

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

PRINTED: 09/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2021
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 LLEWELLYN AVE NORFOLK, VA 23504	
(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 An unannounced Emergency Preparedness survey was conducted 08/27/21 through 08/27/21. The facility was not in substantial compliance with 42 CFR Part 483.73, Requirements for Long Term Care Facilities. Emergency Preparedness citations were sited during this survey.	E 000		
E 007 SS=E	EP Program Patient Population CFR(s): 483.73(a)(3) §403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3). [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations,	E 007		9/30/21

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

TITLE

(X6) DATE

Electronically Signed

09/22/2021

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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E 007	<p>Continued From page 1 including delegations of authority and succession plans.</p> <p>*NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.] This REQUIREMENT is not met as evidenced by: Based on a complaint investigation and staff interviews the facility staff Emergency Preparedness plan failed to address resident population for persons at risk for who required air mattresses.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/06/21 with diagnoses which included asthma, major depression, sleep apnea, type 2 diabetes, Tracheotomy, morbid obesity and post COVID-19. The facility staff failed to ensure a suction machine was powered by an emergency generator and failed to ensure an air mattress did not lose air during a power failure.</p> <p>During an interview with Resident #1 at 5:14 PM on 08/27/21, this resident indicated: "Around 3 PM the power went out on 08/25/21 and her bed went down (air mattress). I was laying on metal and I wanted to make sure my suction machine would work if I needed it. The bed went flat immediately. I hit the call bell several times and no one answered. I called the Director of Nursing (DON) on her cell phone 3 times and she did not answerer. I have been sick from COVID and was feeling anxious and felt warmer than usual. After hitting the call bells and calling the DON for over 40 minutes, I called 911."</p>	E 007	<ol style="list-style-type: none"> 1. ED and DCS added list of residents on Air Mattresses and suction machines to our listing on patient population on 8/27/21. 2. Residents with air mattresses and or suction machines have the potential to be affected. 3. The SDC and or designee will educate the License staff on emergency plan for a power outage. 4. The ED/DCS (Director of Clinical Service) and or designee will do an audit to ensure patient population list is correct weekly audits times 2 weeks, bi weekly for a month and the results will be reported to the Quality Assurance Performance Committee(QAPI) for recommendations. 		

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E 007	Continued From page 2 During an interview at 6:05 PM on 08/27/21 with the Administrator, she was asked if the facility's Emergency Preparedness Plan included residents with suction machines and air mattresses and that they receive continued care during power outages. The Administrator stated, we have to run extension cords to the red outlets in the hallway. The Administrator was not able to provide evidence that their Emergency Preparedness Plan addressed the patient population for residents at risk for the loss of air in specialty mattresses, and functional suction machines.	E 007			
E 013 SS=E	Development of EP Policies and Procedures CFR(s): 483.73(b) §403.748(b), §416.54(b), §418.113(b), §441.184(b), §460.84(b), §482.15(b), §483.73(b), §483.475(b), §484.102(b), §485.68(b), §485.625(b), §485.727(b), §485.920(b), §486.360(b), §491.12(b), §494.62(b). (b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. *[For LTC facilities at §483.73(b):] Policies and procedures. The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section,	E 013		9/30/21	

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E 013	<p>Continued From page 3</p> <p>and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.</p> <p>*Additional Requirements for PACE and ESRD Facilities:</p> <p>*[For PACE at §460.84(b):] Policies and procedures. The PACE organization must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must address management of medical and nonmedical emergencies, including, but not limited to: Fire; equipment, power, or water failure; care-related emergencies; and natural disasters likely to threaten the health or safety of the participants, staff, or the public. The policies and procedures must be reviewed and updated at least every 2 years.</p> <p>*[For ESRD Facilities at §494.62(b):] Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.</p>	E 013		

