

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

PRINTED: 04/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>495201 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>04/01/2021 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PORTSIDE HEALTH & REHAB CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4201 GREENWOOD DRIVE<br>PORTSMOUTH, VA 23701  |                      |   |
| (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 |   |
| E 000  | Initial Comments<br><br>An unannounced Emergency Preparedness survey was conducted 03/30/21 through 04/01/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.   | E 000  |  |                      |   |
| F 000  | INITIAL COMMENTS<br><br>An unannounced Medicare standard survey was conducted 03/30/21 through 04/01/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. One complaint was investigated during the survey: VA00050961.<br><br>At the time of the survey, there were no current resident or staff who tested positive for the COVID-19 virus.<br><br>The census in this 132 certified bed facility was 95 at the time of the survey. The survey sample consisted of 42 resident reviews: 36 current Resident reviews and 6 closed record reviews. | F 000  |  |                      |   |
| F 578<br>SS=E  | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or   | F 578  | 1. Resident #453's advanced directives were reviewed with her via the Social Services Initial Assessment on 4/1/2021; she remained a full code status and discharged from the facility on 4/6/2021.<br>Resident #457's advanced directives were reviewed with him via the Social Services Initial Assessment on 4/1/2021; he remained a full code status and discharged from the facility on 4/10/2021.<br>Resident #456's advanced directives were reviewed with her via the Social Services Initial Assessment on 4/1/2021; she remained a full code and discharged from the facility on 4/6/2021. |                      |   |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Ken Spell TITLE Administrator (X6) DATE 4/21/2021

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 578  | Continued From page 1 inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.<br>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.<br>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.<br>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.<br>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.<br>This REQUIREMENT is not met as evidenced by:<br>Based on clinical record review, staff and resident interview and review of facility documents, it was determined that the facility staff failed to ensure 3 out of 42 residents (R#453, #457 and #456) in the survey sample had the opportunity to formulate an Advance Directive. | F 578  | 2. In-house and new admissions are at risk of missing the opportunity to formulate an Advance Directive. A look back on in-house and new admissions for offering and documentation of an Advance Directive was initiated 4/15/2021 by the DON/ADON and completed on 4/19/2021.<br>3. Education on the Policy for Advance Directive reviewed with the Licenses Practical nurses and the Registered Nurses initiated and completed 4/19/2021 by the Director of Nursing.<br>4. Per A Quality Monitoring Tool New Admissions, Readmissions and residents requiring a change in their Advance Directive shall be audited: 5x weekly x 1 month then monthly times 2. Results to be forwarded to the facility QAPI committee for further review and recommendations.<br>5. Compliance Date 4/30/2021 |                      |   |

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| F 578  | Continued From page 2<br><br>The findings include:<br><br>1. Resident #453 was admitted to the nursing facility on 3/25/21 with diagnoses that included stroke, high blood pressure and atrial fibrillation. The resident was her own authorized representative.<br><br>The Admission Minimum Data Set (MDS) Assessment dated 3/31/21 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 12 out of a total score of 15 which indicated the resident was moderately impaired in the cognitive skills for daily decision making. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others. The resident was not coded to possess behavioral or mood symptoms.<br><br>On 3/30/21 at 1:10 p.m., Resident #453 stated she did not have an Advance Directive and had not been approached by any facility personnel about developing one. She stated she did not have a living will and wanted everything to be done for her if she had a medical emergency.<br><br>On 4/1/21 at 3:30 p.m., an interview was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). They stated if there was no Advance Directive upon admission, a member of the "Path" team (Administrator, DON, Business Office Manager, MDS/Case Manager and Social Worker) should ensure they meet with the resident and or family member as soon as possible within 3-5 days of admission to discuss pertinent information regarding the patient's wishes, give information on the components of an | F 578  |   |                      |   |

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| F 578  | <p>Continued From page 3</p> <p>Advance Directive with an option to develop one if they so chose. They stated Resident #453 Path meeting was late, thus the right to formulate Advance Directive had not been addressed with the resident. The resident's base line care plan meeting was on 3/26/21 which did not evidence an advance directive or opportunity to develop one.</p> <p>2. Resident #457 was admitted to the nursing facility on 3/22/21 with diagnoses that included right hip osteoarthritis, high blood pressure and asthma.</p> <p>The Admission MDS dated 3/29/21 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 15 out of a total score of 15 which indicated the resident possessed intact cognitive skills for daily decision making. The resident was not coded to possess behavioral or mood symptoms. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others.</p> <p>On 3/30/21 at 1:45 p.m., Resident #457 stated he was his own authorized representative and had a care plan meeting with several staff members and knew the Unit II Manager, Licensed Practical Nurse (LPN) #1 was a part of the base line care plan meeting (3/24/21). He said Advanced Directives or opportunity to develop one was not discussed, only his wishes to be a full code.</p> <p>On 4/1/21 at 3:30 p.m., an interview was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). They stated if there was no Advance Directive upon admission, a member of the "Path" team (Administrator, DON,</p> | F 578  |   |                      |   |

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| F 578  | <p>Continued From page 4</p> <p>Business Office Manager, MDS/Case Manager and Social Worker) should ensure they meet with the resident and or family member as soon as possible within 3-5 days of admission to discuss pertinent information regarding the patient's wishes, give information on the components of an Advance Directive with an option to develop one if they so chose.</p> <p>3. Resident #456 was admitted to the nursing facility on 3/24/21 with diagnoses that include sepsis, heart attack, type 2 diabetes and kidney transplant.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 3/30/21 coded the resident with a score of 14 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had intact cognitive skills for daily decision making. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others. The resident was not coded to possess behavioral or mood symptoms.</p> <p>On 3/30/21 at 2:30 p.m., Resident #456 stated she had not been approached by a staff person regarding either having an Advance Directive or the opportunity to meet with someone to develop one.</p> <p>On 4/1/21 at 3:30 p.m., an interview was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). They stated if there was no Advance Directive upon admission, a member of the "Path" team (Administrator, DON, Business Office Manager, MDS/Case Manager and Social Worker) should ensure they meet with</p> | F 578  |   |                      |   |

