealed, in part, the following: "Administer medications as ordered."</p> <p>On 9/26/19 at 11:06 a.m., LPN (licensed practical nurse) #3 was interviewed. When asked the process for obtaining a medication that is not available in the medication cart for a resident, LPN #3 stated, "Well, you look around to make sure the card has not been put somewhere else. If you can't find it, you call the pharmacy and get it out of the stat box, if you can." When asked about the process staff follows if the medication is not available in the stat box, LPN #3 stated, you have to call the pharmacy. They will bring it on an earlier run. You shouldn't have to wait until the next time they deliver a bunch of medications.</p>	F 580			

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F 580	<p>Continued From page 44</p> <p>They should bring it to you right away." When asked if the physician or NP should be notified, LPN #3 stated, "Oh yes. If you can't get it, you have to let doctor or the NP know." When asked if this is something that can wait for a few days, LPN #3 stated, "No. You have to call them right then."</p> <p>On 9/26/19 at 1:30 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner, was interviewed. ASM #3 stated, I don't know what took so long for them to figure out she wasn't getting it. It was something like around a week before they called me."</p> <p>On 9/26/19 at 1:43 p.m., RN (registered nurse) #2, a unit manager, was interviewed. When asked about the process of obtaining a medication that is not available in the medication cart for a resident. RN #2 stated, "Nurses should check the supply everywhere - in the bottom of the carts. Sometimes, a newly-delivered medication is in the bottom of the cart. If it's an over the counter medication, they should check our house stock. If it's not in those places, I would verify the order. Make sure that even though it's still on the MAR, it hasn't been discontinued. If needed, I'd call the pharmacy to get access to the stat box." RN #2 stated, "If it's not in the stat box, I would call the physician. I would see if we could get an order for something else." When asked why nurses took no action in regards to Resident #38's Famvir for so many days, RN #2 stated, "The nurses should have investigated it and let someone know."</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed. When asked about the process for</p>	F 580			

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F 580	<p>Continued From page 45</p> <p>nurses to obtain medications for residents when the medications are not in the medication cart, ASM #2 stated, "If it's in the stat box, go there. If not, they need to notify the pharmacy and the doc (doctor) to see about a switch to something else. The doc should be notified immediately."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1, the executive director, and ASM #2 were informed of these concerns.</p> <p>A review of the facility policy, "Medication Shortages/Unavailable Medications," revealed, in part, the following: "Upon discovery that Facility has an inadequate supply of a medication to administer to a resident, Facility staff should immediately initiate action to obtain the medication from the pharmacy. If the medication shortage is discovered at the time of medication administration, Facility staff should immediately take the action specified in Sections 2 or 3 of this Policy 7.0 as applicable. If a medication shortage is discovered during normal Pharmacy hours: Facility nurse should call Pharmacy to determine the status of the order. If the medication has not been ordered, the licensed Facility nurse should place the order or reorder for the next scheduled delivery. If the next available delivery causes delay or a missed dose in the resident's medication schedule, Facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. If the medication is not available in the Emergency Medication Supply, Facility staff should notify Pharmacy and arrange for an emergency delivery...If an emergency delivery is unavailable, Facility nurse should contact the attending physician to obtain orders or directions."</p>	F 580			

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F 580	<p>Continued From page 46</p> <p>No further information was provided prior to exit.</p> <p>1. b. The facility staff failed to inform the physician/NP that Augmentin (5) was unavailable for administration to Resident #38 on 9/20/19.</p> <p>A review of Resident #38's clinical record revealed the following order, dated 9/19/19: "Amoxicillin-clavulanate (Augmentin) 875-125 mg (milligrams) Take 1 tab (tablet) po (by mouth) q12h (every 12 hours) X (for) 5 days." The attending physician signed the order.</p> <p>A review of Resident #38's September 2019 MAR revealed the following entry dated 9/19/19: "Augmentin 875-125 mg (milligrams) Take 1 tab (tablet) po (by mouth) q12h (every 12 hours) X (for) 5 days." For the doses due on 9/20/19 at 8:00 a.m. and 8:00 p.m., nurse initials were circled. The back of the MAR was blank.</p> <p>Further review of the clinical record for Resident #38 revealed no evidence that the physician/NP was notified that the medication was not administered on 9/20/19.</p> <p>A review of the facility's list of medications contained in the stat box revealed that Augmentin 875-125 mg is available in the stat box.</p> <p>On 9/26/19 at 11:06 a.m., LPN (licensed practical nurse) #3 was interviewed. When asked if the physician/NP should have been notified that the medication was not administered on 9/20/19, LPN #3 stated, "Yes."</p> <p>On 9/26/19 at 1:43 p.m., RN (registered nurse) #2, a unit manager, was interviewed. When asked if the physician/NP should have been</p>	F 580			

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F 580	<p>Continued From page 47</p> <p>notified that the medication was not administered on 9/20/19, RN #2 stated, "Yes."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1, the executive director, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Famciclovir (trade name Famvir) is used to treat herpes zoster (shingles; a rash that can occur in people who have had chickenpox in the past)." This information was taken from the website https://medlineplus.gov/druginfo/meds/a694038.html.</p> <p>(2) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Vascular dementia (VaD) is caused by a series of small strokes over a long period." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>(3) "Your digestive or gastrointestinal (GI) tract includes the esophagus, stomach, small intestine, large intestine or colon, rectum, and anus. Bleeding can come from any of these areas. The amount of bleeding can be so small that only a lab test can find it." This information was obtained from the website https://medlineplus.gov/gastrointestinalbleeding.html.</p> <p>(4) "Shingles (herpes zoster) is a painful, blistering skin rash. It is caused by the varicella-zoster virus. This is the virus that also causes chickenpox."</p>	F 580			

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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F 580	Continued From page 48 (5) "The combination of amoxicillin and clavulanic acid is used to treat certain infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract." This information is taken from the website https://medlineplus.gov/druginfo/meds/a685024.html .	F 580			
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; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each	F 584	1. R50's wheelchair was repaired at the time of survey. Wheelchairs are cleaned according to schedule and as needed. R50's wheelchair was cleaned 09/29/2019. 2. All residents have the potential to be effected. Quality review completed by DON/designee of resident wheelchairs with repairs/cleaning to ensure wheelchairs in good repair and clean. 3. Staff will be re-educated by DON/designee on 10/23 and 10/24 on facility policy for reporting wheelchair repair requests and facility wheelchair cleaning schedule. Wheelchairs will be monitored on the mock rounds to ensure repairs are addressed and wheelchairs are clean.		

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22684		
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F 584	<p>Continued From page 49</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to maintain a clean, comfortable, home-like environment for one of 42 residents in the survey sample, Resident #50. The facility staff failed to keep Resident #50's wheelchair arms free of exposed foam and torn vinyl.</p> <p>The findings include:</p> <p>Resident #50 was admitted to the facility on 7/22/16, and was most recently admitted on 7/25/19 with diagnoses including, but not limited to COPD (chronic obstructive pulmonary disease) (1) and CHF (congestive heart failure) (2). On the most recent MDS (minimum data set), quarterly assessment with an assessment reference date of 9/9/19, Resident #50 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (Brief Interview for Mental Status). He was coded as using a wheelchair and walker for locomotion.</p>	F 584	<p>4. Executive Director/designee will conduct quality review of 10 wheelchairs weekly x 4 weeks then monthly x 3 months. Variances will be reported to QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 584	<p>Continued From page 50</p> <p>On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 9:25 a.m., and 9/25/19 at 2:30 p.m. During all observations, both arms of the wheelchair had exposed foam visible. On both arms, the vinyl covering was torn. The left arm was more damaged than the right, though both arms were more than 50% damaged.</p> <p>On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "All the time, especially if I am going far. I can do it myself." When asked about the condition of his wheelchair arms, Resident #50 stated, "Well, yeah, they do need a little attention." When asked if he had received any injuries from the wheelchair arms, he stated, "No." When asked when the staff had last cleaned his wheelchair, Resident #50 stated, "I have no idea." When asked if he had mentioned the condition of the wheelchair arms to any staff members, Resident #50 stated, "No, I haven't."</p> <p>A review of Resident #50's care plan dated 6/27/19 revealed, in part, the following: [Resident #50] enjoys sitting on the front porch greeting visitors to the facility. [Resident #50] enjoys socializing with other residents and staff throughout the day."</p> <p>On 9/26/19 at 10:11 a.m., LPN (licensed practical nurse) #5 was interviewed. When asked if she ever notes the condition of residents' wheelchairs, LPN #5 stated, "Yes, I do pay attention." When asked what she would do if a resident's arm rests were torn, and had exposed foam, LPN #5 stated, "I would put it in the book for the maintenance</p>	F 584			

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F 584	<p>Continued From page 51 guy. He would follow up. He is really good."</p> <p>On 9/26/19 at 10:38 a.m., OSM #2, the maintenance director, was interviewed. When asked how he becomes aware of items requiring maintenance or replacing, OSM #2 stated, "Usually the staff just tell us. They see us walking by and we just take care of it right then. There is a book that they can use if we are not around. But most of the time, we are there several times during the day." When asked about the optimal condition for wheelchair arms to be maintained, OSM #2 stated, "We try to keep the arms without cracks. We try to keep a good armrest on them. Many times, the resident will come to us and ask us to fix it. Those plastic edges can be sharp." OSM #2 accompanied the surveyor to the front porch of the facility to look at Resident #50's wheelchair arms. OSM #2 stated, "Oh yeah. They need to be replaced. I will take care of that right now." When asked if wheelchair arms in that condition could be effectively cleaned, OSM #2 stated, "No. There's no way to get that clean."</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed. When asked if she saw a problem with a resident's wheelchair arms having torn vinyl covering and exposed foam, she stated, "Well those arms would need to be replaced. Maintenance needs to be notified and those arms need to be switched out." When asked why this is the case, ASM #2 stated, "The torn vinyl is sharp and could cause injury. And you are not able to disinfect it."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 (the executive director) and ASM #2 were notified of these concerns.</p>	F 584			