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E 013	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on a complaint investigation and staff interviews the facility staff failed to implement emergency preparedness policies and procedures based on the facility's risk assessment to address resident population for persons at risk for who required air mattresses and suctioning machines during a power failure.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/06/21 with diagnoses which included asthma, major depression, sleep apnea, type 2 diabetes, Tracheotomy, morbid obesity and post COVID-19. The facility staff failed to ensure a suction machine was powered by an emergency generator and failed to ensure an air mattress did not lose air during a power failure.</p> <p>During an interview with Resident #1 at 5:14 PM on 08/27/21, this resident indicated: "Around 3 PM the power went out on 08/25/21 and her bed went down (air mattress). I was laying on metal and I wanted to make sure my suction machine would work if I needed it. The bed went flat immediately. I hit the call bell several times and no one answered. I called the Director of Nursing (DON) on her cell phone 3 times and she did not answer. I have been sick from COVID and was feeling anxious and felt warmer than usual. After hitting the call bells and calling the DON for over 40 minutes, I called 911."</p> <p>During an interview at 6:05 PM on 08/27/21 with the Administrator, she was asked if the facility's Emergency Preparedness Plan included residents with suction machines and air</p>	E 013	<ol style="list-style-type: none"> 1. ED and DCS added list of residents on Air Mattresses and suction machines to our listing on patient population on 8/27/21. 2. Residents with air mattresses and or suction machines have the potential to be affected. 3. The SDC and or designee will educate the License staff on emergency plan for a power outage. The resident population was reviewed and additions were made to include air mattresses and suction machines. 4. The ED/DCS and or designee will do an audit to ensure patient population list is correct weekly audits times 2 weeks, bi weekly for a month and the results will be reported to the Quality Assurance Performance Committee(QAPI) for recommendations. 		

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E 013	Continued From page 5 mattresses and that they receive continued care during power outages. The Administrator stated, we have to run extension cords to the red outlets in the hallway. The Administrator was not able to provide evidence that their Emergency Preparedness Plan addressed the patient population for residents at risk for the loss of air in specialty mattresses, and functional suction machines. The Administrator was not able to provide Emergency Preparedness Plan policies and procedures which addressed the patient population for residents at risk for the lost of air in specialty mattresses and those that required suction machines.	E 013			
F 000	INITIAL COMMENTS An unannounced Medicaid/Medicare abbreviated complaint survey was conducted on 08/27/21. One complaint, VA 00053000, was investigated during the survey. Corrections are required for compliance with 42 CFR 483 Federal Long Term Care requirements.	F 000			
F 584 SS=E	The census in this 222 bed facility was 200 at the time of the survey. The survey sample consisted of 2 current resident reviews, Resident #1 and #2. 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.	F 584		10/12/21	

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F 584	<p>Continued From page 6</p> <p>The facility must provide-</p> <p>§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.</p> <p>(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.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a complaint investigation the facility staff failed to maintain an air temperature range of 71-81 Fahrenheit (F) in the areas of Activity Room on 2-A, 2-B, 1-B, and the hall way corridors</p>	F 584	<p>1. 2-A, 2-B, 1-B day rooms (activity rooms stated in the 2567) and hallways temperatures were measured in midafternoon with the temperature outside</p>		

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F 584	<p>Continued From page 7 near rooms 223-224.</p> <p>The findings included:</p> <p>During a complaint investigation at 3:17 P.M. on 08/27/21, On the 2-A Activity Room area temperatures were recorded by the facility's Maintenance Director at 83 F degrees. Two residents were observed in the activity room socializing. The residents stated it was hot in the room and the air temperatures were always like that.</p> <p>On the 2-B Activity Room temperatures were recorded on 08/27/21 at 3:20 P.M. at 89 F degrees. Three residents were observed in the activity room socializing. The residents when asked stated it was hot in the room.</p> <p>On the 1-B Activity Room temperatures were recorded on 08/27/21 at 3:27 P.M. at 88 F degrees. Two residents and a staff person were observed in the activity room. The staff person stated, it is always hot in the room.</p> <p>In the corridor of Rooms 214 through 224 temperatures at rooms 223-224 were recorded at 86.5 F degrees. The air vent located between rooms 220 and 219 recorded recorded a temperature of 84 F degrees.</p> <p>According to the National Weather Service the outside temperature for Norfolk at 3:00 P.M. on 08/27/21 was 93 F degrees.</p> <p>The Maintenance Director stated, he could not explain why the temperatures were running so high.</p>	F 584	<p>of 93F as stated in regulation F584 interpretive While facilities certified after October 1, 1990 are required to maintain an air temperature range of 71-81 degrees F, there may brief periods of time where the temperature falls outside of that range only during rare, brief periods of unseasonable weather. This interpretation would apply in cases where it does not adversely affect resident health and safety, and facility took steps to ensure comfort. Staff and residents while in areas dayrooms were asked if they would like to go to a cooler area, and stated no. Residents in the area were comfortable and safe.</p> <p>2. Areas in the building during extreme weather may have potential to be affected.</p> <p>3. Maintenance staff will be educated on temperature reading of common areas and hallways.</p> <p>4. Maintenance director and/or Designee will record air temperatures in day rooms and hallways on 2B for appropriate temperature reading and report reading outside of standard 2 times a week for 2 weeks, 1 times a week for 4 weeks and as needed ongoing, and the results will be reported to the Quality Assurance Performance Committee for compliance.</p>		

