PO accepted 11/1/08 jc

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

PRINTED: 10/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING _____ B. WING _____	C 09/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

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F 176 SS=D	483.10(n) SELF ADMINISTRATION OF DRUGS An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview and medical record review, the facility failed to ensure one (#81) of one sample resident who self administered medications received a self administration of medication evaluation. The findings were: Review of the medical record for resident #81 revealed there was a physician's order for Aspercreme (analgesic for pain) to be kept at the bedside. Interview with the resident on 9/24/08 at 5 PM confirmed s/he used the medication to relieve aches and pains. Review of the medical record revealed there was no evidence the resident was evaluated for safety in self administration of medications. Interview with clinical nurse manager #1 on 9/25/08 at 12:50 PM confirmed there was no evaluation completed for self administration of medications.	F 176	F176 The facility will ensure that patients who self-administer medications have been evaluated to determine that this practice is safe. This will be accomplished by; A. Resident #81's primary nurse will perform a medication self-administration assessment to ensure that she is safe to self-medicate. B. All residents who self-administer medications have the potential to be affected by the lack of an assessment to determine safe practice. C. A medication self-administration assessment will be completed on all residents upon admission and with any significant change of condition. D. The nursing director will perform a monthly audit to ensure that medication self-administration assessments have been	
F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, staff, resident and family	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 10-20-08

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.

POC accepted with changes per phone call w/ Janelle Beaver-Johnson on 11/3/08 @ 3:49 pm

RECEIVED
Wyoming Dept of Health
OCT 20 2008
Janelle Carl 10/21/08
Office of Healthcare Licensing and Surveys

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			F176 cont. completed on all new residents and those with changes in condition. The data will be aggregated and reported quarterly to the VP of Resident Care Services, the medical director, and Quality Council.	11/9/2008

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F 241	Continued From page 1 Interview, and medical record review, the facility failed to ensure 2 (#4, #8) sample residents and 6 (#12, #27, #33, #73, #74, #92) non-sample residents out of 35 residents who required dining assistance were treated with dignity. The findings were: 1. Observation on 9/24/08 from 6:23 PM to 7:27 PM (one hour and 4 minutes) revealed non sample resident #33 was seated at the dining table with one other resident. Observation during this time revealed no staff member acknowledged the resident or that s/he was unable to open the potato chip bag or cut up the hot dog, even during the four minutes certified nurse aide (CNA) #3 provided feeding assistance to the other resident at the table. Interview with the CNA on 9/24/08 at 7:30 PM revealed she never noticed the resident. 2. Observation on 9/23/08 revealed non sample resident #92 was placed at the dining table at 6:02 PM for the evening meal. Observation revealed the resident's meal was served at 6:10 PM and at that time s/he asked the staff member who served the meal if she would stay to assist with the meal because s/he could not see to feed him/herself. Review of the 8/19/08 annual Minimum Data Set assessment confirmed the resident was totally dependent upon staff for eating. Continued observation revealed the staff member walked away without comment. Between 6:10 PM and 6:28 PM observation revealed the resident attempted to pick up his/her glass to take a drink but was unable to do so because s/he could not find it. At 6:28 PM (18 minutes after the meal was served) CNA #3 assisted the resident with the meal for four minutes before once again leaving the table. Observation revealed after the CNA left the table, the resident continued to	F 241	F 241 The facility will ensure that residents who require assistance with dining will be treated with dignity. This will be accomplished by; A. Resident #33 will be provided assistance with meal set-up. A. Resident #92 will be provided assistance with meal set-up and feeding assistance with meals. A. Resident #27 will be provided meal set-up assistance, cuing and feeding assistance. A. Resident #74 will be provided meal set-up assistance, cuing and feeding assistance with meals. A. Resident #12 will be provided meal set-up assistance. A. Resident #8 will be provided meal set-up assistance. A. Resident #73 will be provided cuing and feeding assistance during meals when the meal is served. A. Resident #4 will be provided assistance with eating when the meal is served.	

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F 241	Continued From page 2 attempt to pick up a glass or utensil but was unable to do so. The resident was taken from the table at 7:23 PM after eating approximately less than 40% of the meal, based upon the surveyor's estimation. Interview with the CNA at that time revealed the resident "never ate much anyway." Review of the 8/21/08 care plan showed the resident had a visual deficit (Macular Degeneration). 3. Observation in the assisted dining room on 9/24/08 from 5:47 PM to 7:25 PM revealed non sample resident #27 was served his/her meal at 6:05 PM. The resident was sleeping in his/her wheelchair at that time. When the meal was delivered to the table, there was no attempt to wake the resident or provide any meal assistance. At 6:37 PM, 32 minutes later, CNA #2 sat down next to the resident and woke him/her and proceeded to provide total feeding assistance for the resident. Interview with CNA #2 on 9/24/08 at 7:10 PM revealed she did not know how long the resident's meal was sitting on the table prior to her assistance. She further stated the facility had a large number of residents who required meal assistance, and there were not always enough staff to go around. Review of the resident's care plan last reviewed on 6/18/08 showed the resident required assistance with meals, and staff needed to be patient with the resident's efforts. 4. Observation in the assisted dining room on 9/24/08 from 5:47 PM to 7:25 PM revealed non sample resident #74 was served his/her meal at 6:15 PM. The resident was not provided any assistance with the meal until 6:29 PM, 14 minutes later. During the 14 minutes the resident made no attempt to help him/herself to the food.	F 241	F241 cont. A. Staffing will be adjusted so that resident #16 and all other residents who need assistance with meal set-up and feeding will receive that assistance. A. Staffing will be adjusted so that resident #20 and all other residents who need assistance with meal set-up and feeding will receive that assistance. B. All residents have the potential to be affected by not receiving the assistance that is needed to provide adequate nutrition in a dignified and respectful manner. C. The nursing director will perform an evaluation of meal service and identify resident dining needs and level of staff and supervision necessary to meet those needs.	