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| F 578  | Continued From page 5<br>the resident and or family member as soon as possible within 3-5 days of admission to discuss pertinent information regarding the patient's wishes, give information on the components of an Advance Directive with an option to develop one if they so chose. They stated Resident #456 Path meeting was late, thus the right to formulate Advance Directive had not been addressed with the resident. The resident's base line care plan meeting was on 3/26/21 which did not evidence an advance directive or opportunity to develop one.  | F 578  |   |                      |   |
| F 684<br>SS=D  | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>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:<br>Based on observation, staff interviews, clinical record review and facility documentation review the facility staff failed to follow 2 physician orders for 1 of 42 residents in the survey sample, Resident #82.<br><br>The findings included:<br><br>1. For Resident #82, the facility staff failed to follow physician order and discontinue medication. Facility staff failed to remove | F 684  | 1. Resident # 82 Scopolamine patch was removed 4/1/2021 and the splint was placed for the right upper extremity on the same resident by nurse #4<br>2. A review of discontinued medications delivered via patch was completed on 4/19/2021 to ensure orders were processed appropriately and any discontinued patches were removed from the resident; no additional findings. An audit completed on 4/19/2021 to identify other residents with splint device and that the splint was applied on person as ordered; no additional findings.<br>3. Education completed with the Licensed Practical Nurses and Registered Nurses on the policies: General Dose and Medication Administration and Physicians/Provider orders with emphasis on removing discontinued patches and placing splint devices on as order. Education completed on 4/19/2021.<br>4. Discontinued orders to be reviewed 5x weekly x 1 month, then 1 x weekly x 2 months by the Unit Managers or designee to ensure orders were processed accordingly including but not limited to removal from a resident's body/room and medication cart. Per A Quality Monitoring Tool residents with splints will be monitored for use by the ADON or designee 5x weekly for 1 month, then weekly for 1 month, then monthly for 1 month. Results of audits/reviews to be forwarded to the facility QAPI committee for further review and recommendations.<br>5. Compliance Date 4/30/2021 |                      |   |

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| F 684  | <p>Continued From page 6</p> <p>Scopolamine Patch. Resident #82 was originally admitted to the facility on 04/21/2017. Resident #82 was discharged to the hospital on 03/19/2020 and readmitted to the facility on 03/23/2020. Diagnosis included but were not limited to, Type 2 Diabetes Mellitus without complications, contracture, unspecified joint and Cerebral infarction due to unspecified occlusion or stenosis if unspecified cerebral artery. Resident #82's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 03/10/2021 was coded with short-term memory problems, long-term memory problems and with moderately impaired cognitive skills for daily decision making. In addition, the Minimum Data Set coded Resident #82 as requiring total dependence of 2 for bed mobility, transfer, dressing and toilet use, and total dependence of 1 for eating, personal hygiene and bathing.</p> <p>On 04/01/2021 at approximately 12:55 p.m., standing at Resident #82's bedside with Licensed Practical Nurse (LPN) #4 and observed round white patch on residents left neck area. When asked what is the round white patch on Resident #82's left neck, LPN #4 stated, "Oh that's her Scopolamine Patch. It was discontinued she got a Atropine Order." LPN #4 removed the Scopolamine Patch from Resident #82's left neck area. When asked when was the Scopolamine Patch ordered to be discontinued, LPN #4 stated, "I will let you know."</p> <p>On 04/01/2021 at approximately 1:10 p.m., LPN #4 provided a piece of paper with 03/23/2021 written it. LPN #4 stated, "That is when the Scopolamine Patch was to be discontinued."</p> <p>On 04/01/2021 at approximately 1:15 p.m.,</p> | F 684  |   |                      |   |

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| F 684  | <p>Continued From page 7</p> <p>review of Resident #82's Medication Administration Record revealed and is documented in part, as follows: Scopolamine Patch 72 Hour 1 MG (Milligram)/3 Days Apply 1 patch transdermally every 72 hours for drying excess secretions and remove per schedule. Start Date - 03/24/2020 0900 D/C (Discontinue) Date - 03/23/2021 1936. Review of documentation under the Hours column for this order revealed the following: Remove 0859, Apply 0900, Remove 1935. On the same line as Remove 1935, a blank space observed in the column under the 23rd.</p> <p>On 04/01/2021 at 3:00 p.m., during briefing the Administrator and Director of Nursing was made aware of finding. When asked what were her expectations of nurses, Director of Nursing stated, "Follow standard Nursing practice, the medication administration process." Requested copy of facility policy and procedures on medication administration and received. No further information was presented about the finding.</p> <p>Omnicare LTC (Long Term Care) FACILITY PHARMACY SERVICES AND PROCEDURES MANUAL<br/>The facility policy titled: 6.0 General Dose Preparation and Medication Administration<br/>Effective Date: 12/01/07 Revision Date: 05/01/10; 01/01/13<br/>Applicability: This Policy 6.0 sets forth the procedure relating to general dose preparation and medication administration. Facility staff should also refer to facility policy regarding medication administration and should comply with applicable law and the State Operations Manual</p> | F 684  |   |                      |   |

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| F 684  | <p>Continued From page 8</p> <p>when administering medications.</p> <p>6.2 Dispose of unused medication portions in accordance with facility policy.</p> <p>The facility policy titled: Physician / Provider Orders<br/>Effective Date: 01/27/2011 Last Revision Date: 03/22/2021<br/>POLICY: The Charge Nurse shall transcribe and review all physician / provider orders. A unit secretary, with demonstrated competence, and when available, may transcribe orders. All medication orders transcribed by a unit secretary will be double checked by a licensed nurse.</p> <p>2. For Resident #82, the facility staff failed to ensure orthotic devices were applied per physician orders. Resident #82 was originally admitted to the facility on 04/21/2017. Resident #82 was discharged to the hospital on 03/19/2020 and readmitted to the facility on 03/23/2020. Diagnosis included but were not limited to, Type 2 Diabetes Mellitus without complications, contracture, unspecified joint and Cerebral infarction due to unspecified occlusion or stenosis if unspecified cerebral artery. Resident #82's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 03/10/2021 was coded with short-term memory problems, long-term memory problems and with moderately impaired cognitive skills for daily decision making. In addition, the Minimum Data Set coded Resident #82 as requiring total dependence of 2 for bed mobility, transfer, dressing and toilet use, and total dependence of 1 for eating, personal hygiene and bathing.</p> | F 684  |   |                      |   |

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| F 684  | <p>Continued From page 9</p> <p>On 03/30/2021 review of Resident #82's clinical record revealed the following:</p> <p>Review of Clinical Physician Orders revealed and is documented in part, as follows: Order: Pt (Patient) may wear right kwik splint and right elbow extension splint (right hand cloth roll with elbow extension splint) alternating days up to 4 - 6 hours / day. May wear left kwik splint up to 4 - 6 hours / day. Bilateral splints for contracture management and preventing skin breakdown UE's (Upper Extremities). Directions: No directions specified for order. Category: Other Status: Active Revision Date: 05/13/2020; Order: Nursing to don / doff UE orthotics, monitor for adverse reactions and implement wearing schedule. Directions: one time a day Category: Other Status: Active Start Date: 05/14/2020 09:00 Revision Date: 05/13/2020.</p> <p>Review of Resident #82's comprehensive care plan revealed the following: "(Resident Name) has limited physical mobility r/t (Related to) right hemiplegia and contractures. Date Initialed: 09/23/2019 Revision on: 03/24/2021 Interventions: Contracture devices as ordered and tolerated; Use of hand / elbow splints bilaterally as ordered.</p> <p>Review of Resident #82's Minimum Data Set revealed and is documented in part, as follows: Section G 0400 Functional limitation in Range of Motion A. Upper extremity (shoulder, elbow, wrist, hand) 2 = Impairment on both sides.</p> <p>On 03/31/2021 at approximately 3:00 p.m., did not observe splints on upper extremities during the shift.</p> | F 684  |   |                      |   |