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F 584	Continued From page 52 A review of the facility policy, "Wheelchair Repairs - Non-Electric Wheelchairs" revealed, in part, the following: "Each resident requiring the use of a wheelchair will be provided the appropriate chair to maintain their highest level of functioning. All chairs will be maintained in safe operating condition...Preventative Maintenance of each wheelchair should be done on a regular basis." No further information was provided prior to exit. (1) COPD is "a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis." Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) "Heart failure is a condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body...As the heart's pumping becomes less effective, blood may back up in other areas of the body. Fluid may build up in the lungs, liver, gastrointestinal tract, and the arms and legs. This is called congestive heart failure." This information is taken from the website https://medlineplus.gov/ency/article/000158.htm .	F 584			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This	F 600			

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F 600	<p>Continued From page 53</p> <p>includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility documentation review, facility staff failed to ensure one residents in the survey sample of 42 residents was free from abuse, (Residents #17). On 1/2/19, Resident #64 open hand smacked Resident #17 on the back of her right upper arm.</p> <p>The Findings Included:</p> <p>Resident #17 was admitted to the facility on 02/11/2016. Her diagnoses included dementia, anxiety, and bipolar disorder (1). Resident #17's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #17 at a 7, indicating significant impairment. Resident #17 was coded as independent in most Activities of Daily Living (ADLs), requiring supervision of one person for dressing, and extensive assistance of one person for bathing.</p> <p>Resident #64 was admitted to the facility on 04/29/2016. Her diagnoses included depression</p>	F 600	<ol style="list-style-type: none"> 1. R17 and R64 were separated immediately, safety checks initiated. Assessment was negative for physical/psychological trauma. 2. All residents have the potential to be effected. Quality review by DON/designee of concerns/grievances/FRIs for the past 30 days for allegations/signs of abuse to ensure appropriate action was taken. 3. Staff re-educated by Executive Director/designee on 10/23 and 10/24 on facility Abuse policy which included timely reporting of suspected abuse. 4. Social Services/designee will monitor concerns/grievances and 24 hour report for allegations/indications of abuse weekly x 4 weeks then monthly x 3 months. Variances will be reported to QAPI with follow up as indicated. 5. Allegation of compliance date of 11/06/2019 		

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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F 600	<p>Continued From page 54</p> <p>and arthritis. Resident #64's most recent MDS was a Quarterly Assessment with an ARD of 09/11/2019. The BIMS scored Resident #64 at a 15, indicating no impairment. Resident #64 was coded as being totally dependent on one person for bathing, and independent in all other ADLs.</p> <p>A review of Resident #17's medical record was initiated on 09/24/2019 following review of a Facility Reported Incident (FRI) of an allegation of abuse. A review of the FRI revealed that an incident occurred on 01/02/2019 between Resident #17 and Resident #64. The FRI documented, "Incident type: Allegation of abuse/mistreatment" This box was checked. Describe incident, including location, and action taken: Name of [Resident #17] was at nurse's station." "Employee action initiated or taken: Investigation initiated. Residents were separated immediately from one another. Perpetrator was placed on safety checks. There were no marks on victim after skin check. Families and MD [medical doctor] notified of events. No harm was done to either resident. Full investigation to follow. Residents remain safe."</p> <p>The final investigation letter sent to the Office of Licensure and Certification (OLC) on 01/04/2019 documented, "This letter serves as the five day final internal investigation for the Facility Reportable Incident which was reported to you on 01/03/2019.</p> <p>On 01/02/2019 Resident [RESIDENT #17] (BIMS 6) was at the [NAME OF UNIT] nursing station receiving her medications from the Nurse. Resident [RESIDENT #64] (BIMS 15) came up to the nurse's station and thought the medications were hers and grabbed them from [RESIDENT #17]'s hand. Resident [RESIDENT #17] then told</p>	F 600			

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F 600	Continued From page 55 [RESIDENT #64] that they were her pills, and during this time [RESIDENT #64] open hand smacked [RESIDENT #17] on the back of her right upper arm." The facility policy on "Abuse, Neglect, Exploitation, and Misappropriation" dated revised 11/28/2017, documents Under "Definitions": "Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.....Physical Abuse includes, but is not limited to: *Hitting *Slapping *Punching *Biting *Kicking *Corporal Punishment..." On 09/26/2019 at 9:58a.m. an interview was conducted with Administrative Staff Member (ASM) #1, the facility Executive Director. During the interview, ASM #1 was asked what her expectation was for staff with regard to protecting residents from abuse. ASM #1 stated that each staff member is responsible for protecting residents from abuse and reporting it if they witness it.	F 600			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or	F 609			

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F 609	<p>Continued From page 56</p> <p>mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility documentation review, facility staff failed to ensure one residents in the survey sample of 42 residents was free from abuse, (Residents #17). On 1/2/19, Resident #64 open hand smacked Resident #17 on the back of her right upper arm.</p> <p>The findings include:</p> <p>Resident #17 was admitted to the facility on 02/11/2016. Her diagnoses included dementia, anxiety, and bipolar disorder (1). Resident #17's most recent Minimum Data Set (MDS)</p>	F 609	<ol style="list-style-type: none"> 1. Incident occurred on 01/02/2019 and reported on 01/03/2019. Assessment for R17 and R64 was negative for signs of injury. Staff member no longer at the facility to re-educated. 2. All residents have the potential to be effected. Quality review by DON/designee of 24 hour report concerns/grievances/incident reports for the past 30 days to validate allegations/signs of abuse/neglect misappropriation are reported in timely manner. Follow up as indicated. 3. Staff re-educated by Executive Director/designee on 10/23 and 10/24 on facility Abuse policy which included timely reporting of suspected abuse. Misappropriation of property will be reviewed by DON and Executive Director to ensure reporting within the 2 hour time frame. 4. Executive Director/designee will monitor 24 hour 		

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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F 609	<p>Continued From page 57</p> <p>Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #17 at a 7, indicating significant impairment. Resident #17 was coded as independent in most Activities of Daily Living (ADLs), requiring supervision of one person for dressing, and extensive assistance of one person for bathing.</p> <p>Resident #64 was admitted to the facility on 04/29/2016. Her diagnoses included depression and arthritis. Resident #64's most recent MDS was a Quarterly Assessment with an ARD of 09/11/2019. The BIMS scored Resident #64 at a 15, indicating no impairment. Resident #64 was coded as being totally dependent on one person for bathing, and independent in all other ADLs.</p> <p>A review of Resident #17's medical record was initiated on 09/24/2019 following review of a Facility Reported Incident (FRI) of an allegation of abuse. A review of the FRI revealed that an incident occurred on 01/02/2019 between Resident #17 and Resident #64. The FRI documented, "Incident type: Allegation of abuse/mistreatment" This box was checked. Describe incident, including location, and action taken: Name of [Resident #17] was at nurse's station." "Employee action initiated or taken: Investigation initiated. Residents were separated immediately from one another. Perpetrator was placed on safety checks. There were no marks on victim after skin check. Families and MD [medical doctor] notified of events. No harm was done to either resident. Full investigation to follow. Residents remain safe."</p> <p>The final investigation letter sent to the Office of</p>	F 609	<p>report/grievances/incident/accident reports weekly x 4 weeks and monthly x 3 months. Variances will be reported to QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 609	<p>Continued From page 58</p> <p>Licensure and Certification (OLC) on 01/04/2019 documented, "This letter serves as the five day final internal investigation for the Facility Reportable Incident which was reported to you on 01/03/2019. On 01/02/2019 Resident [RESIDENT #17] (BIMS 6) was at the [NAME OF UNIT] nursing station receiving her medications from the Nurse. Resident [RESIDENT #64] (BIMS 15) came up to the nurse's station and thought the medications were hers and grabbed them from [RESIDENT #17]'s hand. Resident [RESIDENT #17] then told [RESIDENT #64] that they were her pills, and during this time [RESIDENT #64] open hand smacked [RESIDENT #17] on the back of her right upper arm."</p> <p>On 09/26/2019 at 9:58a.m., an interview was conducted with Administrative Staff Member (ASM) #1, the facility Executive Director. During the interview, ASM #1 was asked what her expectation was for staff with regard to protecting residents from abuse. ASM #1 stated that each staff member is responsible for protecting residents from abuse and reporting it if they witness it.</p> <p>Review of the facility abuse policy documented the following: "7. Reporting/Response Any employee or contracted service provider who witnesses or has knowledge of abuse or an allegation of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, to a resident, is obligated to report such information immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if</p>	F 609			

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F 609	Continued From page 59 the events that cause the allegation do not involve abuse or result in serious bodily injury, to the Administrator and to other officials in accordance with State law." On 09/26/2019 at 5:00p.m., during an interview conducted with ASM #1 regarding the delay in reporting. The allegation of abuse for Resident #17, when shown the FRI documentation of the late reporting, ASM #1 stated, "it is what it is, it was late."	F 609			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-	F 655	1. R150 no longer resides in facility. 2. All residents have the potential to be effected. Quality review by DON/designee completed on baseline care plans for the past 30 days to verify needs identified on the admission assessments have been included in the baseline care plan and that the baseline care plan was updated with the resident's condition and subsequently included in the comprehensive plan. 3. Licensed staff re-educated by DON/designee on 10/23 and 10/24 on timely, accurate completion of baseline care plans including cross validating that care needs identified on the admission assessment have been care		