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F 241	Continued From page 3 According to the residents' care plan last up-dated on 9/23/08, the resident needed supervision with meals and assistance to start and finish meals. The care plan further documented the resident can sometimes be cued to feed him/herself. 5. Observation in the assisted dining room on 9/24/08 from 5:47 PM to 7 PM revealed resident #12 was seated at the table. When seated at 5:47 PM, there was a glass of milk on the table for the resident, but the staff did not ask the resident if s/he wanted anything else to drink. The resident's entree was served at 6:05 PM, at that time, the resident was not provided assistance, or anything else to drink. Over the next 50 minutes, the resident picked up his/her empty coffee cup and waved it above her/his head four times. There were eight staff members assisting residents in the dining room, and none of them responded to the resident's gestures with the empty cup, including CNA #3 who was seated at resident #12's table assisting another resident from 6:25 until 6:55 PM. It wasn't until 6:55 PM, when CNA #3 finished assisting the other resident, that she filled resident #12's coffee cup. This was 1 hour and 37 minutes after the resident came to the table. 6. Observation in the assisted dining room on 9/24/08 from 5:47 PM to 7 PM revealed non sample resident #12 and sample resident #8 sat at the same dining table and received a bun and a small, single serving packet of butter with their entrees at 6:05 PM. Continued observation revealed neither of the resident's butter containers were opened by the staff, and resident #12 struggled for more than 10 minutes to open the butter container before another resident at the	F 241	F241 cont. D. The nursing director will develop a quality improvement project based on the results of the evaluation. The project will be tracked and reported to the VP of Resident Services monthly and to the medical director and the Quality Council quarterly.	11/9/2008

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F 241	Continued From page 4 table opened it for him/her. However, the butter container was dropped on the floor in the process. Resident #12 never received the butter, and did not eat the bun. In addition, resident #8 who was only able to use his/her right hand and arm, struggled for several minutes to get the butter container open. With no success at opening the small container, s/he gave up and ate the bun without butter. Review of the care plan for resident #12 revealed s/he required assistance with opening packages and cutting food. Review of the care plan for resident #8 revealed s/he also needed assistance to cut meat and open containers. 7. Observation on 9/24/08 revealed non sample resident #73 was brought into the assisted dining room at 5:48 PM. At 6:05 PM, the resident's entree was served. However, from 6:05 PM until 6:25 PM there was no assistance provided, and the resident made no attempt to eat or drink anything. At 6:25 PM, 20 minutes later, an aide sat down to assist the resident with the meal. Review of the resident's care plan last updated on 7/8/08 revealed the resident required total assistance by staff at mealtime. 8. Observation of the evening meal in the assisted dining room on 9/24/08 from 5:40 PM to 7:15 PM revealed resident #4's meal was brought to the table at 6:15 PM and assistance was not provided with the meal until 6:35 PM, 20 minutes later. Review of the resident's annual MDS assessment for 1/3/08 and quarterly MDS assessment for 9/23/08 confirmed s/he required total assistance with eating. Interview with resident #16 on 9/23/08 at 3 PM revealed s/he "frequently" witnessed residents	F 241		

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F 241	Continued From page 5 who needed meal assistance having to wait extended periods during the evening meal, and sometimes did not receive the assistance they needed. Confidential resident interviews during the days of survey, 9/22/08 to 9/25/08 revealed 13 residents who stated they had to wait a long time to be served their meals in the dining room. In addition, a family member of resident #23 revealed a concern that there were not enough staff on the evening shift to assist her/his family member in the assisted dining room Interview with resident #20's family member on 9/24/08 at 2 PM revealed she thought there was not enough staff to assist residents in the dining room on the evening shift. She stated on "several" evenings she had observed residents who did not receive assistance throughout the entire meal.	F 241		
F 250 SS=G	483.15(g)(1) SOCIAL SERVICES The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and medical record review, the facility failed to ensure social services addressed all of the psychosocial needs for one (#93) of 17 sample residents. The failure to provide services to fully address the resident's anxiety resulted in psychosocial harm. The findings were:	F 250	F 250 The facility will ensure that medically related social services are provided to residents experiencing anxiety. This will be accomplished by, A. The Social Service Director will perform an assessment of resident #93's psychosocial needs. B. All residents who experience anxiety have the potential to be affected by the lack of medically related social services.	

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S 000	State Rules and Regulations Rules and Regulations for Program Administration of Nursing Care Facilities Section 6. Physical Environment (a) (iv) Tuberculin testing shall be accomplished for each employee upon employment and before resident contact begins and annually thereafter. This Standard was not met as evidenced by Based on review of personnel files and staff interview, the facility failed to ensure tuberculin (TB) testing was completed prior to direct resident contact for 1 of 5 employees. The findings were: Review of the employee health records for employee #4 (hired 7/21/08) revealed there was no evidence TB testing was performed prior to resident contact. Interview with the human resource coordinator on 9/24/08 at 4 PM revealed she had initially tried to obtain the records from the employee's previous employer but never received the information. She stated she had made no further attempt to obtain the information until 9/24/08.	S 000	The facility will ensure that Tuberculin testing shall be accomplished for each employee upon hire prior to direct resident contact. This will be accomplished by, A. Employee #4 will not work until the documented results of a Tuberculin testing are received. B. All residents have the potential to be affected by caregivers who have not been determined to be free of Tuberculious. C. The infection control nurse will develop a tracking system to ensure that all employees have completed Tuberculin testing prior to direct care contact. D. The infection control nurse will submit data to the VP of Resident Care Services, medical director and Quality Council quarterly.	11/9/2008

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

TITLE: CEO

(X6) DATE: 10-20-08

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F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, staff, resident and family	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rhl Bmh | TITLE: CEO | (X6) DATE: 10-20-08

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 250	Continued From page 6 Review of the 8/23/08 timed at 11 AM nursing notes for resident #93 revealed s/he requested a "nerve pill". Review of the 8/26/08 timed at 7:04 AM nursing notes revealed the resident was "needy" and rang the call bell "constantly" (15 to 20 times per night). Review of the 8/28/08 timed at 7:18 AM nursing notes revealed the resident was very anxious, stated his/her "nerves were shot", was "rocking back and forth", was "crying", and talking fast. Further review of these notes revealed the resident stated "I'm so nervous and I don't know why." Review of the 9/3/08 timed at 6:32 AM nursing notes revealed the resident requested "something for my nerves". Review of the 9/3/08 timed at 7:17 AM nursing notes revealed the resident was started on ativan (antianxiety medication) as needed at bedtime for increased anxiety at night and constant ringing of the call light and complaints of being "nervous." Review of the 9/8/08 timed at 2:41 AM nursing notes revealed the resident also had increased anxiety in the morning regarding who would be giving the bath (other notes revealed s/he frequently refused baths) and regarding the fasting accucheck. This note indicated the resident rang the call light every fifteen to twenty minutes. Review of the 9/10/08 timed at 8:15 AM nursing notes revealed the resident complained of "anxiety and panic attacks" and requested "something for nerves." The resident was told the antianxiety medication was ordered for bedtime only. Review of the 9/10/08 timed at 10:40 AM and timed at 11:30 AM nursing notes revealed the resident continued to complain of nervousness, anxiety, and panic attacks. The following concerns were identified: a. During an interview with the resident on 9/23/08 at 8 AM, s/he stated s/he was very	F 250	F250 cont. C. An audit of all residents will be performed by the Social Service director to ensure that residents experiencing signs and symptoms of anxiety have an evaluation to determine needs. D. The Social Services Director will aggregate the data and submit the information monthly to the VP of Resident Care Services and quarterly to the medical director and the Quality Council.	11/9/2008