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| F 684  | <p>Continued From page 10</p> <p>On 04/01/2021 at 8:40 a.m., observed Resident #82 lying in bed, right arm was uncovered and did not observe splint on right upper extremity or right hand.</p> <p>On 04/01/2021 at 9:00 a.m., review of Resident #82's Treatment Administration Record revealed and is documented in part, as follows: "Nursing to don/doff UE orthotics, monitor for adverse reactions and implement wearing schedule one time a day. Start Date - 05/14/2020 0900." Hours 0900 Observed that space in column under 31 is initialed.</p> <p>On 04/01/2021 at 9:50 a.m., requested that Certified Nursing Assistant (CNA) #1 pull back sheet to expose left and right upper extremities. When asked if Resident #82 wears splints on her hands, upper extremities, CNA #1 stated, "Yes."</p> <p>On 04/01/2021 at 11:00 a.m., requested that Licensed Practical Nurse (LPN) #4 accompany surveyor to Resident #82's bedside. When asked does Resident #82 wear splints to the upper extremities, LPN #4 pulled back the sheet exposing the residents upper extremities and stated, "I will have to check so I can let you know." LPN #4 went to the medication cart in the hallway outside of Resident #82's room and reviewed order in computer. LPN #4 stated, "Yes, suppose to wear 4 - 6 hours a day, guess we can put them on anytime." When asked have you ever put the splints, orthotic devices, on Resident #82, LPN #4 stated, "Don't recall ever putting them on." When asked who is responsible for putting the splints on the resident, LPN #4 stated, "Not sure, team effort."</p> <p>An interview was conducted on 04/01/2021 at</p> | F 684  |   |                      |   |

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| F 684  | <p>Continued From page 11</p> <p>1:20 p.m., when asked did Resident #82 have splints, orthotic devices on her upper extremities on 03/31/2021, LPN #4 stated, "No, not during my time." Reviewed with LPN #4 that review of the Treatment Administration Record revealed that your initials were in the space next to the order on 03/31/2021 0900. When asked what does it indicate when you initial, sign off in the space, LPN #4 stated, "I saw that when I looked at the kardex. That means that it was done." When asked should Resident #82 have been wearing splints on her upper extremities on 03/31/2021, LPN #4 stated, "Yes." LPN #4 stated, "I spoke to therapy and they said that the resident can not wear the right elbow splint and right hand roll splint at the same time due to they would overlap." LPN #4 stated, "Will fix the order."</p> <p>On 04/01/2021 at 1:25 p.m., accompanied LPN #4 to Resident #82's bedside and splints were in place to both upper extremities.</p> <p>On 04/01/2021 at 3:00 p.m., during briefing the Administrator and Director of Nursing was made aware of finding. When asked what her expectations of the nurses were, Director of Nursing stated, "If you are doing it sign it." When asked what does it indicate when the space on the Treatment Administration Record is signed, Administrator stated, "That the task is performed." No further information was presented about the finding.</p> | F 684  |   |                      |   |
| F 745  | <p>Provision of Medically Related Social Service SS=D CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or</p>  | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 12</p> <p>maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident interviews, staff interviews, clinical record review, and a review of the facility's policy, the facility staff failed to ensure medically related social services to include resident's appointments and assessments were provided for 4 of 42 residents in the survey sample, Resident #57, #453, #457, and #456.</p> <p>The findings included:</p> <p>1. The facility staff failed to ensure medically related social services needs were met; such as providing dental appointments in a timely manner for Resident #57.</p> <p>Resident #57 was originally admitted to the facility on 07/23/19 and readmitted on 02/02/21 after an acute care hospital stay. The current diagnoses included; Diabetes Mellitus due to underlying condition with Diabetes Mono-neuropathy and Essential Hypertension.</p> <p>A Quarterly revision, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 02/19/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #57 cognitive abilities for daily decision making were intact.</p> <p>In Section "G" (Physical functioning) the resident was coded as requiring extensive assistance of one person with transfers, bed mobility, dressing, toilet use and personal hygiene. Requiring</p> | F 745  | <ol style="list-style-type: none"> <li>1. Resident # 57 had an oral assessment completed by the Clinical Manager on 3/30/21; is without increased pain or altered eating ability. Dental appointment attended on 4/16/2021; no signs of infection and resident at that time not in pain.</li> <li>2. An in-house resident oral assessment was initiated on 4/7/2021 and completed 4/14/2021 for each resident and referrals initiated based on findings by the Clinical Managers.</li> <li>3. Education initiated to the Licensed Practical Nurses and Registered Nurses on Dental Services and facilitating appointments by the Director of Nursing; education completed on 4/19/2021.</li> <li>4. Per A Quality Monitoring Tool: residents with complaints of oral discomfort will have an oral assessment completed and appointment for dental services arranged. Monitoring tool to be completed 5x weekly x 1 month, then monthly X2 months. Results to be forwarded to the facility QAPI committee for further review and recommendations.</li> <li>5. Compliance Date 4/30/2021</li> </ol><br><ol style="list-style-type: none"> <li>1. Resident #453 Social Services Assessment completed on 4/1/2021 and she has been discharged as of 4/6/2021. Resident #457 Social Services Assessment completed on 4/1/2021 and he has discharged home as of 4/10/2021. Resident #456 Social Services Assessment completed on 4/1/2021 and she has discharged home as of 4/6/2021.</li> <li>2. An audit was completed on 4/17/2021 for new admissions with a look back period from 3/21/2021 for the completion of the Social Services Assessments; no additional findings.</li> <li>3. Education on the Policy for the Social Worker Clinical Assessment initiated to the Clinical Managers, Activities Director and the ADON was completed by the Director of Nursing 4/19/2021</li> <li>4. Per a Quality Monitoring Tool New Admissions will have their Social Services Assessment validated for completion 5x weekly x 1 month, then 1 x weekly x 2 months. Results to be forwarded to the facility QAPI committee for further review and recommendations.</li> <li>5. Compliance Date 4/30/2021</li> </ol> |                      |   |