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F 584	Continued From page 8 During an interview on 08/27/21 at 6:15 P.M. with the Administrator she stated, she was not aware of the elevated temperatures until the Maintenance Director brought it her attention. A facility policy and procedure Excessive Heat: Policy indicated:- "The necessary equipment will be supplied and/or adaptations made to ensure the comfort and safety of our residents/employees in times of excessive heat temperatures due to the prevailing weather conditions or air conditioning breakdown. Procedure: 8. Facility must maintain temperature range of 71-F -81-F degrees or as indicated by state specific guidelines. Executive Director to be notified of any variance.	F 584			
F 838 SS=E	Complaint Deficiency Facility Assessment CFR(s): 483.70(e)(1)-(3) §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to,	F 838		10/12/21	

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F 838	<p>Continued From page 9</p> <p>(i) Both the number of residents and the facility's resident capacity;</p> <p>(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;</p> <p>(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;</p> <p>(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and</p> <p>(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.</p> <p>§483.70(e)(2) The facility's resources, including but not limited to,</p> <p>(i) All buildings and/or other physical structures and vehicles;</p> <p>(ii) Equipment (medical and non- medical);</p> <p>(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;</p> <p>(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;</p> <p>(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and</p> <p>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</p>	F 838		

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F 838	<p>Continued From page 10</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach. This REQUIREMENT is not met as evidenced by:</p> <p>Based on a complaint investigation the facility staff failed to conduct and document a facility -wide assessment to determine what resources are necessary to care for the residents who require air mattresses and suctioning machines both during day-to-day operations and emergencies.</p> <p>The findings included:</p> <p>During an electrical power outage on 08/25/21 the facility staff failed to ensure a resident with an air mattress and a suction machine received continued services.</p> <p>Resident #1 was admitted to the facility on 05/06/21 with diagnoses which included asthma, major depression, sleep apnea, type 2 diabetes, Tracheotomy, morbid obesity and post COVID-19. The facility staff failed to ensure a suction machine was powered by an emergency generator and emergency power was provided for the continuous operation of an air mattress.</p> <p>An Initial Minimum Data Set (MDS) dated 05/24/21 assessed this resident in the area of Speech as being able to understand and make self-understood. In the area of Cognitive Patterns this resident was assessed with a score of 15 out of a possible score of 15 which indicated the resident was cognitively intact with the necessary cognitive skills for daily decision making.</p>	F 838	<ol style="list-style-type: none"> Residents on Air Mattresses and suction machines were added to our facility assessment population on 8/27/21. Residents with air mattresses and or suction machines have the potential to be affected. The Facility assessment was reviewed and additions were made to include air mattresses and suction machines. The ED/DCS and or designee will do an audit to ensure Facility assessment is correct weekly audits times 2 weeks, bi weekly for a month and the results will be reported to the Quality Assurance Performance Committee(QAPI) 		

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F 838	<p>Continued From page 11</p> <p>Activities of Daily Living this resident was assessed in the area of Bed Mobility as requiring extensive assistance and two person physical assist. In the area of Transfer- activity did not occur. In the area of Walk In Room-activity did not occur. In the area of Dressing this resident was assessed as requiring extensive assistance with two person physical assist. In the area of Toileting and Personal Hygiene this resident was assessed as requiring extensive assistance and two person physical assist.</p> <p>A Care Plan dated 05/24/21 indicated: Focus- Resident has Diabetes Mellitus- Goal- Resident will have no complications related to diabetes; Interventions- Avoid exposure to extreme heat or cold. Focus- Resident has a tracheotomy - Goal- The resident will have clear and equal breath sounds bilaterally. Interventions- Ensure that trach ties are secured at all times. Monitor for restlessness, agitation, confusion, increased heart rate. Monitor for level of consciousness, mental status, and lethargy. Monitor respiratory rate, depth, and quality. Monitor Oxygen settings: O2 via - nasal prongs/mask at specific frequency, humidified. Reassure resident to decrease anxiety. Focus:- Resident has a speaking valve. Suction as necessary. Use Universal precautions as appropriate.</p> <p>A Nurse Practitioner Progress Note dated 7/28/21 indicated: " The patient does continue to require max assist with ADL's. Patient at this time is unable to ambulate. Patient current weight is 639.4 pounds."</p> <p>A Physician's order dated 5/12/21 indicated: "Respiratory: suction as needed."</p>	F 838			