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F 250	Continued From page 7 nervous and anxious and described a recent episode when s/he was so upset s/he cried. The resident further talked about how s/he just did not understand why s/he was so nervous all of the time. The resident talked about how s/he was 87 years old and just wanted better "quality of life for the time I have left." Review of the entire medical record revealed there were many notations about the resident's anxiety, however, there was no evidence psychiatric counseling or an evaluation was performed to determine the cause of the resident's anxiety. Interview with the social worker on 9/25/08 at 3:20 PM confirmed no psychiatric evaluation was performed to determine the cause of the resident's anxiety. She also stated she was aware of the resident's anxiety but had not really thought about a psychiatric evaluation. The social worker stated she had worked on trying to get the resident to not stay isolated in his/her room so much but had not counseled or worked with the resident on the causes of his/her anxiety and fears regarding bathing, tests, care, and life in general. b. Refer to federal citation F309 for additional details on the resident's anxiety.	F 250		
F 272 SS=E	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine;	F 272	F272 The facility must conduct comprehensive, accurate, and standardized reproducible assessment of each resident's functional capacity. This will be established by; A. The following comprehensive summaries will be completed for resident #8: cognitive loss, delirium and mood state.	

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F 272	Continued From page 8 Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure comprehensive assessments were completed in a variety of areas for 14 (#3, #8, #16, #25, #28, #37, #41, #53, #61, #62, #65, #81, #93, #97) of 17 sample residents. The findings were: 1. Review of the 6/25/08 resident assessment protocols (RAPs) for resident #8 revealed the following concerns: a. Review of the cognitive loss RAP summary for resident #8 revealed the assessment was not comprehensive, it only showed "Proceed with care planning as cognitive loss RAP triggered due to resident's medical condition, especially dementia." Continued review revealed there was no causal or confounding factors identified.	F 272	F272 cont. A. A comprehensive psychosocial well-being summary will be completed for resident #3 A. A comprehensive psychosocial well-being summary will be completed for resident #16 A. The following comprehensive summaries will be completed for resident #41: delirium, cognitive loss, behavioral symptoms, mood, psychosocial well-being, and nutrition. A. The following comprehensive summaries will be completed for resident #25: cognitive loss and nutrition. A. The following comprehensive summaries will be completed for resident # 28: delirium, cognitive loss, mood, and nutrition. A. The following comprehensive summaries will be completed for resident #37: cognitive loss, behavioral symptoms, mood, pressure ulcers, dental care, and nutrition.	

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F 272	Continued From page 9 b. Review of the delirium RAP summary revealed the assessment was not comprehensive. It only showed the following statement: "Do not proceed with care planning as delirium RAP triggered due to resident's medical condition, specifically dementia." Continued review revealed there was no causal or confounding factors identified. c. Review of the mood state RAP summary revealed the assessment was not comprehensive. The summary only showed: "Proceed with care planning as mood state RAP triggered due to resident's medical condition, specifically depression." 2. Review of the 11/28/07 RAPs for resident #3 revealed the psychosocial well-being RAP summary was not comprehensive. Review of the summary revealed only the following statement was made: "Resident is aware of different routine from prior pattern outside community, but is well adjusted to routine at care center." Continued review revealed there was no information provided as to the conclusion the resident is "well adjusted to routine at care center." 3. Review of the 6/4/08 RAPs for resident #16 revealed the psychosocial well-being RAP summary was not comprehensive. Review of the summary revealed only the following statement was made: "Proceed with care planning as psychosocial well-being RAP triggered due to resident's positive ability to establish his/her own goals." 4. Review of the 7/14/08 admission Minimum Data Set (MDS) assessment for resident #41 revealed the following areas were triggered including: delirium, cognitive loss, behavioral	F 272	F272 cont. A. The following comprehensive summaries will be completed for resident #53: cognitive loss and psychotropic drug use. A. The following comprehensive summaries will be completed for resident #62: delirium, cognition loss, visual function, communication, psychosocial well-being, mood state, behavior symptoms, and activities. A. The following comprehensive summaries will be completed for resident #65 delirium, cognition loss, visual function, communication, ADL functional/ rehabilitation potential, urinary incontinence, psychosocial well-being, mood state, behavior symptoms, activities, falls, nutritional status, dental care, pressure ulcers, psychotropic drugs and physical restraints. A. The following comprehensive summaries will be completed for resident #61: cognitive loss, vision, psychosocial well-being, mood, behavioral, activities, nutrition, dental and pressure sores.	

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F 272	Continued From page 10 symptoms, mood, psychosocial well-being, and nutrition. Review of the RAPs for these areas with the exception of nutrition, revealed the assessments were not comprehensive. In the case of nutrition, a RAP summary was not done. 5. Review of the 8/5/08 admission MDS assessment for resident #25 revealed the following areas were triggered including: cognitive loss and nutrition. Review of the RAPs for these areas with the exception of nutrition, revealed the assessments were not comprehensive. In the case of nutrition, a RAP summary was not done. 6. Review of the 1/23/08 annual MDS assessment for resident #28 revealed the following areas were triggered including: delirium, cognitive loss, mood, and nutrition. Review of the RAPs for these areas with the exception of nutrition, revealed the assessments were not comprehensive. In the case of nutrition, a RAP summary was not done. 7. Review of the 9/9/08 annual MDS assessment for resident #37 revealed the following areas were triggered including: cognitive loss, behavioral symptoms, mood, pressure ulcers, dental care and nutrition. Review of the RAPs revealed the assessments for cognitive loss, behaviors, mood, and dental care were not comprehensive. In the case of nutrition and pressure ulcers, RAP summaries were not done. 8. Review of the 10/23/07 admission MDS assessment for resident #53 revealed the following areas were triggered including: cognitive loss and psychotropic drug use. Review of the RAP for cognitive loss showed it was not comprehensive, and there was not any RAP done	F 272	F272 cont. A. The following comprehensive summaries will be completed for resident # 81: cognitive loss, vision, psychosocial well-being, mood and behavior and the feeding tube and restraint triggers will be removed. A. The following comprehensive summaries will be completed for resident #93: cognitive loss, psychosocial well-being, communication, mood and behaviors and the trigger for feeding tube and restraints will be removed. A. The following comprehensive summaries will be completed for resident #97: cognitive loss, communication, psychosocial well-being, mood, behaviors, activities, nutrition, psychoactive medications, and the trigger for a feeding tube and restraints will be removed. B. All residents have the potential to be affected by the lack of a comprehensive assessment.	