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| F 745  | <p>Continued From page 13 supervision of one person with eating. Walking in the corridor, locomotion on and off the units does not occur.</p> <p>A review of Resident's Care plan reads as follows: Focus: The resident has actual risk for oral/dental health problems. Complained of Mouth and Tooth Pain on 3/11/21. Diagnoses of tooth abscess on 3/12/21. Goals: The resident will be free of infection, pain or bleeding in the oral cavity. Interventions: Administer Medications as ordered, Assess, document and report to MD (Medical Doctor) PRN (as needed) sign and symptoms of oral/dental problems needing attention: Pain, debris in the mouth, lips cracked or bleeding, teeth missing, loose, broken, eroded decayed, ulcers or lesions in mouth. Facilitate dental appointment as appropriate.</p> <p>No documentation was found in the resident's clinical record indicating that a dental referral/appointment was made prior to the surveyor initiating a conversation with Resident #57 on 3/30/21 at approximately, 2:28 PM.</p> <p>Clinical documentation reveal that all necessary parties were in attendance at the IDT meeting held on 3/12/21 at 1:15 PM.</p> <p>A review of the resident's clinical record shows on 3/12/2021 at 13:15 (1:15 PM) an IDT (Interdisciplinary Team) Meeting was conducted. The facility staff present at the IDT meeting were aware that Resident #57 had dental issues that would require dental services. The Progress Note Reads : Resident review: Currently on IV (Intravenous) ABT for UTI and po ABT for tooth infection/abscess. In attendance: Unit Managers, MDS, (Minimum Data Set staff) RD (Registered</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 14</p> <p>Dietician) DON (Director of Nursing) SW (Social Worker) and Therapy.</p> <p>On 3/30/21 at approximately, 2:48 PM a telephone interview was conducted with Resident #57. Resident #57 was asked if she had any dental concerns. She stated, "I need my teeth extracted. I've had a tooth ache for about two days. I asked for two Tylenol's. I think I have a hollow tooth. I think the pain is getting worse when I use my CPAP (Continuous Positive Airway Pressure. Machine) at night. That irritates my teeth. I was supposed to get them extracted a year ago when I was in another facility they had mobile dental services. I got Tylenol on yesterday from my nurse."</p> <p>On 3/31/21 at 11:00 AM a brief interview was conducted with LPN (Licensed Practical Nurse) #2 concerning speaking to the facility SW (Social Worker) to follow up on a dental appointment for Resident #57. She stated, "We have not had a Social Worker in two weeks."</p> <p>On 3/31/21 at 11:15 AM an interview was conducted with the Unit manager, LPN (Licensed Practical Nurse) #2 concerning Resident #57 dental issues. She stated, "I told her I would get an order." She's never complained to me before about this."</p> <p>On 4/01/21 at approximately, 8:36 AM an interview was conducted with CNA (Certified Nursing Assistant) Concerning Resident #57 having dental issues/pain. She stated, "She complained of having a toothache. She told the nurse one day last week that she needed pain medication."</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 15</p> <p>On 4/01/21 at 8:38 am an interview was conducted with LPN #2 concerning Resident #57. She stated,"She said something about mouth pain. She had an abscess. She made the doctor aware and he put her on Amoxicillin."</p> <p>On 4/01/21 at approximately, 9:30 AM a telephone interview was conducted with the facility physician (Other Staff #5) concerning Resident #57. She stated, "Two or Three weeks ago she complained about her teeth hurting. I said I'm going to give you an antibiotic then have nursing staff make an appointment for you. Mostly, the right side molars or half of her teeth are broken. The facility was saying they will have a dentist come to the facility. I said make sure you take care of it if they don't come. She's a fairly large person that wanted double portions of food. She's a non-compliant diabetic, alert and oriented x 4. She eats a lot of sugar which could affect her teeth. I prescribed liquid Ambusol and Tylenol. I did feel she needed to have her teeth pulled. The facility assured me the mobile dental would come.</p> <p>On 04/01/21 at 11:00 AM a follow up telephone call was made to Resident #57 concerning her dental care needs. She stated, "I had been telling the male nurse about my mouth hurting. The unit manager said she would try to find a dentist. I thought it was odd they were willing to make a dentist appointment now. I have a hollow tooth down in the root. I got 3 extracted while in another facility from a mobile dental unit. The whole right side is hurting. There are 3 on that side that need to be extracted. These last few days I try not to eat on that side. My Pain is about a 6 out of 10 now. She gave me a Tylenol at 10:00 AM this morning. I started complaining about this the</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 16</p> <p>latter part of last week now it's on a daily situation. They (facility staff) came in and told me they were looking for a place. I have to go out by stretcher. Some places don't take stretcher patients. The unit manager said she tried two places. She said they were booked up. I don't have a dental appointment yet."</p> <p>On 4/01/21 at approximately, 2:36 PM the above findings were shared with the Administrator, Director of Nursing (DON) and Corporate Consultant. The DON stated, "We are trying to get them (General Medicine/Dental Services) in our building. We will work diligently on getting them." "We are trying hard to get a company (to provide Social Services) in now to help out. The Administrator stated, "The facility will absorb the cost (Resident #57/Dental Care)."</p> <p>2. The facility staff failed to ensure the Social Services Initial Assessment was completed within 24 hours of Resident #453's admission.</p> <p>Resident #453 was admitted to the nursing facility on 3/25/21 with diagnoses that included stroke, high blood pressure and atrial fibrillation. The resident was her own authorized representative.</p> <p>The Admission Minimum Data Set (MDS) Assessment dated 3/31/21 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 12 out of a total score of 15 which indicated the resident was moderately impaired in the cognitive skills for daily decision making. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others. The resident was not coded to possess behavioral or mood symptoms.</p> <p>On 3/31/21 at approximately 10:30 a.m., the</p> | F 745   |   |   |