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F 838	<p>Continued From page 12</p> <p>During an interview with Resident #1 at 5:14 PM on 08/27/21, this resident indicated: "Around 3 PM the power went out on 08/25/21 and her bed went down (air mattress). I was laying on metal and I wanted to make sure my suction machine would work if I needed it. The bed went flat immediately. I hit the call bell several times and no one answered. I called the Director of Nursing (DON) on her cell phone 3 times and she did not answer. I have been sick from COVID and was feeling anxious and felt warmer than usual. After hitting the call bells and calling the DON for over 40 minutes, I called 911."</p> <p>During an interview 6:05 PM on 08/27/21 with the Administrator, she was asked how residents with life saving medical support equipment receive continued services during power outages. The Administrator stated, we have to run extension cords to the red outlets in the hallway. The Administrator was asked how many residents were residing currently in the facility who required medical life support equipment and she stated she did not know. When asked how many residents required suctioning she replied, she did not know. When asked how many residents had tracheotomy's, she replied, she did not know.</p> <p>During an interview at 2:21 PM on 08/27/21 with the Director of Nursing and the Administrator they were asked for the facility's Risk Assessment and Patient Population Emergency Preparedness Plan including policy's and procedures. The Administrator provided a Hazard and Vulnerability Assessment Tool for Naturally Occurring Events, technologic events, human related events, and events involving community hazards. A list of residents utilizing Adaptive Devices of splints, walkers, BSC, geri-chairs, special eating utensils,</p>	F 838			

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F 838	Continued From page 13 floor mats, wheelchairs and wheelchair cushions were provided. When asked how many residents were identified with air mattresses among the risk assessment/patient population the Administrator stated she did not know and it was not included in their facility assessment. The Director of Nursing (DON) was asked if she knew how many residents required air mattress she stated, she did not know. The DON provided a list of 19 residents who currently resided in the facility that required air mattresses. This count was done during the survey and presented during the pre-exit meeting. The Administrator, DON, and Regional Nurse Consultant, were asked during an interview at 6:45 PM on 08/27/21 what emergency evacuation plans and policy and procedures were in place to safely evacuate Resident #1 who was diagnosed with morbid obesity and weighed (639.4) pounds and all other residents requiring an air mattress and life support equipment. The administrative staff stated, they did not have a plan in place. The DON was asked if staff were trained to respond to emergency power outages. The DON stated she began Education In-Service Training on 08/26/21 - Topic: "Emergency Plan when there is a power outage". When asked if all staff had been trained, she stated, No.	F 838		
F 906 SS=E	Emergency Power CFR(s): 483.90(c)(1)(2) §483.90(c) Emergency Power. §483.90(c)(1) An emergency electrical power system must supply power adequate at least for	F 906		10/12/21

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F 906	<p>Continued From page 14</p> <p>lighting all entrances and exits; equipment to maintain the fire detection, alarm, and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted.</p> <p>§483.90(c)(2) When life support systems are used, the facility must provide emergency electrical power with an emergency generator (as defined in NFPA 99, Health Care Facilities) that is located on the premises.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a complaint investigation, resident interview, the facility staff failed to ensure a suction machine was powered by an emergency generator for one resident (Resident #1) in the survey sample of two residents.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 05/06/21 with diagnoses which included asthma, major depression, sleep apnea, type 2 diabetes, Tracheotomy, morbid obesity and post COVID-19.</p> <p>An Initial Minimum Data Set (MDS) dated 05/24/21 assessed this resident in the area of Speech as being able to understand and make self-understood. in the area of Cognitive Patterns this resident was assessed as a 15. In the area of Activities of Daily Living this resident was assessed in the area of Bed Mobility as requiring extensive assistance and two person physical assist. In the area of Transfer- activity did not occur. In the area of Walk In Room-activity did not occur. In the area of Dressing this resident was assessed as requiring extensive assistance</p>	F 906	<ol style="list-style-type: none"> 1. Resident #1 Suction Machine order is as needed and it was placed on an extension cord and powered by a red outlet during the incident. Suction machines are not considered medical life support equipment. 2. Current residents with a suction machine have the potential to be affected. 3. The SDC and or designee will educate the License staff on emergency plan for a power outage. 4. The maintenance director and or designee will audit the availability of extension cords and power strips on units 1 time a week for 4 weeks and biweekly for 4 weeks. The results will be reported to the Quality Assurance Performance Committee. 		