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F 272	Continued From page 11 for the use of psychotropic drugs. 9. Review of the 11/5/07 annual MDS assessment for resident #62 revealed the following areas were triggered including: delirium, cognition loss, visual function, communication, psychosocial well being, mood state, behavior symptoms, and activities. Review of the RAPs for these areas revealed the assessments were not comprehensive, and in the cases of delirium, visual, communication, psychosocial and activities, the RAP summary was not done. 10. Review of the 9/2/08 annual MDS for resident #65 revealed the following areas were triggered including: delirium, cognition loss, visual function, communication, ADL functional/rehabilitation potential, urinary incontinence, psychosocial well being, mood state, behavior symptoms, activities, falls, nutritional status, dental care, pressure ulcers, psychotropic drugs, and physical restraints. Review of the RAPs revealed delirium, cognition loss, visual function, communication, psychosocial well being, activities, nutritional status, dental care, and physical restraints, the RAP summaries were not completed. 11. Review of the 8/25/08 annual MDS assessment for resident #61 revealed the following areas triggered for comprehensive assessment: cognitive loss, vision, psychosocial well-being, mood, behavioral, activities, nutrition, dental and pressure sores. Review of the 9/2/08 RAP summary revealed there was no evidence the causation or contributing factors were identified or assessed in regard to these areas. In addition there was no nutritional RAP completed at all. Interview on 9/25/08 at 8:25 AM with the resource nurse who was performing the MDS	F 272	F272 cont. C. The MDS Director will perform an audit will be performed monthly to ensure that all RAP triggers have comprehensive assessments and that incorrect triggers are removed. D. The MDS Director will aggregate audit data and submit to the VP of Resident Care Services monthly and to the Medical director and Quality Council quarterly.	11/9/2008

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F 272	Continued From page 12 assessments confirmed no comprehensive assessments were completed in these areas. 12. Review of the 9/7/08 initial MDS assessment for resident #81 revealed the following areas triggered for comprehensive assessment: cognitive loss, vision, psychosocial well-being, mood, behavior, feeding tube (resident did not have a feeding tube) and restraints (resident did not have restraints). Review of the 9/8/08 RAP summary revealed there was no evidence the causation or contributing factors were identified or assessed in regard to these areas. In addition there was no nutritional RAP completed at all. Interview on 9/25/08 at 8:25 AM with the resource nurse who was performing the MDS assessments confirmed no comprehensive assessments were completed in these areas. 13. Review of the 12/24/07 annual MDS assessment for resident #93 revealed the following areas required comprehensive assessment: cognitive loss, psychosocial well-being, feeding tube (resident did not have one), communication, mood, behaviors and restraints (did not utilize restraints). Review of the 12/27/07 RAP summary revealed there was no evidence the causation or contributing factors were identified or assessed in regard to these areas. In addition there was no nutritional RAP completed at all. Interview on 9/25/08 at 8:25 AM with the resource nurse who was performing the MDS assessments confirmed no comprehensive assessments were completed in these areas. 14. Review of the 9/7/08 initial MDS assessment for resident #97 revealed the following areas	F 272		

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F 272	Continued From page 13 required comprehensive assessment: cognitive loss, communication, psychosocial well-being, mood, behaviors, activities, nutrition, feeding tube (resident did not have one), psychoactive medications, and restraints (did not utilize restraints). Review of the 9/8/08 RAP summary revealed there was no evidence the causation or contributing factors were identified or assessed in regard to these areas. In addition there was no nutritional RAP completed at all. Interview on 9/25/08 at 8:25 AM with the resource nurse who was performing the MDS assessments confirmed no comprehensive assessments were completed in these areas. Interview with the vice president of resident care services on 9/25/08 at 10:30 AM revealed the assessments were being done consistently and comprehensively prior to the switch over to the new computerized system, and this is possibly why there were problems with the assessments.	F 272	F279 The facility shall ensure that comprehensive care plans are completed on all residents. This will be accomplished by; A. A comprehensive care plan will be completed on resident #81. B. All residents have the potential to be affected by care plans that are not comprehensive C. The MDS Director will perform an audit to ensure that care plans on all residents are comprehensive. D. The MDS Director will aggregate audit data and submit to the VP of Resident Care Services monthly and to the Medical director and Quality Council quarterly.	11/9/2008
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under	F 279		

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F 279	Continued From page 14 §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, and medical record review, the facility failed to ensure the care plan was complete for one (#81) of 17 sample residents. The findings were: Observation on 9/23/08 at 8:30 AM revealed resident #81 was restless and grimacing. Interview with the resident at that time revealed s/he was having significant pain. Further interview revealed the resident had requested a pain pill at 6 AM that morning but did not receive it until s/he received breakfast around 8:30 AM. The resident further stated s/he was in such pain breakfast was no good or enjoyable and s/he ate very little. Review of the 9/7/08 initial Minimum Data Set assessment revealed the resident experienced daily pain in the back and incisional area that was as times excruciating. Review of the care plan revealed pain was not addressed. Interview with registered nurse (RN) #1 on 9/24/08 at 2:45 PM confirmed pain was a major issue with the resident and should have been addressed on the care plan.	F 279		
F 309 SS=G	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in	F 309	F309 The facility will ensure that each resident is provided effective pain management to ensure that the resident is able to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This will be accomplished by;	