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| F 745  | <p>Continued From page 17</p> <p>Administrator stated the Social Services Director left abruptly without adequate notice on 3/21/21. He stated the duties of the Social Worker were distributed to the unit managers, other key nursing staff and himself initial a replacement was hired.</p> <p>On 3/31/21 at 4:30 p.m., according to the Director of Nursing (DON), the two Unit Managers assumed many of the duties of the Social Worker to include the Social Services Initial assessment.</p> <p>On 4/1/21 at 1:45 p.m., an interview was conducted with the Unit I Manager, Licensed Practical Nurse (LPN) #2 and the Unit II Manager, Licensed Practical Nurse (LPN) #1. They stated the Social Services Initial assessment was important to the well-being of the resident because it gave the staff a picture of the resident's family history, reviewed the Advance Directives and confirmed code status, education/work experience, religious preferences, behaviors, social activity preferences, needs (vision, mental, podiatry, dental, mobility devices, etc.) and return to community desires and needs. They presented Resident #453's Social Services Initial assessment dated as completed on 4/1/21 at 8:49 a.m. They stated, "We know the assessment should have been done within 24 hours, but we did not know it was one of our duties until last night (3/31/21)."</p> <p>On 4/1/21 at 3:30 p.m., a debriefing was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). No further information was provided prior to survey exit.</p> <p>According to the facility's policy and procedures</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 18</p> <p>titled "Social Services Policy" dated 5/2009, last revised on 12/18/20 the initial assessment would be completed within 24 business hours, which would have Resident #453's assessment due by 3/26/21.</p> <p>3. The facility staff failed to ensure the Social Services Initial Assessment was completed within 24 hours of Resident #457's admission</p> <p>Resident #457 was admitted to the nursing facility on 3/22/21 with diagnoses that included right hip osteoarthritis, high blood pressure and asthma.</p> <p>The Admission MDS dated 3/29/21 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 15 out of a total score of 15 which indicated the resident possessed intact cognitive skills for daily decision making. The resident was not coded to possess behavioral or mood symptoms. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others.</p> <p>On 3/31/21 at approximately 10:30 a.m., the Administrator stated the Social Services Director left abruptly without adequate notice on 3/21/21. He stated the duties of the Social Worker were distributed to the unit managers, other key nursing staff and himself until a replacement was hired.</p> <p>On 3/31/21 at 4:30 p.m., according to the Director of Nursing (DON), the two Unit Managers assumed many of the duties of the Social Worker to include the Social Services Initial assessment.</p> <p>On 4/1/21 at 1:45 p.m., an interview was</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 19</p> <p>conducted with the Unit I Manager, Licensed Practical Nurse (LPN) #2 and the Unit II Manager, Licensed Practical Nurse (LPN) #1. They stated the Social Services Initial assessment was important to the well-being of the resident because it gave the staff a picture of the resident's family history, reviewed the Advance Directives and confirmed code status, education/work experience, religious preferences, behaviors, social activity preferences, needs (vision, mental, podiatry, dental, mobility devices, etc.) and return to community desires and needs. They presented Resident #457's Social Services Initial assessment dated as completed on 4/1/21 at 8:23 a.m. They stated, "We know the assessment should have been done within 24 hours, but we did not know it was one of our duties until last night (3/31/21)."</p> <p>On 4/1/21 at 3:30 p.m., a debriefing was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). No further information was provided prior to survey exit.</p> <p>According to the facility's policy and procedures titled "Social Services Policy" dated 5/2009, last revised on 12/18/20 the initial assessment would be completed within 24 business hours, which would have Resident #457's assessment due by 3/23/21.</p> <p>4. The facility staff failed to ensure the Social Services Initial Assessment was completed within 24 hours of Resident #456's admission.</p> <p>Resident #456 was admitted to the nursing facility on 3/24/21 with diagnoses that include sepsis, heart attack, type 2 diabetes and kidney</p> | F 745  |   |                      |   |

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| F 745  | <p>Continued From page 20 transplant.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 3/30/21 coded the resident with a score of 14 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident had intact cognitive skills for daily decision making. The resident was assessed with the ability to express ideas and wants and was able to fully comprehend others. The resident was not coded to possess behavioral or mood symptoms.</p> <p>On 3/31/21 at approximately 10:30 a.m., the Administrator stated the Social Services Director left abruptly without adequate notice on 3/21/21. He stated the duties of the Social Worker were distributed to the unit managers, other key nursing staff and himself until a replacement was hired.</p> <p>On 3/31/21 at 4:30 p.m., according to the Director of Nursing (DON), the two Unit Managers assumed many of the duties of the Social Worker to include the Social Services Initial assessment.</p> <p>On 4/1/21 at 1:45 p.m., an interview was conducted with the Unit I Manager, Licensed Practical Nurse (LPN) #2 and the Unit II Manager, Licensed Practical Nurse (LPN) #1. They stated the Social Services Initial assessment was important to the well-being of the resident because it gave the staff a picture of the resident's family history, reviewed the Advance Directives and confirmed code status, education/work experience, religious preferences, behaviors, social activity preferences, needs (vision, mental, podiatry, dental, mobility devices, etc.) and return to community desires and needs.</p> | F 745  |   |                      |   |

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| F 745  | Continued From page 21<br>They presented Resident #456's Social Services Initial assessment dated as completed on 4/1/21 at 12:35 p.m. They stated, "We know the assessment should have been done within 24 hours, but we did not know it was one of our duties until last night (3/31/21)."<br><br>On 4/1/21 at 3:30 p.m., a debriefing was conducted with the Administrator, Regional Supervisor of Clinical Services (RSCS) and Director of Nursing (DON). No further information was provided prior to survey exit.<br><br>According to the facility's policy and procedures titled "Social Services Policy" dated 5/2009, last revised on 12/18/20 the initial assessment would be completed within 24 business hours, which would have Resident #456's assessment due by 3/25/21. | F 745  |   |                      |   |
| F 791<br>SS=D  | Routine/Emergency Dental Srvcs in NFs<br>CFR(s): 483.55(b)(1)-(5)<br><br>§483.55 Dental Services<br>The facility must assist residents in obtaining routine and 24-hour emergency dental care.<br><br>§483.55(b) Nursing Facilities.<br>The facility-<br><br>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident:<br>(i) Routine dental services (to the extent covered under the State plan); and<br>(ii) Emergency dental services;<br><br>§483.55(b)(2) Must, if necessary or if requested,  | F 791  | 1. Resident # 57 had an oral assessment completed by the Clinical Manager on 3/30/21; Is without increased pain or altered eating ability. Dental appointment attended on 4/16/2021; no signs of infection and resident at that time not in pain.<br>2. An immediate oral assessment was completed on current in-house residents on 4/7/2021; residents identified will be offered and placed on the Dental Services of SE Virginia visit list.<br>3. The Director of Nursing completed education with licensed nurses related to Routine/Emergency Dental Services to meet residents' dental needs on 4/19/2021. Facility has established a relationship with Dental Services of SE Virginia to provide routine in-house services.<br>4. Per a Quality Monitoring Tool: resident identified as needing dental services will be assessed and an appointment will be initiated Monitoring tool to be completed 5x weekly x 1 month, then 1 x weekly x 2 months. The results to be forwarded to the facility QAPI committee for further review and recommendations.<br>5. Compliance Date 4/30/2021 |                      |   |