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F 906	<p>Continued From page 15</p> <p>with two person physical assist. In the area of Toileting and Personal Hygiene this resident was assessed as requiring extensive assistance and two person physical assist.</p> <p>A Care Plan dated 05/24/21 indicated: Focus- Resident has Diabetes Mellitus- Goal- Resident will have no complications related to diabetes; Interventions- Avoid exposure to extreme heat or cold. v Focus- Resident has a tracheotomy - Goal- The resident will have clear and equal breath sounds bilaterally. Interventions- Ensure that trach ties are secured at all times. Monitor for restlessness, agitation, confusion, increased heart rate. Monitor for level of consciousness, mental status, and lethargy. Monitor respiratory rate, depth, and quality. Monitor Oxygen settings: O2 via - nasal prongs/mask at specific frequency, humidified. Reassure resident to decrease anxiety. Focus:- Resident has a speaking valve. Suction as necessary. Use Universal precautions as appropriate.</p> <p>A Nurse Practitioner Progress Note dated 7/28/21 indicated: " The patient does continue to require max assist with ADL's. Patient at this time is unable to ambulate. Patient current weight is 639.4 pounds."</p> <p>A Physician's order dated 5/12/21 indicated: "Respiratory: suction as needed."</p> <p>During an interview with Resident #1 at 5:14 PM on 08/27/21, this resident indicated: "Around 3 PM the power went out on 08/25/21 and her bed went down (air mattress). I was laying on metal and I wanted to make sure my suction machine would work if I needed it. The bed went flat immediately. I hit the call bell several times and</p>	F 906		

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F 906	<p>Continued From page 16</p> <p>no one answered. I called the Director of Nursing (DON) on her cell phone 3 times and she did not answer. I have been sick from COVID and was feeling anxious and felt warmer than usual. After hitting the call bells and calling the DON for over 40 minutes, I called 911."</p> <p>During an interview 5:51 PM on 08/27/21 with the DON, she was asked if Resident #1 had called her during the power outage on 08/25/21. The DON stated, yes the resident had called her three times on 08/25/21. I gave her my cell number and asked her to call me if she had any concerns. The DON was asked why did she not respond to Resident #1's calls. The DON stated she was in the process of assisting some other residents. The DON was not able to say how many residents required suction machines and ones on specialty beds and air mattresses that would need emergency power. The DON stated we have to run extension cords to the red outlets in the hallway. The DON was asked if staff were trained to respond to emergency power outages. The DON stated she began Education In-Service Training on 08/26/21 - Topic: "Emergency Plan when there is a power outage".</p> <p>During an interview 6:05 PM on 08/27/21 with the Administrator, she was asked how residents with life saving medical support equipment receive continued services during power outages. The Administrator stated, we have to run extension cords to the red outlets in the hallway. The Administrator was asked how many residents were residing currently in the facility who required medical life support equipment and she stated she did not know. When asked how many residents required suctioning she replied, she did not know.</p>	F 906			

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F 906	Continued From page 17 During an interview at 3:30 PM with the Maintenance Director, he was asked what electrical services would the facility's emergency electrical power generator operate during a power outage. The Maintenance Director stated, the back up generator powered the lighting for all entrances and exits, fire detection, alarm and extinguishing systems, the kitchen the HAVC system, the kitchen and the red outlets on the units. When asked if the generator powered life support equipment for residents he stated, an extension cord would need to be ran from the residents room to the red outlet in the hallway. When asked if he knew which residents required emergency power for their medical life support equipment during a power outage, he stated, No. The Maintenance Director stated, he was out on medical leave on 08/25/21 when the first powered outage incident occurred. He stated, it was his understanding the cause was a car accident that affected the power in the area. The second power outage occurred on 08/26/21 and it affected our HVAC system. The facility did not have a Emergency Power System policy was requested during the survey which was and no policy was provided during the survey.	F 906			