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F 309	Continued From page 15 accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: 1. Based on observation, resident interview, staff interview, and medical record review, the facility failed to ensure effective pain management was provided for one (#81) of 17 sample residents. By not providing a pain pill when requested, the resident (#81) experienced avoidable pain therefore resulting in harm. The findings were: A. Review of the initial 9/7/08 Minimum Data Set assessment for resident #81 revealed s/he was able to understand and be understood. This MDS assessment also showed the resident had daily pain in the back and incisional area which was at times excruciating. On 9/23/08 at 8:30 AM observation revealed the resident was restless and grimacing. During an interview with the resident at that time, s/he stated s/he was in a lot of pain. The resident stated s/he had requested a pain pill at 6 AM that morning but did not receive one until staff brought breakfast to the room around 8:30 AM. The resident further stated s/he was unable to eat much of his/her breakfast because of the pain. (Review of the meal intake for that meal revealed the resident consumed approximately 25% of the food). Review of the narcotic records revealed the actual time the medication was given was at 9 AM (3 hours after requested). Further review of the narcotic record revealed the last time the resident had a pain pill was on 9/22/08 at 10 PM (11 hours earlier). Review of the physician's orders revealed the resident was ordered Oxycodone/APAP (narcotic	F 309	F309 cont. A. The primary nurse will develop a pain management program for resident #81. A. The Social Services Director will develop a plan to address the psychosocial needs of resident #93 B. All residents with pain have the potential to be affected by an ineffective pain management plan. C. The nursing manager will perform an assessment on all residents experiencing pain to ensure that a pain management program is in place. Refer to POC for F850 for additional info. JC D. The Nursing Director will aggregate audit data and submit to the VP of Resident Care Services monthly and to the Medical	11/9/2008

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F 309	Continued From page 16 for pain) every four hours as needed. Interview with registered nurse #1 on 9/24/08 at 2:45 PM revealed she did not know why the resident did not receive a pain pill when s/he requested one. She further stated the resident could have had a pain pill based on the physician's orders. Interview with clinical nurse manager #1 and the resource nurse on 9/25/08 at 8:30 AM revealed they also did not know why the resident did not receive a pain pill when requested at 6 AM. 2. In addition, based on observation, resident interview, staff interview, and medical record review, the facility failed to ensure nursing services addressed all of the psychosocial needs for one (#93) of 17 sample residents. The failure to provide services to fully address the resident's anxiety resulted in psychosocial harm. The findings were: A. Review of the 8/23/08 timed at 11 AM nursing notes for resident #93 revealed s/he requested a "nerve pill". Review of the 8/26/08 timed at 7:04 AM nursing notes revealed the resident was needy and rang the call bell constantly (15 to 20 times per night). Review of the 8/28/08 timed at 7:18 AM nursing notes revealed the resident was very anxious, stated his/her "nerves were shot", was rocking back and forth, was crying, and talking fast. Further review of these notes revealed the resident stated "I'm so nervous and I don't know why." Review of the 9/3/08 timed at 6:32 AM nursing notes revealed the resident requested "something for my nerves". Review of the 9/3/08 timed at 7:17 AM nursing notes revealed the resident was started on ativan (antianxiety medication) as needed at bedtime for increased anxiety at night and constant ringing of the call light and complaints of	F 309		

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being "nervous." Review of the 9/8/08 timed at 2:41 AM nursing notes revealed the resident also had increased anxiety in the morning regarding who would be giving the bath (other notes revealed s/he frequently refused baths) and regarding the fasting accucheck. This note indicated the resident rang the call light every fifteen to twenty minutes. Review of the 9/10/08 timed at 8:15 AM nursing notes revealed the resident complained of anxiety and panic attacks and requested something for nerves. The resident was told the antianxiety medication was ordered for bedtime only. Review of the 9/10/08 timed at 10:40 AM and timed at 11:30 AM nursing notes revealed the resident continued to complain of nervousness, anxiety, and panic attacks. The following concerns were identified:

a. During an interview with the resident on 9/23/08 at 8 AM, s/he stated s/he was very nervous and anxious and described a recent episode when s/he was so upset s/he cried but nobody would give him/her anything to calm him/her down. The resident further stated staff said s/he could not have medication for the anxiety because of potential drug addiction. After that the resident stated s/he did not care if s/he became addicted because s/he was 87 years old and just wanted better "quality of life for the time I have left."

b. Refer to federal citation F250 for more details regarding the resident's anxiety and fears.

c. During a discussion with clinical nurse manager #1 and the resource nurse on 9/25/08 at 8:30 AM it was noted the resident's anxiety also affected the resident physically in the following ways:

1. Potential for skin breakdown: Interview with registered nurse (RN) #1 on 9/24/08 at 2:45 PM revealed the resident frequently refused to

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F 309	Continued From page 18 leave his/her bed due to fear of falling and therefore did not use the toilet either. The nurse further stated the resident was incontinent of bowel and had constant leakage of urine around the catheter and therefore was at high risk for skin breakdown. She stated the resident did not currently have pressure sores but had a history of them. 2. Potential for and actual (6/24/08 and 8/22/08) urinary tract infections due to the use of a continuous indwelling urinary catheter. Interview with the resident on 9/23/08 at 8 AM revealed s/he worried about constant leakage if s/he did not have a catheter and that was part of the reason s/he was reluctant to leave his/her room. Interview with RN #1 on 9/24/08 at 2:45 PM revealed the resident insisted upon having the urinary catheter despite the risk of a urinary tract infection. 3. Nutritional issues: The resident stated during an interview on 9/23/08 at 8 AM s/he ate all of the meals in his/her room because s/he did not like to be in crowds and there were too many residents in the dining room. 4. Weakness and decreased mobility due to refusing to leave his/her bed because of a fear of falling.	F 309		
F 312 SS=D	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	F 312	F 312 The facility will ensure that employees provide adequate perineal care and personal hygiene. This will be accomplished by; A. The infection control nurse will instruct the CNA's on proper perineal care and personal hygiene for resident #61,	

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F 312	Continued From page 19 facility failed to ensure staff performed adequate perineal care and personal hygiene for one (#61) of 4 sample residents who required perineal care by staff. The findings were: Review of the 8/25/08 annual Minimum Data Set assessment for resident #61 revealed s/he required total assistance with personal hygiene. Observation on 9/23/08 at 9:47 AM revealed certified nurse aide (CNA) #5 assisted the resident to the toilet using a sit to stand lift. Further observation during the transfer revealed the resident was incontinent of stool. Observation showed there was feces and urine on the resident's clothing, the toilet seat, and the toilet pedestal. Continued observation revealed the CNA used the same area of the wipes soiled with feces repeatedly as follows: she used one soiled wipe six times, one soiled wipe three times, one soiled wipe seven times, one soiled wipe four times, one soiled wipe nine times, and finally another soiled wipe three times to clean the buttocks and upper thighs. To clean the anterior perineal area the CNA used one soiled wipe three times, one soiled wipe six times, and one soiled wipe two times. In addition, the CNA used one soiled wipe two times and another soiled wipe three times to cleanse under the abdominal folds. Interview with the CNA after she left the resident's room revealed she knew the proper way to provide perineal care but she was just doing the best she could under the circumstances. She stated the policy was to never use a soiled wipe.	F 312	F312 cont. B. All residents have the potential to be affected by the lack of adequate perineal care and personal hygienic practices. C. The infection control nurse will conduct and educational session with all CNA's. D. The infection control nurse will randomly observe CNA's performing perineal care and personal hygiene. Results of the observations will be provided to the VP of Resident Care Services monthly and to the medical director and Quality Council quarterly.	11/9/2008
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	F 323	F323 The facility shall ensure a safe environment, free of accident hazards and that residents receive adequate supervision to prevent accidents. This will be accomplished by;	