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| F 791  | <p>Continued From page 22</p> <p>assist the resident-</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:<br/>Based on observation, resident interviews, staff interviews, clinical record review, and a review of the facility's policy, the facility staff failed to ensure one resident receive the services needed to meet their dental needs for 1 out of 40 residents (Resident #57), in the survey sample.</p> <p>The findings included:</p> <p>Resident #57 was originally admitted to the facility on 07/23/19 and readmitted on 02/02/21 after an acute care hospital stay. The current diagnoses</p> | F 791  |   |                      |   |

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| F 791  | <p>Continued From page 23</p> <p>included; Diabetes Mellitus due to underlying condition with Diabetes Mononeuropathy and Essential Hypertension.</p> <p>A Quarterly revision, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 02/19/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #57 cognitive abilities for daily decision making were intact.</p> <p>In Section "G" (Physical functioning) the resident was coded as requiring extensive assistance of one person with transfers, bed mobility, dressing, toilet use and personal hygiene. Requiring supervision of one person with eating. Walking in the corridor, locomotion on and off the units does not occur.</p> <p>A review of Resident's Care plan reads as follows: Focus: The resident has actual risk for oral/dental health problems. Complained of Mouth and Tooth Pain on 3/11/21. Diagnoses of tooth abscess on 3/12/21. Goals: The resident will be free of infection, pain or bleeding in the oral cavity. Interventions: Administer Medications as ordered, Assess, document and report to MD (Medical Doctor) PRN (as needed) sign and symptoms of oral/dental problems needing attention: Pain, debris in the mouth, lips cracked or bleeding, teeth missing, loose, broken, eroded decayed, ulcers or lesions in mouth. Facilitate dental appointment as appropriate.</p> <p>No documentation was found in the resident's clinical record indicating that a dental referral/appointment was made prior to the surveyor initiating a conversation with Resident</p> | F 791  |   |                      |   |



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| F 791  | Continued From page 24<br>#57 on 3/30/21 at approximately, 2:28 PM.<br><br>Clinical documentation reveal that all necessary parties were in attendance at the IDT meeting held on 3/12/21 at 1:15 PM.<br><br>A review of Resident's MAR (Medication Administration Record) Reads: Acetaminophen tablet 325 MG give 2 tablets by mouth every 6 hours as needed for pain related to other chronic pain. Start Date: 02/02/21.<br><br>A review of Resident's MAR (Medication Administration Record) reads: Administer Amoxicillin 875 mg, give 1 tablet by mouth every 12 hours for tooth infection/abscess for 5 days. Start Date 03/12/21. Time: 8:00 AM and 8:00 PM. Completion Date: 8/16/21 Time: 8:00 PM<br><br>A review of the nurses notes revealed the following:<br>Resident c/o pain to left tooth, med administered for pain on 3/29/2021 18:14 (6:14 PM) Acetaminophen Tablet 325 MG.<br><br>3/16/2021 3:53 PM Nursing note: Resident remains on Amoxicillin Tablet 875 MG for tooth infection.<br><br>3/15/2021 6:19 PM Nursing Note: Resident alert and able to make needs known. Resident on ABT (Antibiotics) Amoxicillin for tooth abscess.<br><br>3/14/2021 5:56 PM Nursing Note: Resident resting in bed with call bell within reach. Resident alert and able to make needs known. Resident on ABT(antibiotics) Amoxicillin for tooth abscess.<br><br>3/13/2021 5:51 PM Nursing Note: Resident alert | F 791  |   |                      |   |

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| F 791  | <p>Continued From page 25</p> <p>and able to make needs known. Resident on ABT Amoxicillin for tooth abscess.</p> <p>3/12/2021 13:15 (1:15 PM) IDT (Interdisciplinary Team) Meeting Progress Note Reason : Resident review: Currently on IV (Intravenous) ABT for UTI and po ABT for tooth infection/abscess. In attendance: Unit Managers, MDS, (Minimum Data Set staff) RD (Registered Dietician) DON (Director of Nursing) SW (Social Worker) and Therapy.</p> <p>3/30/2021 14:54 Alert Note Text: This writer in to assess resident's mouth related to c/o minor mouth pain, mouth assessed, there is on crack tooth noted on the right upper mouth, beside the broken tooth is a tooth with noted cavity, she was asked if she needed anything for pain, she stated "If it gets bad I will let the nurse know. This writer asked resident if she had a particular dentist that she has seen in the past, she stated the last dentist she seen came out to the last facility to see her. This writer made resident aware that NP (Nurse Practitioner) will be called to so we can get a dental consult. RP (Responsible Party/Daughter) was on the phone during the call and is aware.</p> <p>On 3/30/21 at approximately, 2:48 PM a telephone interview was conducted with Resident #57. Resident #57 was asked if she had any dental concerns. She stated, "I need my teeth extracted. I've had a tooth ache for about two days. I asked for two Tylenol's. I think I have a hollow tooth. I think the pain is getting worse when I use my CPAP (Continuous Positive Airway Pressure. Machine) at night. That irritates my teeth. I was supposed to get them extracted a year ago when I was in another facility they had</p> | F 791  |   |                      |   |

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| F 791  | <p>Continued From page 26</p> <p>mobile dental services. I got Tylenol on yesterday from my nurse."</p> <p>On 3/31/21 at 11:15 AM an interview was conducted with the Unit manager, LPN (Licensed Practical Nurse) #2 concerning Resident #57 dental issues. She stated, "I told her I would get an order." She's never complained to me before about this."</p> <p>On 4/01/21 at approximately, 8:36 AM an interview was conducted with CNA (Certified Nursing Assistant) Concerning Resident #57 having dental issues/pain. She stated, "She complained of having a toothache. She told the nurse one day last week that she needed pain medication."</p> <p>On 4/01/21 at 8:38 am an interview was conducted with LPN #2 concerning Resident #57. She stated, "She said something about mouth pain. She had an abscess. She made the doctor aware and he put her on Amoxicillin."</p> <p>On 4/01/21 at approximately, 9:30 AM a telephone interview was conducted with the facility physician (Other Staff #5) concerning Resident #57. She stated, "Two or Three weeks ago she complained about her teeth hurting. I said I'm going to give you an antibiotic then have nursing staff make an appointment for you. Mostly, the right side molars or half of her teeth are broken. The facility was saying they will have a dentist come to the facility. I said make sure you take care of it if they don't come. She's a fairly large person that wanted double portions of food. She's a non-compliant diabetic, alert and oriented x 4. She eats a lot of sugar which could affect her teeth. I prescribed liquid Ambusol and</p> | F 791  |   |                      |   |