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F 655	<p>Continued From page 60</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to develop a baseline care plan for the presence of and treatment for a pressure ulcer for one of 42 residents in the survey sample, Resident #150.</p> <p>The findings include:</p> <p>Resident #150 was admitted to the facility on 3/27/19 and discharged on 4/10/19 to the hospital and did not return. The resident was in the facility for approximately 14 days. Resident #150 was admitted with the diagnoses of but not limited to central cord syndrome of cervical spinal cord, dysphagia, rhabdomyolysis, pneumonia, and acute kidney failure, acidosis, and spinal</p>	F 655	<p>planned on the baseline care plan. DON/designee will review baseline care plans of new admissions/readmissions in morning clinical meeting to verify plans have been put in place for care needs identified on the admission assessment on an ongoing basis.</p> <p>4. DON/designee will monitor baseline and comprehensive care plans weekly x 4 weeks and monthly x 3 months. Variances will be reported to QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 655	<p>Continued From page 61</p> <p>stenosis, spondylosis with myelopathy of the thoracic region, diabetes, and high blood pressure. The Admission/5-day MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 4/3/19 coded the resident as scoring an 8 out of a possible 15 on the BIMS (brief interview for mental status) indicating the resident was moderately impaired for the ability to make daily life decisions. The resident was coded as requiring extensive to total care for areas of activities of daily living.</p> <p>A review of the clinical record revealed the "Admission/Readmission Data Collection" assessment dated 3/27/19, which documented on the skin assessment diagram a circle drawn around the sacral/coccyx area and assigned the number 8 for the site. Written below the diagram was "Site Number 8, and the box for Pressure Ulcer and the box for Abrasion was checked (other options included rash, bruise, surgical, skin tear, vascular ulcer, and burn.) In the line for "Describe Skin Impairment" was written, "Open area on coccyx sacral area." (The word coccyx was crossed out after it was written). On the note, section of this document was an admission note timed for 5:10 PM. This note did not make mention of any skin area. A second note, timed for 2:00 AM documented, "....skin breakdown noted on sacral area of bottom...." Another note was added to this form on 4/5/19, which documented, "Addendum, unstageable pressure ulcer noted to sacral area (with) tx (treatment) in progress. RRMD (responsible party and medical doctor) aware."</p> <p>A physician's order dated 3/28/19 documented, "Apply Inzo barrier cream to sacral area Q (every) shift."</p>	F 655			

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F 655	<p>Continued From page 62</p> <p>A review of the "Weekly Wound Report" dated 4/1/19 revealed that Resident #150 was admitted on 3/27/19 with a 4x3.5 cm wound of the coccyx area.</p> <p>Review of the physician's orders revealed one dated 4/1/19 for "Greers Goo to coccyx bid (twice daily) and prn (as needed)."</p> <p>Review of the nurse's notes revealed one dated 4/4/19 for this wound and documented, "Resident has open area on coccyx which measures approximately 4.0 x 3.5 cm and appears unstageable at this time. Wound bed has 100% slough (with) scant serosanguineous drainage. New orders for MVI (multivitamin) (with) minerals po q day (by mouth every day) and Pro-Stat 30 mls (milliliter) PO BID (twice daily) x 60 days for wound healing. Will continue to monitor as indicated." A weekly "Skin Evaluation" form was completed for the same date.</p> <p>A "Weekly Wound Report" dated 4/8/19 revealed there had been no change in the wound from admission, containing the same stage and measurement.</p> <p>A nurse's note dated 4/9/19 documented, "Unstageable pressure ulcer noted to coccyx measuring 4x3.5 cm with no exudate noted with erythema noted around periwound....RP aware cont (continue) with current tx...."</p> <p>On 9/25/19 at 5:00 PM an interview was conducted with the Nurse Practitioner, ASM #3 (Administrative Staff Member). She stated that she never saw the wound herself, but that the resident was admitted with, it and she ordered</p>	F 655			

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F 655	<p>Continued From page 63</p> <p>Greers Goo for treatment. ASM #3 was asked why this was ordered as opposed to a debridement agent such as Santyl. ASM #3 stated that given the resident's condition of having a spinal cord injury and a cervical collar, the resident was not able to maintain a comfortable lying position other than on his back, she felt a debridement agent would ultimately open the wound up, leaving it susceptible to infections. She stated the primary goal for this resident, given his spinal injury, was to keep the resident off the wound as much as possible, which he frequently refused to do. (Multiple nurse's notes in the clinical record documented turning and repositioning of the resident; and there were also notes documenting the resident's refusal to be turned.) ASM #3 stated that the wound did not change any during his time in the facility and remained unstageable, and without necrotic tissue.</p> <p>A review of the baseline care plan failed to reveal that the wound and associated treatments were care planned. The baseline care plan included an area for "Altered Skin Integrity / Potential For" and had prelisted goals of "Prevent any skin breakdown or injury," and "Heal / Improve current Skin issues, " and "Other." Only the first goal of preventing skin breakdown or injury was checked. The goal to heal or improve current skin issues was not checked. In addition, there was no hand written information indicating the presence of a wound and the associated treatment.</p> <p>The wound nurse was no longer at the facility at the time of survey and therefore could not be interviewed.</p> <p>On 9/25/19 at 5:35 PM, in an interview with RN</p>	F 655			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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)	(X6) COMPLETION DATE	
F 655	<p>Continued From page 64</p> <p>#3 (Registered Nurse) she stated that her first observation of sacral wound was "probably a day or two after he was admitted. It was about 3x3 to 4x4, was an open wound, had pink granulation tissue but did have slough. It was very superficial. It was not a deep wound. It was unstageable because you can't see the bottom." When asked what treatment was being done, she stated, "At first it was just a cream and then they added Greers Goo. The treatment nurse was good at communicating with the doctor about wounds. He was incontinent quite a bit. We would have to reapply the ointment/cream. We tried to keep him turned off the wound. Sometimes he would reposition himself again back on to the wound. When asked about care planning the wound and treatment, RN #3 stated, "We start the baseline care plan on admission and it is kept at the nurses station until the comprehensive is done." In reviewing the baseline care plan with RN #3, she stated, "It does not indicate the actual presence of a wound or any treatments ordered for it ...its not on there. It should be on there. The nurse that did the skin assessment and who wrote the orders should have put it on there."</p> <p>A review of the facility policy, "Plans of Care" documented, "Develop and implement an Individualized Person-Centered baseline care plan within 48 hours of admission that includes, but is not limited to, goals based on the admission orders, physician orders, dietary orders, therapy services, social services, PASRR recommendations, if applicable, and other areas needed to provide effective care of the resident that meets professional standards of care to ensure that the resident's needs are met appropriately until the Comprehensive plan of</p>	F 655			

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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F 655	Continued From page 65 care is completed."	F 655			
F 677 SS=D	<p>On 9/26/19 at 4:45 PM, in a meeting with ASM #1 (Administrative Staff Member) the Executive Director, and ASM #2, the Director of Nursing, they were made aware of the findings. No further information was provided by the end of the survey.</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to provide ADL (activities of daily living) care for four of 42 sampled residents, who were coded as dependent on staff for care, (Residents #34, #61, #21, and #54). The facility staff failed to provide Resident #34 and Resident #61 with showers on multiple days throughout the months of July, August, and September 2019 and failed to provide Resident #21 and #54 with showers on multiple days throughout the months of August, and September 2019.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide Resident #34 with showers on multiple days throughout the months of July, August, and September 2019.</p>	F 677	<ol style="list-style-type: none"> 1. R34, R61, R21, and R54 are currently receiving showers as preferred. 2. All residents have the potential to be effected. Quality review by DON/designee completed to verify resident s who require assistance are receiving necessary assistance with showers and other activities of daily living and is in accordance to his/her preference. 3. Nursing staff re-educated by DON/designee on 10/23 and 10/24 on Bathing/Showering policy and on checking kardex to determine residents' preferences and care needs. The DON/designee will review the information in point of 		

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F 677	<p>Continued From page 66</p> <p>Resident #34 was admitted to the facility on 7/10/15, with diagnoses that include, but are not limited to, history of a stroke, chronic kidney disease, and diabetes mellitus (1). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/22/19, Resident #34 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). She was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing.</p> <p>On 9/25/19 at 2:35 p.m., Resident #34 was observed lying in bed, watching television. Resident #34 the Resident Council president, was asked for permission to review the Resident Council minutes from the past few months. Resident #34 stated, "Yes, that will be fine."</p> <p>On 9/25/19 at 10:00 a.m., Resident #34 attended the group meeting as a part of the survey process. When asked about any concerns the facility staff were aware but had not yet been resolved to the residents' satisfaction, Resident #34 stated, "Oh, the showers." She stated that because the facility "is so short staffed," residents who require a mechanical lift to transfer into a shower chair had not been receiving showers "for quite some time." Resident #34 stated, "If I had not gotten a shower last Friday, it would have made two weeks since I've been bathed, and I'm not the only one. You need to go talk to [name of Resident #61]."</p> <p>On 9/25/19 at 5:25 p.m., Resident #34 was</p>	F 677	<p>care to verify they are updated, complete and accurately reflect the resident's care needs and preferences for care.</p> <p>4. DON/designee will complete bathing quality review weekly x 4 weeks and monthly x 3 months to verify delivery of care. Variances will be reported to QAPI with adjustments as indicated monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 677	<p>Continued From page 67</p> <p>observed lying in her bed. An interview was conducted with Resident #34 at this time. Resident #34 was asked when she was scheduled to receive a shower. Resident #34 stated, "I'm scheduled for day shift. It's when all the Hoyer (brand of mechanical lift) people are scheduled."</p> <p>On 9/26/19 at 9:14 a.m., Resident #34 was observed lying in her bed and another interview was conducted. When asked if she could provide more details about the comments, she had made during the group meeting, Resident #34 stated, "I got a shower last Friday (9/20/19). It was the first one in two weeks. In May, June, July, and August, I got almost no showers." When asked why she had not received showers, she stated, "It's because I'm a Hoyer (requires a Hoyer mechanical lift to transfer). It's too much trouble for them. There is not enough staff to do it. There is just not. It's true for all of us who are Hoyers. If you need a Hoyer and there is no staff, you're not going to get a shower." When asked if she had received any kind of bath during these months, Resident #34 stated, "Well if you want to call it that. They wipe me down. But it's not a bath. You can't even call it a bed bath." She stated that the CNAs (certified nursing assistants) are responsible for giving showers. "When they have only two on the floor, there are just not enough people to do what they need to do for us. It's pretty simple math."</p> <p>A review of the Nurse Tech (technician) Information Kardex for Resident #34 revealed, in part, the following: "Bathing: Shower. Bath Days: Tuesday and Friday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer</p>	F 677			