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F 323	Continued From page 20 prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of material safety data sheets (MSDS), the facility failed to ensure a safe environment in two of three units. The findings were: 1. Observation on 9/24/08 at 11 AM revealed the dirty utility room on the 100-200 unit was not locked. Upon entering the dirty utility room, observation revealed a large tool cart with four drawers parked in the middle of the room. The drawers contained various tools and miscellaneous hardware supplies such as screws, washers, and nails. The cart also contained a 12 ounce spray can of WD-40 and a bottle of silicone spray lubricant. Review of the MSDS for WD-40 revealed the product may cause chemical pneumonitis if swallowed. It may also cause headaches, dizziness, irritation and redness of the eyes, nausea, vomiting, and diarrhea. The MSDS for the silicone spray revealed it may cause eye and skin irritation, and may be harmful if swallowed or inhaled. 2. Observation in the secure unit dining room/kitchenette on 9/24/08 at 1:58 PM revealed the cabinet below the sink was unlocked, and there was a spray bottle labeled "Multi-Quat Sanitizer" being stored in the cabinet. The spray bottle was half full. Review of the MSDS for this chemical revealed, "Causes respiratory tract, eye and skin burns. May be harmful if swallowed." Interview with the housekeeper at that time	F 323	F323 cont. A. The tool cart will be removed from the dirty utility room. A. The cabinet below the sink in the west unit will be locked at all times when chemicals are contained within the cabinets. B. All residents have the potential to be injured without the provision of a safe environment with adequate supervision. C. All cabinets containing hazardous materials will be locked and tool carts containing hazardous equipment or chemicals will be stored in locked areas. All staff will be educated on the need to provide a safe environment for the residents. D. The housekeeping director will perform random surveys to ensure that all cabinets containing hazards are locked and that carts are not stored in unlocked areas. Data from these audits will be reported to the VP of Resident Care Services monthly and to the medical director and Quality Council quarterly.	11/9/2008

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F 323	Continued From page 21 revealed the chemical was used to wipe down the tables in the dining room, and the cabinet should always be locked when the chemical was being stored. The census of the secure unit during the survey was 15 cognitively impaired residents.	F 323	F325 The facility will ensure that each resident receives meal assistance maintains acceptable parameters of nutritional status and receives therapeutic diets when needed. This will be accomplished by,	
F 325 SS=E	483.25(l) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and resident and family interview, the facility failed to ensure meal assistance was provided for 1 (#8) sample resident, and 2 (#12, #33) non sample residents out of 35 residents who required assistance with dining during an evening meal. In addition, the facility failed to ensure a registered dietitian (RD) completed the nutrition assessment for two (#25, #37) of 16 residents who required a nutrition assessment. The findings were: The following concerns were identified related to dependant residents being provided dining assistance: 1. Observation on 9/24/08 revealed non sample resident #33 was assisted to the dining table by staff at 5:54 PM. Observation revealed the	F 325	A. Resident #33 is expired. A. Resident #33 is expired. A. Resident #12 will be provided meal set-up assistance. A. Resident #8 will be provided meal set-up assistance. A. Staffing will be adjusted so that resident #16 and all residents who need meal assistance will receive such. A. Staffing will be adjusted so that resident #20 and all residents who need meal assistance will receive such. A. Staffing will be adjusted so that resident #23 and all residents who need meal assistance will receive such. A. The dietitian will perform a nutritional assessment for resident # 25. A. The dietitian will perform a nutritional assessment for resident #37.	

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F 325	Continued From page 22 resident received his/her meal which included a hot dog with no bun and a sack of potato chips at 6:23 PM. The following concerns were identified: a. Continued observation from the time the resident received the meal at 6:23 PM until s/he was taken back to his/her room at 7:27 PM (one hour and 4 minutes) revealed the resident was not offered or provided assistance with the meal at any time. The resident tried to open the bag of potato chips and to cut up the hot dog during the one hour and 4 minute observation, but was unable to do so. Observation further revealed certified nurse aide (CNA) #3 sat at the resident's table and fed the table mate (resident #92) from 6:28 PM to 6:32 PM but did not ask resident #33 if s/he needed help opening the bag of chips or cutting up the hot dog. Continuous observation from 6:23 PM to 7:27 PM revealed the resident did not eat or drink anything at all during the evening meal. As the resident was being taken out of the dining room, the surveyors informed staff the resident had nothing at all for the evening meal, not even fluids. Review of the September 2008 physician's orders revealed the resident had a diagnosis of Diabetes, uncontrolled and required insulin. Interview with CNA #3 at 7:30 PM revealed she knew the resident required assistance but felt "overwhelmed" with the amount of care residents needed in the dining room. b. Review of the nutrition assessment performed on 4/10/08 revealed the resident required extensive assistance with eating but observation revealed s/he received none. c. Review of the care plan last updated on 7/8/08 revealed the resident had actual altered nutrition and required Boost (nutritional supplement) if s/he ate less than 50% of the meal. Observation of the 9/24/08 evening meal	F 325	F325 cont. B. All residents have the potential to be affected by the lack of a nutrition assessment by a qualified provider and lack of assistance receiving adequate nutrition. C. The dietitian will perform an audit of all residents to ensure that nutritional assessments are completed. The nursing director will perform an evaluation of meal service and identify resident dining needs and level of staff and supervision necessary to meet those needs. D. Data from the dietitian's audit and the nursing directors' meal service evaluation will be submitted along with follow-up measurements to the VP of Resident Services monthly and to the Medical director and the Quality Council quarterly.	11/9/2008