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| F 791  | <p>Continued From page 27</p> <p>Tylenol. I did feel she needed to have her teeth pulled. The facility assured me the mobile dental would come.</p> <p>On 04/01/21 at 11:00 AM a follow up telephone call was made to Resident #57 concerning her dental care needs. She stated, "I had been telling the male nurse about my mouth hurting. The unit manager said she would try to find a dentist. I thought it was odd they were willing to make dentist appointment now. I have a hollow tooth down in the root. I got 3 extracted while in another facility from a mobile unit. The whole right side is hurting. There are 3 on that side that need to be extracted. These last few days I try not to eat on that side. My Pain is about a 6 out of 10 now. She gave me a Tylenol at 10:00 AM this morning. I started complaining about this the latter part of last week now it's on a daily situation. They (facility staff) came in and told me they were looking for a place. I have to go out by stretcher. Some places don't take stretcher patients. The unit manager said she tried two places. She said they were booked up. I don't have a dental appointment yet."</p> <p>The facility's policy titled Dental Services Policy. Last revised on: 8/11/2020. The policy reads: The facility will assist residents in obtaining routine and 25-hour emergency dental care/services to meet the needs of each resident. The facility will also be responsible for loss or damage of dentures in certain circumstances listed below and will make prompt referrals for residents with lost or damaged dentures. PROCEDURE: Dental services are available to meet the resident's needs. #9. The DON (Director of Nursing), or his/her designee, or any clinical staff member is responsible for notifying Social Services of a</p> | F 791  |   |                      |   |

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| F 791  | Continued From page 28<br>resident's need for dental services. #10. Social Services personnel or designee will, if necessary or requested, assist the resident/resident representative in making dental appointments and transportation arrangements to and from the dental services location.<br><br>On 4/01/21 at approximately, 2:36 PM the above findings were shared the Administrator, Director of Nursing (DON) and Corporate Consultant. The DON stated, "We are trying to get them (General Medicine/Dental Services) in our building. We will work diligently on getting them." "We are trying hard to get a company (to provide Social Services) in now to help out. The Administrator stated, "The facility will absorb the cost (Resident #57/Dental Care)." | F 791  |   |                      |   |
| F 800<br>SS=E  | Provided Diet Meets Needs of Each Resident CFR(s): 483.60<br><br>§483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and facility document review, it was determined that facility staff failed to maintain hot foods at a temperature of 135 degrees or higher while holding on the steam table.<br><br>The findings included:<br><br>On 4/1/21 at 7:45 a.m., observation of the tray line was conducted. At 8:00 a.m., OSM (Other  | F 800  | 1. OSM #3 placed the scrambled eggs in a different sized pan to better fit the steam table. The Cook and OSM #3 received education related to ensuring proper pans are in use on the steam table, on keeping hot items at proper temperatures until served and on the importance of taking and recording food temperatures at every meal. Education provided by the Regional Dietician on 4/28/2021. No residents were identified to be affected by serving these items at a temperature below 135.<br>2. Serving hot foods below recommended temperatures has the potential to affect residents who receive meals from the facility kitchen.<br>3. Education provided to the dietary staff related to serving foods at safe temperatures including using pans that fit properly in the steam table, keeping hot items hot until served and taking and documenting food temperatures. Education completed by the Registered Dietician on 4/28/2021. |                      |   |

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| F 800  | <p>Continued From page 29</p> <p>Staff Member) #3 was asked to provide the food temperatures before tray line had started. At the same time (8:00 a.m.) one cart had been sent out to the unit. At 8:10 a.m., OSM #3 was observed getting temperatures of the food on the steam table. When asked if the food temperature were taken prior to the start of tray line, OSM #3 stated that the cook had only documented two food items: The turkey sausage at 173.0 degrees Fahrenheit and the corn beef hash at 167.0 Fahrenheit. Observation was then conducted of OSM #3 taking temperatures of the rest of the food items on the steam table. The following low temperatures were recorded:</p> <p>Scrambled eggs- 131.0 degrees Fahrenheit<br/>Oatmeal- 123.1 degrees Fahrenheit</p> <p>The scrambled eggs were observed to be in a deep pan that was not fitting properly on the steam table. The oatmeal was observed in Styrofoam cups and some were in plastic bowls with cellophane wrapped over the top, sitting on top of a lid on the steam table.</p> <p>On 4/1/21 at 8:12 a.m., OSM #3 was observed moving the eggs from the deep pan into a shallow pan on the steam table.</p> <p>There was no observation during tray line of OSM #3 warming up or reheating the oatmeal or eggs.</p> <p>On 4/1/21 at 10:00 a.m., an interview was conducted with OSM #3. When asked at what temperature, would he remove the hot foods from the steam table, reheat or choose not to serve, OSM #3 stated that the would remove hot food items if they were not holding a temperature of at least 135 degrees Fahrenheit. OSM #3 stated</p> | F 800  | <p>4. An observation of tray line with focus on hot food items will be conducted 5 times per week at varying meals for 4 weeks then weekly for 2 months. Observations to include hot items holding correct temperatures when delivered to residents, pans fit in the steam table properly and temperatures are taken and recorded. Observation to be completed by the Dietary Manager or designee.</p> <p>Results of observations to be forwarded to the facility QAPI committee for further review and recommendations.</p> <p>5. Compliance date: 4/30/2021</p> |                      |   |

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| F 800  | Continued From page 30<br>that he would repeat the items before they went out to the units. When asked why he would remove the food items if they were not holding a temperature of at least 135 degrees, OSM #3 stated, "To ensure we are serving safe foods." When asked if the eggs were at a temperature of at least 135 degrees, OSM #3 stated that they were not. OSM #3 stated that that is when he decided to move the eggs to a better fitting pan. OSM #3 stated that the deep pan was not fitting properly on the steam table and was not receiving the heat it should have been. When asked if the oatmeal was holding a heat of at least 135 degrees or higher, OSM #3 stated the oatmeal was not, and that he probably should but the oatmeal directly in the steam table pan, rather than making it to order. When asked if it was important to temp all food items and document prior to sending the trays to the units, OSM #3 stated that it was. OSM #3 stated that the cook had obtained all temperatures, but only recorded two items. OSM #3 stated that the cook may have been overwhelmed that morning. When asked how we would know that the cook really obtained food temps on all food items prior to the first cart going out at 8:00 a.m.; OSM #3 stated that if it was not documented then "we wouldn't know."<br><br>On 4/1/21 at approximately 4:00 p.m., ASM (Administrative Staff Member) #1, the Administrator, ASM #2, the DON (Director of Nursing) and Corporate staff member #1, the Regional Clinical Nurse were made aware of the above concerns.<br><br>Facility policy titled, "Food Temperatures" documented in part, the following: "Keep the temperatures of hot foods no less than 135 degrees Fahrenheit, or a temperature that meets | F 800  |   |                      |   |