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F 677	<p>Continued From page 68</p> <p>Assist: Sling size - Large, Transfer aid - Hoyer."</p> <p>A review of the unit's shower schedule revealed, in part, the following: "[Resident #34] - Tuesday and Friday."</p> <p>A review of Resident #34's comprehensive care plan dated 9/24/18, updated on 1/25/19 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: The resident is totally dependent on staff for transferring with a Hoyer."</p> <p>A review of the facility's bathing record for Resident #34 revealed that the resident was bathed on 8/9/19. The documentation did not specify what type of bath Resident #34 received on this day. The documentation revealed no evidence that Resident #34 received any kind of bath from 7/1/19 through the time of the survey.</p> <p>A spot check of the daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs (certified nursing assistant) worked on Resident #34's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, and per the facility staff served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #34 resides has 58 resident beds.</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the</p>	F 677			

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F 677	<p>Continued From page 69</p> <p>floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, CNA #2 stated, "Yeah, if I had done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what kind of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was</p>	F 677			

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F 677	<p>Continued From page 71</p> <p>have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, she stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been drying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, she stated, "No. Not ever."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." ASM #1 stated, "It really started in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. In April, I</p>	F 677			

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F 677	<p>Continued From page 72</p> <p>put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it. Not always. The bath aide is on a production schedule. It is finish one and start another. There are 12 Hoyer residents, and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." She concluded, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>A review of the facility policy "Bathing/Showering" revealed, in part, the following: "Assistance with showering and bathing will be provided at least twice a week and PRN (as needed) to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PRN cleansing."</p> <p>No further information was provided prior to exit.</p> <p>(1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. The facility staff failed to provide Resident #61 with showers on multiple days throughout the</p>	F 677			

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F 677	<p>Continued From page 73 months of July, August, and September 2019.</p> <p>Resident #61 was admitted to the facility on 5/27/10, and was most recently readmitted on 5/3/19 with diagnoses including, but not limited to history of a spinal cord injury and quadriplegia (1). On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 9/7/19, Resident #61 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). He was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing.</p> <p>During the group meeting on 9/25/19 at 10:00 a.m., Resident #61 was identified by another resident as possibly not having received showers due to his requirement of being transferred by a mechanical lift.</p> <p>On 9/25/19 at 3:15 p.m., Resident #61 was observed lying on his left side in bed. His eyes were closed.</p> <p>On 9/25/19 at 4:55 p.m., Resident #61 was observed lying on his back in bed. He was awake and alert. An interview was conducted with Resident #61 at this time. Resident #61 was asked if he had been receiving showers as he thought he should. He stated, "No. They have been short of help. They won't do the showers when they are short of help. We just don't have the help." When asked if other types of baths were offered to him in place of the showers, Resident #61 stated, "I would get wiped off."</p>	F 677			

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F 677	<p>Continued From page 74</p> <p>That's about it. May, June, July, August. My head did not get washed. It was not even a bed bath, really. Just wiped off." When asked if the facility records showed he received a shower on any of those days, Resident #61 stated, "Then those records would not be right. I did not receive a shower any of those times. I wouldn't even call it a bath." He stated he knows there is a CNA dedicated strictly to bathing residents, but she does not provide showers for residents who require a mechanical lift for transfers. Resident #61 stated, "If [RN (registered nurse) #2] is here, she will make sure it gets done." When asked if RN #2 is at the facility every day he or other residents need a shower, he stated, "No, she's not."</p> <p>A review of the Nurse Tech (technician) Information Kardex for Resident #61 revealed, in part, the following: "Bathing: Shower. Bath Days: Monday and Thursday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer Assist: Sling size - Large, Transfer aid - Hoyer."</p> <p>A review of the unit's shower schedule revealed, in part, the following: "[Resident 61] - Monday and Thursday."</p> <p>A review of Resident #61's comprehensive care plan dated 11/8/18 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: [Resident #61] requires a full body Mechanical Lift with 2 staff assistance for transfers."</p>	F 677			

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F 677	<p>Continued From page 75</p> <p>A review of the facility's bathing record for Resident #61 revealed that he received some type of bath on 17 days from July 1, 2019 through the time of the survey. The bath record did not specify what type of bath he received on any of these dates. The remainder of the dates during this time period did not reveal any evidence that Resident #61 received a bath.</p> <p>A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #61's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #61 resides has 58 resident beds.</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, CNA #2 stated, "Yeah, if I had done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central</p>	F 677			

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F 677	<p>Continued From page 76</p> <p>supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what kind of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, CNA #4 stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." She stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents using a mechanical lift, CNA #4</p>	F 677			

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F 677	<p>Continued From page 77</p> <p>stated, "No. There are not always two aides on every hallway."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #61 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #61's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative</p>	F 677			

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F 677	<p>Continued From page 78</p> <p>staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, she stated, "No. Not ever."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." ASM #1 stated, "It really started in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. In April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it. Not always. The bath aide is on a production schedule. It is finish one and start another. There are 12 Hoyer residents, and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those</p>	F 677			

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F 677	<p>Continued From page 79</p> <p>showers." She concluded, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns.</p> <p>A review of the facility policy "Bathing/Showering" revealed, in part, the following: "Assistance with showering and bathing will be provided at least twice a week and PRN (as needed) to cleanse and refresh the resident. The resident shall be asked on admission to establish a frequency schedule for bathing. This schedule will take precedence over the twice a week and PRN cleansing."</p> <p>No further information was provided prior to exit.</p> <p>(1) "Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia." This information is taken from the website https://medlineplus.gov/paralysis.html.</p> <p>COMPLAINT DEFICIENCY</p> <p>3. The facility staff failed to provide showers twice a week during August and September 2019, to Resident #54, who is coded as dependent on</p>	F 677			

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F 677	<p>Continued From page 80 staff for bathing.</p> <p>Resident #54 was admitted to the facility on 03/28/2019. Her diagnoses included pneumonia, muscle weakness, diabetes, and morbid obesity. Resident #54's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 08/26/2019. The Brief Interview for Mental Status (BIMS) scored Resident #54 at a 15, indicating no impairment. Resident #54 was coded as requiring extensive assistance of one person for bed mobility and dressing. The resident was coded as requiring the supervision of one person for transfers, and being totally dependent on one person for toileting and bathing. Ambulation was coded as not occurring during the lookback period.</p> <p>On 09/24/2019 at 1:08p.m., an interview was conducted with Resident #54. During this interview, Resident #54 stated that she had not had a shower "since July 23rd". Resident #54 stated that "the bath aide who used the Hoyer lift quit" and that no other staff used the Hoyer lift. When asked what kind of bathing she was receiving, Resident #54 stated that she was getting bed baths.</p> <p>Resident #54's comprehensive care plan dated 09/19/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident requires extensive-full assistance by staff with shower." "TRANSFER: The resident is totally dependent on 2 staff for transferring with Hoyer."</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the</p>	F 677			

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F 677	<p>Continued From page 81</p> <p>floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't [give the showers], but she doesn't. The shower aide has never done showers for people who use the lift."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. CNA #3 stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #3 stated, "No. I'm not sure who was supposed to get one."</p> <p>A review of Resident #54's August and September 2019 shower log showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL (activities of daily living) record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p>	F 677			

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F 677	Continued From page 82 On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower." On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #54 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower." On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA #6 stated, "The floor CNAs on [Resident #54's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit. When there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #54's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer	F 677			

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F 677	<p>Continued From page 83 showers are going to be given."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #54's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures showers are provided to residents unable to make a request for a shower, RN #2 stated, "I don't know, that's a good question. I mean, I started this tracking on Monday." When shown Resident #54's shower records for August and September 2019 from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, she</p>	F 677			

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F 677	<p>Continued From page 84 stated, "No. Not ever."</p> <p>4. The facility staff failed to provide sowers twice a week during August and September 2019, to Resident #21, who is coded as dependent on staff for bathing</p> <p>Resident #21 was admitted to the facility on 09/24/2018. His diagnoses include paraplegia (paralysis of the legs and lower body), anxiety, and post-traumatic stress disorder (PTSD). Resident #21's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #21 at a 15, indicating no impairment. Resident #21 was coded as requiring extensive assistance of one person for bed mobility, transfers, and toileting, and total dependence on one person for bathing.</p> <p>Resident #21's comprehensive care plan dated 08/08/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident is extensive-totally dependent on staff to provide shower/bathe." "TRANSFER: sliding board with limited-no assistance transferring."</p> <p>On 09/25/2019 at 4:33p.m., an interview was conducted with Resident #21. He stated that it had been "weeks" since he had been allowed to get a shower because no staff wanted to "deal with" using the Hoyer Lift (1) to get him into the shower chair. Resident #21 stated that he is offered a bed bath, but that even that is not always offered. Resident #21 stated that he prefers a shower.</p>	F 677			

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F 677	<p>Continued From page 85</p> <p>A review of Resident #21's August and September 2019 shower log showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift</p>	F 677			

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(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 677	<p>Continued From page 86</p> <p>on the unit where Resident #21 resides. LPN #3 stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever."</p> <p>Administrative Staff Member (ASM) #1, the facility Executive Director, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided.</p> <p>1. A Hoyer Lift is a hydraulic or electrical lift used</p>	F 677			

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F 677	Continued From page 87	F 677			
F 684 SS=D	<p>In combination with a sling to move patients who have limited to no mobility of their own.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on resident observation, facility staff review, facility document review, and clinical record review, it was determined that the facility staff failed to provide care in accordance with the physician's orders and per the comprehensive plan of care for one of 42 residents in the survey sample, Resident #38. The facility staff failed to administer Augmentin as ordered by the physician to Resident #38 on 9/20/19.</p> <p>The findings include:</p> <p>Resident #38 was admitted to the facility on 9/25/17 and most recently readmitted on 9/19/19 with diagnoses including, but not limited to vascular dementia (1), a recent GI (gastrointestinal bleed) (2), and shingles (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/26/19, Resident #38 was coded as being mildly cognitively impaired for</p>	F 684	<ol style="list-style-type: none"> 1. R38's infection resolved without Incident or ill effect. 2. All residents have the potential to be effected. Quality review by DON/designee of physician orders for past 14 days completed to verify orders were implemented timely. 3. Licensed staff re-educated by DON/designee on 10/23 and 10/24 on policy for Medication shortages/unavailable medications. DON/designee will review new orders in clinical meeting to ensure timely follow up and to ensure medications were ordered. 4. DON/designee will complete quality review of 10 new orders for timely implementation weekly x 4 weeks and monthly x 3 months. Variances will be 		