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F 325	Continued From page 23 revealed the resident received no Boost or other dietary supplement even though s/he ate nothing. Interview with CNA #6 on 9/24/08 at 7:25 PM revealed she was unaware the resident consumed nothing during the meal and would offer him/her a Boost nutritional supplement once s/he got to the room. 2. Observation in the assisted dining room on 9/24/08 from 5:47 PM to 7 PM revealed non sample resident #12 and sample resident #8 sat at the same dining table and received a bun and a small, single serving packet of butter with their entrees at 6:05 PM. Continued observation revealed neither of the resident's butter containers were opened by the staff, and resident #12 struggled for 15 minutes to open the butter container before another resident at the table opened it. However, the butter container was dropped on the floor in the process, and resident #12 never received it, and did not eat the bun. In addition, resident #8 who was only able to use his/her right hand and arm, struggled for several minutes to get the butter container open. With no success at opening the small container, s/he gave up and ate the bun without butter. Review of the care plan for resident #12 revealed s/he required assistance with opening packages and cutting food. Review of the care plan for resident #8 revealed s/he also needed assistance to cut meat and open containers. 3. Interview with resident #16 on 9/23/08 at 3 PM revealed s/he "frequently" witnessed residents who needed meal assistance having to wait extended periods for assistance during the evening meal, and sometimes did not receive the assistance they needed.	F 325		

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F 325	Continued From page 24 4. Interview with a family member for resident #23 revealed a concern that there were not enough staff on the evening shift to assist her/his family member in the assisted dining room. 5. Interview with a resident #20's family member on 9/24/08 at 2 PM revealed she thought there was not enough staff to assist residents in the dining room on the evening shift. She stated on several evenings she had observed some residents who did not receive assistance throughout the entire meal. The following concerns were noted with nutritional assessments: 1. Review of the nutrition assessments for residents' #25 and #37 completed on 8/11/08, and 9/9/08 respectively revealed the information contained screening data and notes by the diet technician. However, the section of the forms titled RD assessment were blank. There was not any assessment made related to the calorie, protein and fluid needs nor any note by the dietitian. Interview with the RD on 9/25/08 at 8:50 AM revealed the nutrition assessments were not completed as they should have been. She further stated these assessments must have been missed because it was the facilities system that the diet technician collected data, and she would complete the nutrition assessments for all residents. According to the 2008 Standards of Practice for Registered Dietitians in Nutrition Care, published by the American Dietetic Association, Standard 1: Nutrition Assessment, The registered dietitian (RD) uses accurate and relevant data and information to identify nutrition-related problems. Rationale: Nutrition Assessment is the first of four steps of the Nutrition Care Process.	F 325		

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F 325	Continued From page 25 Nutrition Assessment is a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals ...for nutrition risk factors. ..It provides the foundation for Nutrition Diagnosis, the second step of the Nutrition Care Process. Further, the 2008 Standards of Practice specifically state: "The RD does not delegate the nutrition care process, but may assign certain tasks for the purpose of providing the RD with needed information (e.g., screens, gathering of data and other information) or communicating with and educating patients."	F 325		
F 329 SS=D	483.25(l) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	F329 The facility will ensure that each resident's drug regimen is free of unnecessary drugs. This will be accomplished by; A. The primary nurse will conduct a sleep assessment for resident #62 and report the results to the primary physician to evaluate the need for changes in the residents' medication regimen. A. The primary nurse will conduct a sleep assessment for resident #3 and report the results to the primary physician to evaluate the need for changes in the resident's medication regimen.	

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F 329	Continued From page 26 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure 2 (#62, #3) of 17 sample residents' drug regimes were free of unnecessary medications. The findings were: 1. Review of the September 2008 recapitulation orders for resident #62 revealed the resident took elavil (a tricyclic antidepressant) 25 mg nightly for insomnia. The start date for this medication was 7/17/07. Review of the psychoactive medication quarterly evaluation dated 7/29/08 revealed there had been no dose reduction of this medication at any time. Further record review revealed no contraindication documented by the physician for a dose reduction. In addition, there was no comprehensive sleep assessment or care plan for insomnia found in the resident's medical record. According to the "Drug Information Handbook for Nursing", 2007, 8th edition, by Turkoski, Lance, and Bonfiglio, page 78, Elavil was, "the most anticholinergic and sedating of the antidepressants", and it was best to avoid in the elderly. 2. Review of the medical record for resident #3 showed an order for Temazepam 15 mg each bedtime starting on 7/25/07. Review of a progress note dated 8/22/08 revealed the resident's physician cautioned the resident that Temazepam is typically used on an as-needed, short-term basis and not used daily. The physician further stated the risks had been explained and including addiction and habituation,	F 329	F329 cont. B. All residents have the potential to be affected by receiving unnecessary medications. C. The nursing director will perform an audit on residents receiving antidepressants, anti-anxieties and anti-psychotics to ensure the medications are based on medical necessity and medication reduction plans (unless contraindicated) are in place. D. The nursing director will submit aggregate data from the audits to the VP of Resident Services, medical director and the Quality Council quarterly.	11/9/2008

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F 329	Continued From page 27 and the resident accepted the risks and was not interested in changing the regime at this time. Continued review of the resident's medical record showed no attempt at dose reduction was tried, there was no assessment of the resident's sleep pattern, and no alternative interventions for insomnia were attempted. Interview with the director of nursing on 9/24/08 at 2:30 PM confirmed a sleep assessment was not completed and no alternative interventions were tried related to the resident's insomnia.	F 329		
F 353 SS=F	483.30(a) NURSING SERVICES - SUFFICIENT STAFF The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 353	F353 The facility must have sufficient staff to provide nursing and related services, which allow each resident to attain or maintain the highest practicable well-being. This will be accomplished by, A. Staffing will be adjusted so that resident #61 can be taken to the bathroom when requested. A. Staffing will be adjusted so that resident #8 will be provided adequate meal assistance. A. Staffing will be adjusted so that resident #12 will be provided meal assistance to ensure adequate nutrition. . A. Staffing will be adjusted so that resident #33 will be provided meal assistance to ensure adequate nutrition.	

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F 353	Continued From page 28 Based on observation, staff, resident and family interview, and medical record review, the facility failed to ensure there was an adequate number of staff to provide the necessary care and services for a census of 98 residents; specifically for one (#61) resident who was incontinent of bowel and for eight (#4, #8, #12, #27, #33, #73, #74, #92) of 35 residents who required assistance with meals. The findings were: 1. Observation of resident #61 on 9/23/08 at 9:47 AM revealed s/he was incontinent of stool during the transfer from the lift to the toilet. Observation revealed the incontinent feces was on the resident's clothing, the toilet seat, and the toilet pedestal. At the time of the observation the certified nurse aide (CNA) #5 stated if they had more staff "this wouldn't have happened." She further stated CNA's had to remain in the dining room until all the residents were finished with their meals. When the surveyor asked if all CNA's were required to remain in the dining room, she clarified that one CNA remained on the floor but was not able to do everything for everybody. Upon further interview, the CNA stated the resident had said s/he needed to have a bowel movement when s/he left the breakfast table at 9:10 AM (37 minutes earlier). 2. Refer to F325 for issues related to staffing that resulted in a failure to provide adequate meal assistance for 1 (#8) sample resident and 2 (#12, #33) non-sample residents to ensure adequate nutrition. 3. Refer to F241 in regard to lack of adequate staff to assist with dining that resulted in dignity issues for 2 sample residents (#4, #8) and 6 (#12, #27, #33, #73, #74, #92) non-sample residents.	F 353	F353 cont. A. Staffing will be adjusted so that resident #8 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #12 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #27 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #33 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #73 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #74 will be provided meal assistance to dine with dignity. A. Staffing will be adjusted so that resident #92 will be provided meal assistance to dine with dignity. B. All residents have the potential to be affected by insufficient staff, which is needed to provide dignified dining and assure adequate nutrition.	