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| F 800  | Continued From page 31<br>state regulations throughout tray assembly. Hot food items may not fall below 135 degrees Fahrenheit while holding after cooking..."  | F 800  |   |   |
| F 804<br>SS=E  | No further information was presented prior to exit.<br>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)<br><br>§483.60(d) Food and drink<br>Each resident receives and the facility provides-<br><br>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;<br><br>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and facility document review, it was determined that facility staff failed to serve food at palatable temperatures.<br><br>The findings included:<br><br>On 4/1/21 at 7:45 a.m., observation of the tray line was conducted. All plate bottom warmers were observed being warmed up from an Aladdin (Brand Name) machine. Plates were then placed on top of the warmer, food placed on the plates and then covered with a lid.<br><br>At 8:00 a.m., OSM (Other Staff Member) #3 was asked to provide the food temperatures before tray line had started. At the same time (8:00 a.m.) one cart had been sent out to the unit. At 8:10 a.m., OSM #3 was observed getting | F 804  | 1. OSM #3 placed the scrambled eggs in a different sized pan to better fit the steam table. The Cook and OSM #3 received education related to ensuring proper pan are in use on the steam table, on keeping hot items at proper temperature until served, on the importance of taking and recording food temperatures and serving meals at palatable temperatures. Education completed by the Regional Dietician on 4/28/2021<br>2. Serving foods at a non-palatable temperature has the potential to affect residents who receive meals from the facility kitchen; no residents were identified to have had an adverse effect.<br>3. Education provided to the dietary staff related to serving foods at safe temperatures including using pans that fit properly in the steam table, keeping hot items hot until served, taking and documenting food temperatures and serving foods at a palatable temperature. Education completed by the Registered Dietician on 4/28/2021<br>Education provided to the nursing staff on passing meal trays timely and serving foods at a palatable temperature, education completed by the DON/designee on 4/19/2021.<br>4. An observation of meal delivery including a test tray will be conducted 5 times per week at varying meals for 4 weeks then weekly for 2 months with focus on timeliness of tray pass and foods served at a palatable temperature.<br>Results of observations to be forwarded to the facility QAPI committee for further review and recommendations.<br>5. Compliance date: 4/30/2021 |   |

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| F 804  | <p>Continued From page 32</p> <p>temperatures of the food on the steam table. When asked if the food temperature were taken prior to the start of tray line, OSM #3 stated that the cook had only documented two food items: The turkey sausage at 173.0 degrees Fahrenheit and the corn beef hash at 167.0 Fahrenheit. Observation was then conducted of OSM #3 taking temperatures of the rest of the food items on the steam table. The following temperatures were recorded in degrees Fahrenheit:</p> <p>Scrambled eggs- 131.0<br/>Oatmeal- 123.1<br/>Turkey Sausage: 163.5<br/>Corn Beef- 152.5<br/>Pork Sausage- 187.5<br/>Gravy-158.0<br/>Puree Bread- 140.3</p> <p>The scrambled eggs were observed to be in a deep pan that was not fitting properly on the steam table. The oatmeal was observed in Styrofoam cups and some were in plastic bowls with cellophane wrapped over the top, sitting on top of a lid on the steam table.</p> <p>On 4/1/21 at 8:12 a.m., OSM #3 was observed moving the eggs from the deep pan into a shallow pan on the steam table.</p> <p>On 4/1/21 at 8:36 a.m., the tray line for the last cart was conducted. A test tray was requested after the last food tray was prepared.</p> <p>On 4/1/21 at 8:54 a.m., the last food cart was observed leaving the kitchen. The last food cart was observed to be enclosed.</p> <p>On 4/1/21 at 8:57 a.m., the last food cart was</p> | F 804  |   |                      |   |

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| F 804  | <p>Continued From page 33 delivered to unit 100.</p> <p>On 4/1/21 at 9:22 a.m., every resident had been served on the 100 unit.</p> <p>On 4/1/21 at 9:23 a.m., an observation was made of OSM #3 taking temperatures of the food items on the test tray. The following temperatures were recorded in degrees Fahrenheit:</p> <p>Pork Sausage- 97.2<br/>Turkey Sausage- 99.1<br/>Puree Bread- 101.8<br/>scrambled eggs- 93.2<br/>Oatmeal- 109.2</p> <p>On 4/1/21 at 9:24 a.m., two surveyors had conducted a test tray. All the above food items on the test tray had tasted cold.</p> <p>On 4/1/21 at 10:00 a.m., an interview was conducted with OSM #3. When asked at what temperature, would he remove the hot foods from the steam table, reheat or choose not to serve, OSM #3 stated that the would remove hot food items if they were not holding a temperature of at least 135 degrees Fahrenheit. OSM #3 stated that he would reheat the items before they went out to the units. When asked why he would remove the food items if they were not holding a temperature of at least 135 degrees, OSM #3 stated, "To ensure we are serving safe foods." When asked if the eggs were at a temperature of at least 135 degrees, OSM #3 stated that they were not. OSM #3 stated that that is when he decided to move the eggs to a better fitting pan. OSM #3 stated that the deep pan was not fitting properly on the steam table and was not receiving the heat it should have been. When asked if the</p> | F 804  |   |                      |   |

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| F 804  | <p>Continued From page 34</p> <p>oatmeal was holding a heat of at least 135 degrees or higher, OSM #3 stated the oatmeal was not, and that he probably should but the oatmeal directly in the steam table pan, rather that making it to order. When asked if it was important to temp all food items and document prior to sending the trays to the units, OSM #3 stated that it was. OSM #3 stated that the cook had obtained all temperatures, but only recorded two items. OSM #3 stated that the cook may have been overwhelmed that morning. When asked how we would know that the cook really obtained food temps on all food items prior to the first cart going out at 8:00 a.m.; OSM #3 stated that if it was not documented then "we wouldn't know." When asked why the food at dropped so low in temperature during test tray, OSM #3 stated that the plate warmers and lids were great for keeping foods warm, but not for a long period of time. OSM #3 stated that the 30 minute journey to the nursing unit and sitting until everyone was served may have played a part in the food dropping temperature. OSM #3 agreed that the food items on the test tray had dropped significantly in temperature.</p> <p>On 4/1/21 at approximately 4:00 p.m., ASM (Administrative Staff Member) #1, the Administrator, ASM #2, the DON (Director of Nursing) and Corporate staff member #1, the Regional Clinical Nurse were made aware of the above concerns.</p> <p>Facility policy titled, "Food Temperatures" documented in part, the following: "...Hot foods should be palatable when served, which is defined at point of delivery."</p> | F 804  |   |                      |   |