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F 684	<p>Continued From page 88</p> <p>making daily decisions, having scored 13 out of 15 on the BIMS (brief interview for mental status). She was coded as using a wheelchair for mobility.</p> <p>A review of the comprehensive care plan for Resident #38 dated 9/19/18, updated on 12/19/18, revealed, in part, the following: "Administer medications as ordered."</p> <p>A review of Resident #38's clinical record revealed the following order, dated 9/19/19: "Amoxicillin-clavulanate (Augmentin (4)) 875-125 mg (milligrams) Take 1 tab (tablet) po (by mouth) q12h (every 12 hours) X (for) 5 days." The attending physician signed the order.</p> <p>A review of Resident #38's September 2019 MAR revealed the following entry dated 9/19/19: "Augmentin 875-125 mg (milligrams) Take 1 tab (tablet) po (by mouth) q12h (every 12 hours) X (for) 5 days." For the doses due on 9/20/19 at 8:00 a.m. and 8:00 p.m., nurse initials were circled. The back of the MAR was blank.</p> <p>A review of the facility's list of medications contained in the stat (immediate) box revealed that Augmentin 875-125 mg is available in the stat box.</p> <p>On 9/26/19 at 11:06 a.m., LPN (licensed practical nurse) #3 was interviewed. When asked if Resident #38's not having received the medication as ordered on 9/20/19 caused a delay in her treatment, she stated, "Yes. It did."</p> <p>On 9/26/19 at 1:30 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner), was interviewed. When asked if Resident #38's not having received the medication as ordered on</p>	F 684	<p>reported in QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 684	<p>Continued From page 89</p> <p>9/20/19 caused a delay in her treatment, she stated, "She came back to us with a urinary tract infection. She needed the antibiotic. They had started it iv (intravenously) in the hospital. Yes. It was a small delay."</p> <p>On 9/26/19 at 1:43 p.m., RN (registered nurse) #2, a unit manager, was interviewed. When asked if Resident #38's not having received the medication as ordered on 9/20/19 caused a delay in her treatment, she stated, "Yes."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1, the executive director, and ASM #2 were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Vascular dementia (VaD) is caused by a series of small strokes over a long period." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>(2) "Your digestive or gastrointestinal (GI) tract includes the esophagus, stomach, small intestine, large intestine or colon, rectum, and anus. Bleeding can come from any of these areas. The amount of bleeding can be so small that only a lab test can find it." This information was obtained from the website https://medlineplus.gov/gastrointestinalbleeding.html.</p> <p>(3) "Shingles (herpes zoster) is a painful, blistering skin rash. It is caused by the</p>	F 684			

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F 684	Continued From page 90 varicella-zoster virus. This is the virus that also causes chickenpox."	F 684			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must	F 725	1. R34, R61, R54 are currently receiving baths as preferred. 2. All residents have the potential to be effected. Quality review by Executive Director/designee completed of the past 2 weeks schedules to verify adequate staffing to meet staffing needs. 3. Staff will be re-educated by Executive Director/designee on 10/23 and 10/24 on Attendance policy and reporting for shifts as scheduled to provide adequate staffing to meet the resident needs. 4. Executive Director/designee will complete a quality review of schedule and 10 resident interviews to verify adequate staffing to meet resident needs		

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F 725	<p>Continued From page 91</p> <p>designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to provide sufficient staffing to meet the needs of four of 42 residents in the survey sample, Residents #34, #61, #21, and #54. The facility staff failed to provide sufficient staffing to provide Resident #34, 61, 21, and 54 with showers on multiple days throughout the months of July, August, and September 2019.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide sufficient staffing to provide Resident #34 with showers on multiple days throughout the months of July, August, and September 2019.</p> <p>Resident #34 was admitted to the facility on 7/10/15, with diagnoses that include, but are not limited to history of a stroke, chronic kidney disease, and diabetes mellitus (1). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/22/19, Resident #34 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). She was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing.</p>	F 725	<p>weekly x 4 weeks and monthly x 3 months. Variances will be reported in QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 725	<p>Continued From page 92</p> <p>On 9/25/19 at 2:35 p.m., Resident #34 was observed lying in bed, watching television. Resident #34 the Resident Council president, was asked for permission to review the Resident Council minutes from the past few months. Resident #34 stated, "Yes that will be fine."</p> <p>On 9/25/19 at 10:00 a.m., Resident #34 attended the group meeting as a part of the survey process. When asked about any concerns the facility staff were aware but had not yet been resolved to the residents' satisfaction, Resident #34 stated, "Oh, the showers." She stated that because the facility "is so short staffed," residents who require a mechanical lift to transfer into a shower chair had not been receiving showers "for quite some time." Resident #34 stated, "If I had not gotten a shower last Friday, it would have made two weeks since I've been bathed, and I'm not the only one. You need to go talk to [name of Resident #61]."</p> <p>On 9/25/19 at 5:25 p.m., Resident #34 was interviewed regarding when she was scheduled to receive a shower, she stated, "I'm scheduled for day shift. It's when all the Hoyer (brand of mechanical lift) people are scheduled."</p> <p>On 9/26/19 at 9:14 a.m., another interview was conducted with Resident #34. When asked if she could provide more details about the comments, she had made during the group meeting, Resident #34 stated, "I got a shower last Friday (9/20/19). It was the first one in two weeks. In May, June, July, and August, I got almost no showers." When asked why she had not received showers, Resident #34 stated, "It's because I'm a Hoyer (requires a mechanical lift for transfer). It's too much trouble for them. There is not enough</p>	F 725			

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F 725	<p>Continued From page 93</p> <p>staff to do it. There is just not. It's true for all of us who are Hoyers. If you need a Hoyer and there is no staff, you're not going to get a shower." When asked if she had received any kind of bath during these months, Resident #34 stated, "Well if you want to call it that. They wipe me down, but it's not a bath, you can't even call it a bed bath. When they have only two on the floor, there are just not enough people to do what they need to do for us. It's pretty simple math."</p> <p>A review of the Nurse Tech (technician) Information Kardex for Resident #34 revealed, in part, the following: "Bathing: Shower. Bath Days: Tuesday and Friday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer Assist: Sling size - Large, Transfer aid - Hoyer."</p> <p>A review of the unit's shower schedule revealed, in part, the following: "[Resident #34] - Tuesday and Friday."</p> <p>A review of Resident #34's comprehensive care plan dated 9/24/18 and updated 1/25/19 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: The resident is totally dependent on staff for transferring with a Hoyer."</p> <p>A review of the facility's bathing record for Resident #34 revealed that the resident was bathed on 8/9/19. The documentation did not specify what type of bath Resident #34 received on this day. The documentation revealed no evidence that Resident #34 received any kind of bath from 7/1/19 through the time of the survey.</p>	F 725			

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F 725	<p>Continued From page 94</p> <p>A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #34's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, per the facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #34 resides has 58 resident beds.</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, CNA #2 stated, "Yeah, if I had done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lift (residents)." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #2 stated, "No. I'm not sure</p>	F 725			

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F 725	<p>Continued From page 95 who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what kind of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. CAN #4 stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, CNA #2 stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." She stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to</p>	F 725			

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F 725	<p>Continued From page 96</p> <p>transfer residents using a mechanical lift, CNA #4 stated, "No. There are not always two aides on every hallway." CNA #2 stated, "Our agency is here to fill in, but even with us, there have been many days when there still is not enough staff."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #34 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:23 a.m., CNA #5 was interviewed. She stated she has only worked at the facility for two weeks. She stated it takes two staff to get residents in and out of shower chairs if the residents require a Hoyer lift."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA #6 stated, "The floor CNAs on [Resident #34's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #34's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 12:38 p.m., RN #3 was interviewed. She stated she has been employed at the facility for more than five years. She is</p>	F 725			

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F 725	<p>Continued From page 97</p> <p>knowledgeable about staffing on both nursing units. When asked how many staff members are required for safe care on Resident #34's unit, she stated, "At least four CNAs, not including the shower aide. You can't provide safe care for any less than that." RN #3 stated that she most often works on the unit where Resident #34 does not reside. She stated Resident #34's unit has 58 residents; her unit has 30 residents. RN #3 stated, "In the past two weeks from 3:00 p.m. until 7:00 p.m., there have only been one nurse and 1 CNA on my unit. A couple of weekends in August, it was just me, and one CNA from 7:00 a.m. until 7:00 p.m. We need at least two CNAs on this unit to be safe." When asked if management staff ever participates in resident care on the floor, RN #3 stated, "Some days are better than others, but most of the time, the management doesn't help. They may say they are working the floor, but they don't know what to do." She stated both unit managers are aware, as well as the director of nursing and the executive director. When asked if the bath aide ever provides any care other than baths, RN #3 stated, "She doesn't feed residents. She doesn't do Hoyer showers. She takes her break at lunchtime. Even with three CNAs on that unit, it is a stretch for the showers. If two CNAs are transferring a resident, it only leaves a nurse and a CNA to watch the entire floor of 58 people. It's just not safe."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p>	F 725			

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F 725	<p>Continued From page 98</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #34's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I don't know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever." When asked the goal for CNA staffing for Resident #34's unit, ASM #2</p>	F 725			

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F 725	<p>Continued From page 99 stated, "The goal is five. Four is acceptable, but it would be hard."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." ASM #1 stated, "It really started in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it, not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyers [residents requiring mechanical lift transfers], and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." ASM #1 stated, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed." When asked the goal for safe CNA staffing for Resident #34's unit, ASM #1 stated, "The goal is six. That would be a ten-to-one, basically, ratio. The more realistic goal right now is five CNAs, and that is a hard day. Four CNAs is just not enough."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns. Policies regarding facility staffing were requested. On 9/26/19 at 5:00 p.m., OSM (other staff member) #9, the medical records clerk, informed the surveyor that the facility does not have a policy on staffing.</p>	F 725			