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	535045	A. BUILDING _____ B. WING _____	C 09/25/2008

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			F353 cont. C. An acuity tool will be implemented to determine an appropriate staffing model based on resident needs. delete D. The nursing director will aggregate data comparing staffing numbers to the resident acuity level to the VP of Resident Services monthly and to the Medical director and the Quality Council quarterly. C. The nursing director will perform an evaluation of meal service and toileting to identify needs and level of staff necessary.	11/9/2008

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F 368 SS=B	483.35(f) FREQUENCY OF MEALS Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by: Based on confidential resident interview and staff interview, the facility failed to ensure all residents were offered bedtime snacks. The findings were: Confidential interview with thirteen residents during the days of survey revealed all residents were not offered bedtime snacks. The residents said those residents with diabetes and some other residents' on a list were offered bedtime snacks, but other residents had to ask for the snacks. Interview with certified nurse aide (CNA) #1 on 9/27/08 at 5:25 PM confirmed she passed bedtime snacks to "diabetics" and other residents on a list and gave snacks to any other resident who asked. Interview with CNA #4 confirmed they had a list of residents with diabetes and other residents that received bedtime snacks. The CNA	F 368	F368 The facility will ensure that all residents are offered a snack at bedtime. This will be accomplished by, A. All residents will be offered a snack at bedtime. B. All residents have the potential to be affected by the lack of a nourishing snack at bedtime C. The nursing director will educate the nurses and CNA's to offer snacks to all residents at bedtime. D. The nursing director will submit aggregate data of those residents offered a bedtime snack compared to the census to the VP of Resident Services, medical director, and Quality Council quarterly.	11/9/2008

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F 368	Continued From page 30 further stated that any other resident who asked for a snack was provided with one.	F 368	F444	
F 444 SS=D	483.65(b)(3) PREVENTING SPREAD OF INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure staff removed their gloves and washed their hands according to accepted standards of practice during one (#61) of four observations of perineal care. The findings were: Observation of resident #61 on 9/23/08 at 9:47 AM revealed s/he was incontinent of urine and feces during the transfer from the lift to the toilet. Observation revealed there was feces and urine on the resident's clothing, the toilet seat, and the toilet pedestal. Continued observation revealed during perineal care, certified nurse (CNA) #5 obtained clean wipes from a clean drawer then turned the hot water faucet on utilizing gloves soiled with feces five different times. Interview with the CNA at the time revealed she knew proper procedures (removal of gloves and hand washing) but she just did the "best she could" under the circumstances.	F 444	The facility shall ensure that staff wash their hand after care in which handwashing is indicated to prevent the spread of infection. This will be accomplished by: A. The nursing director shall observe the provision of perineal care to resident #61. B. All residents have the potential to be affected by employees who do not properly wash their hands. C. The nursing staff will be educated in the need and appropriate hand washing methods. D. Aggregate data of hand washing and perineal care observations will be submitted to the VP of Resident Care Services, medical director and the Quality Council quarterly.	
F 520 SS=E	483.75(o)(1) QUALITY ASSESSMENT AND ASSURANCE A facility must maintain a quality assessment and assurance committee consisting of the director of	F 520		11/9/2008

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F 520	Continued From page 31 nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, medical record review, and review of facility documents the facility failed to ensure the quality assurance (QA) and performance improvement (PI) program was effective in identifying and resolving problems in the facility. The findings were: 1. Review of the previous survey findings dated 10/4/07 revealed the facility was cited for not ensuring comprehensive assessments were completed for seven residents in a variety of areas. Review of the plan of correction for the 10/4/07 survey showed the facility would aggregate data on the assessments and report it	F 520	F520 The facility shall maintain a quality committee that is effective in identifying and resolving problems within the facility. This will be accomplished by, A. The VP of Resident Care Services will ensure that aggregate data is gathered and benchmarked to assure quality and performance improvement in the completion of comprehensive assessments. A. The VP of Resident Care Services will ensure that aggregate data is gathered and benchmarked to assure quality and performance improvement is accomplished in keeping the facility free of environmental hazards. A. The VP of Resident Care Services will ensure that aggregate data is gathered and benchmarked to assure quality and performance improvement in the completion of comprehensive assessments.	

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F 520	Continued From page 32 to the quality council. Refer to federal citation F272 for details related to comprehensive assessment issues during the 9/25/08 survey. 2. Review of the previous survey findings dated 10/4/07 revealed the facility was cited for not ensuring in the facility's secure unit was free of environmental hazards. Review of the plan of correction for the 10/4/07 survey showed the facility would aggregate data from safety inspections related to chemical storage, and report it to the safety council. Refer to federal citation F323 for details related to environmental hazards found during the 9/25/08 survey. 3. Review of the previous survey findings dated 10/4/07 revealed the facility was cited for not ensuring residents' drug regimens were free of unnecessary medications specifically psychotropic medications. Review of the plan of correction for the 10/4/07 survey showed the facility would aggregate data from audits related to medication evaluations and report it to the quality council. Refer to federal citation F329 for details related to unnecessary medications (psychotropic medications) found during the 9/25/08 survey. Interview with the quality assurance coordinator and the vice president of clinical services on 9/25/08 at 10:10 AM revealed the previous years survey deficiencies were included in their QA/PI program.	F 520	F520 cont. A. The VP of Resident Care Services will ensure that aggregate data is gathered and benchmarked to assure quality and performance improvement in the facilities ability to ensure residents' drug regimens were free of unnecessary medication. B. All residents have the potential to be affected by the lack of a quality program designed to assure quality and performance improvement. C. Quality improvement projects will be developed for all survey deficiencies. D. The VP of Resident Care Services will develop a quality indicator for all deficiencies related to the survey and submit benchmarked data along with information indicating revisions to processes if indicated to the medical director and Quality Council quarterly.	11/9/2008