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F 725	<p>Continued From page 100</p> <p>No further information was provided prior to exit.</p> <p>(1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. The facility staff failed to provide sufficient staffing to provide Resident #61 with showers on multiple days throughout the months of July, August, and September 2019.</p> <p>Resident #61 was admitted to the facility on 5/27/10, and was most recently readmitted on 5/3/19 with diagnoses including, but not limited to history of a spinal cord injury and quadriplegia (1). On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 9/7/19, Resident #61 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (brief interview for mental status). He was coded as being totally dependent on the physical assistance of two or more staff persons for transferring between surfaces, and as being totally dependent on the physical assistance of one staff person for bathing.</p> <p>During the group meeting on 9/25/19 at 10:00 a.m., Resident #61 was identified by another resident as possibly not having received showers due to his requirement of being transferred by a mechanical lift.</p> <p>On 9/25/19 at 3:15 p.m., Resident #61 was observed lying on his left side in bed. His eyes were closed.</p>	F 725			

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F 725	<p>Continued From page 101</p> <p>On 9/25/19 at 4:55 p.m., Resident #61 was observed lying on his back in bed. He was awake and alert. Resident #61 was asked if he had been receiving assistance to shower. He stated, "No. They have been short of help. They won't do the showers when they are short of help. We just don't have the help." When asked if other types of baths were offered to him in place of the showers, he stated, "If you could call it that. I wouldn't call it that. I would get wiped off, that's about it. May, June, July, August, my head did not get washed. It was not even a bed bath, really. Just wiped off." When asked if the facility records showed he received a shower on any of those days, he stated, "Then those records would not be right. I did not receive a shower any of those times. I wouldn't even call it a bath." He stated he knows there is a CNA dedicated strictly to bathing residents, but she does not provide showers for residents who require a mechanical lift for transfers. He stated, "If [RN (registered nurse) #2] is here, she will make sure it gets done." When asked if RN #2 is at the facility every day he or other residents need a shower, Resident #61 stated, "No, she's not."</p> <p>A review of the Nurse Tech (technician) Information Kardex for Resident #61 revealed, in part, the following: "Bathing: Shower. Bath Days: Monday and Thursday. Shift: Day...Cognition: Alert, Current season, Location of room, Staff faces, In a nursing home...Transfers: Assist of 2. Transfer Assist: Sling size - Large, Transfer aid - Hoyer."</p> <p>A review of the unit's shower schedule revealed, in part, the following: "[Resident 61] - Monday and Thursday."</p>	F 725			

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F 725	<p>Continued From page 102</p> <p>A review of Resident #61's comprehensive care plan dated 11/8/18 revealed, in part, the following: "BATHING/SHOWERING: The resident is totally dependent on staff to provide bath/shower and as necessary...Provide sponge bath when a full bath or shower cannot be tolerated...TRANSFER: [Resident #61] requires a full body Mechanical Lift with 2 staff assistance for transfers."</p> <p>A review of the facility's bathing record for Resident #61 revealed that he received some type of bath on 17 days from July 1, 2019 through the time of the survey. The bath record did not specify what type of bath he received on any of these dates. The remainder of the dates during this time period did not reveal any evidence that Resident #61 received a bath.</p> <p>A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #61's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.</p> <p>A review of facility census documents revealed that the unit on which Resident #61 resides has 58 resident beds.</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "The shower aide has never done showers for people who use the lift." When asked how she documents giving a resident who</p>	F 725			

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F 725	<p>Continued From page 103</p> <p>requires a Hoyer lift for transfer a shower, CNA #2 stated, "I record it on the tablet." When shown Resident #34's shower record as referenced above, CNA #2 stated, "Yeah, if I had done it and documented it, it would have shown up on here."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lift (residents)." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, CNA #2 stated, "No. I'm not sure who was supposed to get one."</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the</p>	F 725			

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F 725	<p>Continued From page 104</p> <p>bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, CNA #2 stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." She stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents using a mechanical lift, CNA #4 stated, "No. There are not always two aides on every hallway." CNA #2 stated, "Our agency is here to fill in, but even with us, there have been many days when there still is not enough staff."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #34 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:23 a.m., CNA #5 was interviewed. She stated she has only worked at the facility for two weeks. She stated it takes two</p>	F 725			

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F 725	<p>Continued From page 105</p> <p>staff to get residents in and out of shower chairs if the residents require a Hoyer lift."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA #6 stated, "The floor CNAs on [Resident #34's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #34's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 12:38 p.m., RN #3 was interviewed. She stated she has been employed at the facility for more than five years. She is knowledgeable about staffing on both nursing units. When asked how many staff members are required for safe care on Resident #34's unit, she stated, "At least four CNAs, not including the shower aide. You can't provide safe care for any less than that." RN #3 stated that she most often works on the unit where Resident #61 does not reside. She stated Resident #34's unit has 58 residents; her unit has 30 residents. RN #3 stated, "In the past two weeks from 3:00 p.m. until 7:00 p.m., there have only been one nurse and 1 CNA on my unit. A couple of weekends in August, it was just me, and one CNA from 7:00 a.m. until 7:00 p.m. We need at least two CNAs on this unit to be safe." When asked if management staff ever participates in resident care on the floor, RN #3 stated, "Some days are better than others, but most of the time, the management doesn't help. They may say they are working the floor, but they don't know what to do." She stated both unit managers are aware, as</p>	F 725			

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F 725	<p>Continued From page 106</p> <p>well as the director of nursing and the executive director. When asked if the bath aide ever provides any care other than baths, RN #3 stated, "She doesn't feed residents. She doesn't do Hoyer showers. She takes her break at lunchtime. Even with three CNAs on that unit, it is a stretch for the showers. If two CNAs are transferring a resident, it only leaves a nurse and a CNA to watch the entire floor of 58 people. It's just not safe."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #34's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I don't know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure</p>	F 725			

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F 725	<p>Continued From page 107 something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been drying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever." When asked the goal for CNA staffing for Resident #34's unit, ASM #2 stated, "The goal is five. Four is acceptable, but it would be hard."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." ASM #1 stated, "It really started in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to do them, but they are not doing it, not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyers [residents requiring mechanical lift transfers], and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." ASM</p>	F 725			

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F 725	<p>Continued From page 108</p> <p>#1 stated, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed." When asked the goal for safe CNA staffing for Resident #61's unit, ASM #1 stated, "The goal is six. That would be a ten-to-one, ratio. The more realistic goal right now is five CNAs, and that is a hard day. Four CNAs is just not enough."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 and ASM #2 were notified of these concerns. Policies regarding facility staffing were requested. On 9/26/19 at 5:00 p.m., OSM (other staff member) #9, the medical records clerk, informed the surveyor that the facility does not have a policy on staffing.</p> <p>No further information was provided prior to exit.</p> <p>(1) "Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread. Paralysis of the lower half of your body, including both legs, is called paraplegia. Paralysis of the arms and legs is quadriplegia." This information is taken from the website https://medlineplus.gov/paralysis.html.</p> <p>COMPLAINT DEFICIENCY</p> <p>3. The facility staff failed to provide sufficient staffing to provide Resident #54 with showers on multiple days throughout the months of August, and September 2019.</p> <p>Resident #54 was admitted to the facility on</p>	F 725			

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F 725	<p>Continued From page 109</p> <p>03/28/2019. Her diagnoses included pneumonia, muscle weakness, diabetes, and morbid obesity. Resident #54's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 08/26/2019. The Brief Interview for Mental Status (BIMS) scored Resident #54 at a 15, indicating no impairment. Resident #54 was coded as requiring extensive assistance of one person for bed mobility and dressing, and being totally dependent on one person for toileting and bathing. Ambulation was coded as not occurring during the lookback period.</p> <p>On 09/24/2019 at 1:08p.m., an interview was conducted with Resident #54. During this interview, Resident #54 stated that she had not had a shower "since July 23rd". When asked why that was, Resident #54 stated that "the bath aide who used the Hoyer lift quit" and that no other staff used the Hoyer lift. When asked what kind of bathing she was receiving, Resident #54 stated that she was getting bed baths. When asked which type of bath she would prefer, Resident #54 stated she preferred showers.</p> <p>Resident #54's comprehensive care plan dated 09/19/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident requires extensive-full assistance by staff with shower." "TRANSFER: The resident is totally dependent on 2 staff for transferring with Hoyer."</p> <p>On 9/25/19 at 2:28 p.m., CNA #2 was interviewed. She stated the CNAs who work the floor are supposed to give showers to residents who require a Hoyer lift for transfers. CNA #2 stated, "I don't know why the shower aide doesn't</p>	F 725			

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F 725	<p>Continued From page 110</p> <p>[give the showers], but she doesn't. The shower aide has never done showers for people who use the lift."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines. I think the aide assigned to any particular hall is responsible for showers for the Hoyer lifts." When asked if she had given a shower to any resident who required a Hoyer lift for transfer during her shift that day, she stated, "No. I'm not sure who was supposed to get one."</p> <p>A review of Resident #54's shower log for August and September 2019, showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what type of bath a resident received, RN #1 stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p> <p>On 9/26/19 at 10:04 a.m., LPN (licensed practical nurse) # 5 was interviewed. She stated it was her third week working in the facility on a travel</p>	F 725			

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F 725	<p>Continued From page 111</p> <p>assignment. She stated the CNAs are responsible for bathing residents. She stated it takes two CNAs to transfer a resident from the bed to a shower chair, one aide to give the bath, and two CNAs to transfer the resident back to bed after the shower. She stated she was not aware of any days that showers had not happened for residents on her unit. LPN #5 stated, "If a person needs a shower, I will stop what I am doing to give a shower. It is the nurse's responsibility to make sure the resident gets a shower."</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. CNA #4 stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, she stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." CNA #4 stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents using a mechanical lift, CNA #4 stated, "No. There are not always two aides on every hallway."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #54 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days</p>	F 725			

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F 725	<p>Continued From page 112</p> <p>when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower."</p> <p>On 9/26/19 at 11:23 a.m., CNA #5 was interviewed. She stated she has only worked at the facility for two weeks. She stated it takes two staff to get residents in and out of shower chairs if the residents require a Hoyer lift.</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. She stated, "The floor CNAs on [Resident #54's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #54's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given."</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #54's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When</p>	F 725			

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F 725	<p>Continued From page 113</p> <p>asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents who require a Hoyer lift for transfers not receiving showers, ASM #2 stated, "It has been hit and miss. In early April, we made a position for a bath aide. [Name of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been drying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever."</p> <p>On 9/26/19 at 4:05 p.m., ASM #1, the executive director, was interviewed. She stated that the concerns about residents not receiving showers is "not resolved." ASM #1 stated, "It really started in February. In making rounds, I kept hearing showers were not happening like they should for the residents who required a Hoyer lift. So in April, I put in a full time bath aide on [Resident #34's unit]. Now we have it, but she does not do Hoyers. The CNAs on the floor are supposed to</p>	F 725			

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F 725	<p>Continued From page 114</p> <p>do them, but they are not doing it, not always. The bath aide is on a production schedule. It is finish one and start another. I have 12 Hoyers [residents requiring mechanical lift transfers], and I still have to figure out how to do it. Now, the people I visit, I take care of. We have much room for improvement. We may need another full time Hoyer person just to give those showers." ASM #1 stated, "I know our residents are hurting. I addressed it June in QAPI (quality assurance/performance improvement). But it is far from fixed."</p> <p>4. The facility staff failed to provide sufficient staffing to provide Resident #21 with showers on multiple days throughout the months of August, and September 2019.</p> <p>Resident #21 was admitted to the facility on 09/24/2018. His diagnoses include paraplegia (paralysis of the legs and lower body), anxiety, and post-traumatic stress disorder (PTSD). Resident #21's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #21 at a 15, indicating no impairment. Resident #21 was coded as requiring extensive assistance of one person for bed mobility, transfers, and toileting, and total dependence on one person for bathing.</p> <p>On 09/25/2019 at 4:33p.m., an interview was conducted with Resident #21. He stated that it had been "weeks" since he had been allowed to get a shower because no staff wanted to "deal with" using the Hoyer Lift (1) to get him into the shower chair. Resident #21 stated that he is</p>	F 725			

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F 725	<p>Continued From page 115</p> <p>offered a bed bath, but that even that is not always offered. Resident #21 stated that he prefers a shower.</p> <p>Resident #21's comprehensive care plan dated 08/08/2019 documents the following under Activities of Daily Life (ADL) self-care deficits: "BATHING/SHOWERING: the resident is extensive-totally dependent on staff to provide shower/bathe." "TRANSFER: sliding board with limited-no assistance transferring."</p> <p>On 9/25/19 at 2:38 p.m., CNA #3, who is also the facility's central supply clerk, was interviewed. She stated, "I think there are showers scheduled two days a week. I usually only work in central supply. I have my CNA license, and they pulled me to work as a CNA this week, but I really am not familiar with the regular routines."</p> <p>A review of Resident #21's shower log showed no number code to indicate what type of bath was being recorded, only what level of assistance was provided.</p> <p>On 9/25/19 at 3:22 p.m., RN (registered nurse) #1, the MDS nurse, was interviewed. When asked if any of the facility records showed what kind of bath a resident received, she stated, "The shower records should show it. There is a number with a code that should show what kind of bath the resident got." When asked what it means if there are no numbers to indicate this on the shower record, RN #1 stated, "If the ADL record doesn't say, and if the resident is cognitively intact, then you have to go with what the resident says."</p>	F 725			

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F 725	<p>Continued From page 116</p> <p>On 9/26/19 at 10:46 a.m., CNA #4 was interviewed. She stated, "I don't really work here. I am agency. I have been coming off and on here maybe a month or two." When asked how she knows who is to get a shower on her shift, she stated, "When I come in, they give me a cheat sheet with the names of the ones who need a shower. But mostly, I am just paying attention. I am kind of figuring out whose days are what." She stated it takes two staff members to transfer a resident from bed to a shower chair, one to give the resident a shower, and two staff members to transfer the resident back to bed." When asked if there are always two staff members available to transfer residents, CNA #4 stated, "No. There are not always two aides on every hallway."</p> <p>On 9/26/19 at 11:06 a.m., LPN #3 was interviewed. She stated she has worked at the facility for four years, and usually works day shift on the unit where Resident #21 resides. She stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. When asked about staffing and resident baths, LPN #3 stated, "There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes, a resident has a right to shower."</p> <p>On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. She stated, "The floor CNAs on [Resident #21's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit, and when there is only one CNA on this unit, the showers don't happen, as they should. The bath aide on [Resident #21's unit] doesn't do anything but give showers. You can't count them in the staffing."</p>	F 725			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 725	<p>Continued From page 117</p> <p>On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. She stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing."</p> <p>On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #21's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I don't know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL documentation, RN #2 stated, "I did not know you could pull a report like this. I am still learning about the documentation. This shows me that our documentation is not effective. As a manager, I need to figure out a process. I need to learn how to pull these reports. I'm sure I could figure something out."</p> <p>Administrative Staff Member (ASM) #1, the facility Executive Director, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided.</p> <p>1. A Hoyer Lift is a hydraulic or electrical lift used</p>	F 725			

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F 725	Continued From page 118	F 725			
F 755 SS=D	<p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p>	F 755	<ol style="list-style-type: none"> 1. R38's infection has resolved without incident or ill effect. The expired medication was disposed of immediately. 2. All residents have the potential to be effected. Quality review by DON/designee for the past 14 days completed to verify the orders were implemented timely. Quality review by DON/designee of medication carts completed to verify absence of expired medications. 3. Licensed staff re-educated by DON/designee on 10/23 and 10/24 on Pharmacy policy regarding medication shortages/unavailability and the disposal of expired medications. New orders will be monitored during clinical meeting to ensure notification and implementation. Medication carts will be checked weekly by Unit Managers to verify expiration dates and labeling of medications. 		

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F 755	<p>Continued From page 119</p> <p>Based on resident observation, facility staff review, facility document review, and clinical record review, the facility staff failed to ensure medications were available for one of 42 residents in the survey sample, (Resident #38); and failed to discard expired medications on one of two medication carts, inspected during the Medication Storage and Labeling task, (Dogwood Unit Medication cart). The facility staff failed to obtain and administer the physician prescribed medication Famciclovir to Resident #38 for seven days (9/2/19 through 9/8/19). Facility staff failed to ensure expired medications were discarded and unavailable for use on the Dogwood Unit medication cart.</p> <p>The findings include:</p> <p>1. The facility staff failed to obtain and administer the physician prescribed medication Famciclovir to Resident #38 for seven days (9/2/19 through 9/8/19).</p> <p>Resident #38 was admitted to the facility on 9/25/17 and most recently readmitted on 9/19/19 with diagnoses including, but not limited to vascular dementia (1), a recent GI (gastrointestinal bleed) (2), and shingles (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/26/19, Resident #38 was coded as being mildly cognitively impaired for making daily decisions, having scored 13 out of 15 on the BIMS (brief interview for mental status). She was coded as using a wheelchair for mobility.</p> <p>On 9/24/19 at 3:01 p.m., Resident #38 was observed lying in her bed. Her bed was in low position, and her eyes were closed.</p>	F 755	<p>4. DON/designee will complete quality review of 10 new orders for timely implementation weekly x 4 weeks and monthly x 3 months. Nurse management will complete random audits of medication carts/refrigerators for expired medications. Variances will be reported to QAPI monthly until resolved.</p> <p>5. Allegation of compliance date of 11/06/2019</p>		

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F 755	<p>Continued From page 120</p> <p>On 9/24/19 at 4:25 p.m., Resident #38 was observed in a wheelchair in the hallway. She was being pushed in the wheelchair by OSM (other staff member) #8, a physical therapy, to the therapy gym.</p> <p>On 9/25/19 at 8:56 a.m., Resident #38 was lying in bed. Her meal tray was on the overbed table, and the resident was staring straight ahead, not eating. The resident stated she did not want to participate in an interview with the surveyor.</p> <p>A review of Resident #38's clinical record revealed the following order, dated 9/2/19: "Famvir (1) 500 mg (milligrams) 1 po (by mouth) TID (three times a day) X (for) 7 days." The order was signed by ASM (administrative staff member) #3, the NP (nurse practitioner).</p> <p>A review of Resident #38's clinical record revealed, in part, the following nurse note dated 9/2/19: "New order for Famvir 500 mg X 7 days. RR (resident representative) and MD (medical doctor) aware."</p> <p>A review of Resident #38's September 2019 MAR (medication administration record) revealed the following entry: "Famvir 500 mg (milligrams) 1 po (by mouth) TID (three times a day) X (for) 7 days." The review revealed either nurse initials which had been circled or blank spaces in the dates and times for the Famvir to have been administered from 9/2/19 until 9/8/19. Nurse initials indicating the medication had been administered began at the 8:00 a.m. dose on 9/9/19. The back of the MAR had no information related to the Famvir.</p>	F 755			

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F 755	<p>Continued From page 121</p> <p>Further review of the clinical record revealed the following nurse note dated 9/9/19: "RP (responsible party) aware of delay in medication for shingles. MD stated to cont (continue) meds (medications) until dosage complete."</p> <p>Attempts to interview a pharmacy staff member familiar with this concern were unsuccessful during the time of the survey.</p> <p>A review of the facility's list of medications contained in the stat box (locked box of widely-prescribed medications accessed by communication between a nurse and pharmacist) revealed that Famciclovir is not available in the stat box.</p> <p>A review of the comprehensive care plan for Resident #38 dated 9/19/18 and updated 12/19/18 revealed, in part, the following: "Administer medications as ordered."</p> <p>On 9/26/19 at 11:06 a.m., LPN (licensed practical nurse) #3 was interviewed. When asked the process for obtaining a medication that is not available in the medication cart for a resident, LPN #3 stated, "Well, you look around to make sure the card has not been put somewhere else. If you can't find it, you call the pharmacy and get it out of the stat (immediate) box, if you can." When asked what process should be followed if the medication is not available in the stat box, LPN #3 stated, You have to call the pharmacy. They will bring it on an earlier run. You shouldn't have to wait until the next time they deliver a bunch of medications. They should bring it to you right away."</p> <p>On 9/26/19 at 1:43 p.m., RN (registered nurse)</p>	F 755			

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F 755	<p>Continued From page 122</p> <p>#2, a unit manager, was interviewed. When asked about the process of obtaining a medication that is not available in the medication cart for a resident. RN #2 stated, "Nurses should check the supply everywhere - in the bottom of the carts. Sometimes, a newly-delivered medication is in the bottom of the cart. If it's an over the counter medication, they should check our house stock. If it's not in those places, I would verify the order. Make sure that even though it's still on the MAR, it hasn't been discontinued. If needed, I'd call the pharmacy to get access to the stat box." When asked about the process staff would follow if a medication is not found in the stat box, RN #2 stated, "If it's not in the stat box, I would call the physician. I would see if we could get an order for something else." She added, "If the nurse can't give the medication, their initials should be circled on the MAR and a note should be made on the back of the MAR." When shown the September 2019 MAR for Resident #38's Famciclovir, RN #2 stated, "Oh yes, I remember that. I am aware of that. I investigated it. It was not a pharmacy issue. The order had been pulled from the chart, but it had never been faxed to the pharmacy." When asked why nurses took no action in regards to Resident #38's Famvir for so many days, RN #2 stated, "The nurses should have investigated it and let someone know."</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed. When asked about the process for nurses to obtain medications for residents when the medications are not in the medication cart, ASM #3 stated, "If it's in the stat box, go there. If not, they need to notify the pharmacy and the doc (doctor) to see about a switch to something else. The doc should be notified immediately."</p>	F 755			

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F 755	<p>Continued From page 123</p> <p>On 9/26/19 at 4:50 p.m., ASM #1, the executive director, and ASM #2 were informed of these concerns.</p> <p>A review of the facility policy, "Medication Shortages/Unavailable Medications," revealed, in part, the following: "Upon discovery that Facility has an inadequate supply of a medication to administer to a resident, Facility staff should immediately initiate action to obtain the medication from the pharmacy. If the medication shortage is discovered at the time of medication administration, Facility staff should immediately take the action specified in Sections 2 or 3 of this Policy 7.0 as applicable. If a medication shortage is discovered during normal Pharmacy hours: Facility nurse should call Pharmacy to determine the status of the order. If the medication has not been ordered, the licensed Facility nurse should place the order or reorder for the next scheduled delivery. If the next available delivery causes delay or a missed dose in the resident's medication schedule, Facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. If the medication is not available in the Emergency Medication Supply, Facility staff should notify Pharmacy and arrange for an emergency delivery...If an emergency delivery is unavailable, Facility nurse should contact the attending physician to obtain orders or directions."</p> <p>No further information was provided prior to exit.</p> <p>(1) "Famciclovir (trade name Famvir) is used to treat herpes zoster (shingles; a rash that can occur in people who have had chickenpox in the past)." This information was taken from the</p>	F 755			

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F 755	<p>Continued From page 124</p> <p>website https://medlineplus.gov/druginfo/meds/a694038.html.</p> <p>(2) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. Vascular dementia (VaD) is caused by a series of small strokes over a long period." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.</p> <p>(3) "Your digestive or gastrointestinal (GI) tract includes the esophagus, stomach, small intestine, large intestine or colon, rectum, and anus. Bleeding can come from any of these areas. The amount of bleeding can be so small that only a lab test can find it." This information was obtained from the website https://medlineplus.gov/gastrointestinalbleeding.html.</p> <p>(4) "Shingles (herpes zoster) is a painful, blistering skin rash. It is caused by the varicella-zoster virus. This is the virus that also causes chickenpox."</p> <p>(5) "The combination of amoxicillin and clavulanic acid is used to treat certain infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract." This information is taken from the website https://medlineplus.gov/druginfo/meds/a685024.html.</p> <p>2. Facility staff failed to ensure expired</p>	F 755			

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F 755	<p>Continued From page 125</p> <p>medications were discarded and unavailable for use on the Dogwood Unit medication cart.</p> <p>On the afternoon of 09/26/2019, an observation was made of a medication cart on the Dogwood nursing unit. Upon inspection, it was found that an opened bottle of bisacodyl(1) laxative with an expiration date of 08/2019 was in the drawer of bulk medication bottles and available for use.</p> <p>On 09/26/2019 at 5:00p.m. a brief interview was conducted with Administrative Staff Member (ASM) #2, the Director of Nursing. ASM #2 was asked how often the nursing staff were expected to check their carts for expired medication. ASM #2 stated they should be checked at least daily. ASM #2 was asked about the process staff follows if they discovered expired medications. ASM #2 stated that staff should notify herself or the unit manager to ensure disposal of the medications.</p> <p>ASM #1, the facility Executive Director, and ASM #2 were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided.</p> <p>2. Bisacodyl is used on a short-term basis to treat constipation. It also is used to empty the bowels before surgery and certain medical procedures. Bisacodyl is in a class of medications called stimulant laxatives. It works by increasing activity of the intestines to cause a bowel movement. - https://medlineplus.gov/druginfo/meds/a601027.html</p>	F 755			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			

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F 880	<p>Continued From page 126</p> <p>§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.</p> <p>§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:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:</p>	F 880	<ol style="list-style-type: none"> 1. R50's wheelchair was repaired at the time of survey. Wheelchairs are cleaned according to schedule and as needed. R50's wheelchair was cleaned on 09/29/2019. 2. All residents have the potential to be effective. Quality review by DON/designee completed of resident wheelchairs with repairs/cleaning as initiated as needed. 3. Staff re-educated by DON/designee on Wheelchair policy for repairs and to report wheelchairs in need of cleaning/repair. Wheelchairs will be monitored during mock rounds to ensure repairs and cleaning complete timely. 4. Executive Director/designee will quality review 10 wheelchairs weekly x 4 weeks and monthly x 3 months for needed repairs and cleaning. Variances will be reported to QAPI monthly until resolved. 5. Allegation of compliance date of 11/06/2019 		

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F 880	<p>Continued From page 127</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 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, resident interview, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to follow infection control practices for one of 42 residents in the survey sample, Residents #50. Resident #50's wheelchair arms were observed with exposed foam and torn vinyl and staff stated they could not be cleaned.</p> <p>The findings include:</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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 128</p> <p>Resident #50 was admitted to the facility on 7/22/16 and most recently admitted on 7/25/19 with diagnoses including, but not limited to COPD (chronic obstructive pulmonary disease) (1) and CHF (congestive heart failure) (2). On the most recent MDS (minimum data set), quarterly assessment with an assessment reference date of 9/9/19, Resident #50 was coded as having no cognitive impairment for making daily decisions, having scored 15 out of 15 on the BIMS (Brief Interview for Mental Status). He was coded as using a wheelchair and walker for locomotion.</p> <p>On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 9:25 a.m., and 9/25/19 at 2:30 p.m. At all observations, both arms of the wheelchair had exposed foam visible. On both arms, the vinyl covering was torn. The left arm was more damaged than the right, though both arms were more than 50% damaged.</p> <p>On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "All the time, especially if I am going far. I can do it myself." When asked about the condition of his wheelchair arms, he stated, "Well, they do need a little attention." When asked if he had received any injuries from the wheelchair arms, Resident #50 stated, "No." Resident #50 was asked when the staff had last cleaned his wheelchair. Resident stated, "I have no idea." When asked if he had mentioned the condition of the wheelchair arms to any staff members, he stated, "No, I haven't."</p>	F 880			

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F 880	<p>Continued From page 129</p> <p>A review of Resident #45's care plan dated 6/27/19 revealed, in part, the following: [Resident #50] enjoys sitting on the front porch greeting visitors to the facility. [Resident #50] enjoys socializing with other residents and staff throughout the day."</p> <p>On 9/26/19 at 10:11 a.m., LPN (licensed practical nurse) #5 was interviewed. When asked if she ever taken note of the condition of residents' wheelchairs, LPN #5 stated, "Yes, I do pay attention." When asked what she would do if a resident's arm rests were torn, and had exposed foam, LPN #5 stated, "I would put it in the book for the maintenance guy. He would follow up. He is really good."</p> <p>On 9/26/19 at 10:38 a.m., OSM #2, the maintenance director, was interviewed. When asked how he becomes aware of items requiring maintenance or replacing, he stated, "Usually the staff just tell us. They see us walking by and we just take care of it right them. They can use a book if we are not around. But most of the time, we are there several times during the day." When asked about the optimal condition for wheelchair arms to be maintained, he stated, "We try to keep the arms without cracks. We try to keep a good armrest on them. A lot of times, the resident will come to us and ask us to fix it. Those plastic edges can be sharp." OSM #2 accompanied the surveyor to the front porch of the facility to look at Resident #50's wheelchair arms. OSM #2 stated, "Oh yeah. They need to be replaced. I will take care of that right now." When asked if wheelchair arms in that condition could be effectively cleaned, he stated, "No. There's no way to get that clean."</p>	F 880			

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F 880	<p>Continued From page 130</p> <p>On 9/26/19 at 3:45 p.m., ASM (administrative staff member) #2, the director of nursing, was interviewed. When asked if she saw a problem with a resident's wheelchair arms having torn vinyl covering and exposed foam, she stated, "Well those arms would need to be replaced. Maintenance needs to be notified and those arms need to be switched out." When asked why, she stated, "The torn vinyl is sharp and could cause injury. And you are not able to disinfect it."</p> <p>On 9/26/19 at 4:50 p.m., ASM #1 (the executive director) and ASM #2 were notified of these concerns. The surveyor requested a facility policy regarding wheelchair cleanliness.</p> <p>A review of the facility policy, "Wheelchair Repairs - Non-Electric Wheelchairs" revealed no information related to wheelchair cleanliness.</p> <p>A review of the facility policy, "Infection Control Program," revealed no information related to wheelchair cleanliness.</p> <p>No further information was provided prior to exit.</p> <p>(1) COPD is "a general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis." Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>(2) "Heart failure is a condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body...As the heart's pumping becomes less effective, blood may back up in other areas of the body. Fluid</p>	F 880			

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F 880	Continued From page 131 may build up in the lungs, liver, gastrointestinal tract, and the arms and legs. This is called congestive heart failure." This information is taken from the website https://medlineplus.gov/ency/article/000158.htm .	F 880			