| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 375094 | A. BUILDING _____ B. WING _____ | C 12/07/2015 |

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| F 000 | INITIAL COMMENTS | F 000 | | 1-15-16 |

A recertification survey was conducted on 11/30/15 through 12/03/15 and 12/07/15. Complaint #OK00047260 was investigated in conjunction with the survey.

The following is a list of abbreviations used throughout this survey:

ADL- activity of daily living
ADON - assistant director of nursing
B [and] B- bowel and bladder
BMI- body mass index
BID- twice daily
BTW- between
BSC- bedside commode
C- with
CBC- complete blood count
CMP- complete metabolic profile
CNA - certified nurses aide
C/O- complaint of
COPD - chronic obstructive pulmonary disease
D/C- discontinue
DON- director of nursing
DX - diagnosis
G- gram
HS- at night/bed time
KCAL- kilocalorie
LBS- pounds
LPN - licensed practical nurse
MECH- mechanical
MG- milligrams
ML- milliter's
MOS- months
NC - nasal cannula
N/C - nasal cannula
NOV- November
NPO- nothing by mouth

DEC 24 2015

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | Administrator | 12/22/15 |

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 000 | Continued From page 1<br>N/S- normal saline<br>O2 - oxygen<br>PEG- percutaneous endoscopic gastrostomy<br>PO- by mouth<br>POC- plan of care<br>PRN- as needed<br>PROT- protein<br>Q- every<br>REC- recommended<br>REWT- reweigh<br>RN- registered nurse<br>SOB- shortness of breath<br>SIG- significant<br>STAT- immediately<br>TAB- tablet<br>UTI- urinary tract infection<br>VS- vital signs<br>WT- weight<br>X- times<br>%- percent<br>#- number<br>2L- two liters | F 000 | **The statements made on this plan of correction are not an admission to, nor do they constitute an agreement with the alleged deficiencies herein.**<br><br>**To remain in compliance with all federal and state regulations the facility has taken or will take, the actions set forth in the plan of corrections. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies have been or will be corrected by the date indicated** | 1-15-16 |
| F 225 SS=E | 483.13(c)(1)(ii)-(iii), (c)(2) - (4)<br>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS<br><br>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. | F 225 | **F225**<br><br>The facility will continue to ensure that all new employees receive reference checks prior to their hire date.<br><br>Residents currently in the facility have the potential to be effected.<br><br>Employees; C.N.A.#1, LPN #4, LPN #1, and LPN #2 have received reference checks with proper documentation, and policies were followed if any unsatisfactory findings exist based on these checks.<br><br>Human Resource Director will be re-educated on employee reference check policies and timeliness of reference checks.<br><br>The Administrator and/or designee will complete random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and direction for changes to the plan as needed. | |

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| F 225 | Continued From page 2<br>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).<br><br>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.<br><br>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, it was determined the facility failed to ensure reference checks were obtained prior to hire for four (CNA #1, LPN #4, LPN #1, and LPN #2) of five new employee files reviewed. This has the potential to affect to all 71 residents who resided in the facility. Findings:<br><br>1. CNA #10 was hired on 09/20/15. The employee file did not contain documentation of reference checks prior to hire date.<br><br>2. LPN #4 was hired on 09/14/15. The employee | F 225 | | 1-15-16 |

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| F 225 | Continued From page 3<br>file did not contain documentation of reference checks prior to hire date.<br><br>3. LPN #1 was hired on 09/20/15. The employee file did not contain documentation of reference checks prior to hire date.<br><br>4. LPN #2 was hired on 10/05/15. The employee file did not contain documentation of reference checks prior to hire date.<br><br>On 12/03/15 at 2:00 p.m., the human resources director was asked if new employees references are checked prior to hire. He stated, "I was not aware I needed to do them." | F 225 | | 1-15-16 |
| F 241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff interviews and review of facility policy and procedures, it was determined the facility failed to ensure a resident's indwelling urinary catheter bag was covered for one (#18) of five sampled residents observed with indwelling urinary catheters. This had the potential to affect ten residents identified by the facility with indwelling urinary catheters. Findings:<br><br>A policy titled, Catheter Care: Indwelling Catheter, documented: | F 241 | **F241**<br>The facility will continue to promote the 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.<br><br>Resident # 18's urinary catheter bag is being covered with a dignity bag.<br><br>Residents residing in the facility with urinary catheters have the potential to be affected by this practice.<br><br>Nursing staff have been re-educated on the need to cover the urinary catheter bag to ensure care is provided in a manner to promote the dignity of the resident.<br><br>The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed | |

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| F 241 | Continued From page 4<br><br>Purpose: To recommend the steps of catheter care hygiene for patients with indwelling catheters.<br><br>...14. Check that tubing is... off the floor - place in bag in catheter bag holder..."<br><br>On 11/30/15 at 9:00 a.m., during a general tour of the facility, resident #18 was observed in her room. The door to the room was open. Her urinary catheter bag was observed on the floor and uncovered.<br><br>The window blinds were up and two staff members were outside the window mowing.<br><br>At 9:49 a.m., CNA #2 was asked how a resident's urinary catheter bag should be stored to maintain dignity. She stated indwelling urinary catheter bags should be covered in a dignity bag.<br><br>On 12/03/15 at 3:10 p.m., the administrator was asked how urinary catheter bags should be stored to maintain a resident's dignity. She stated, "In a dignity bag." | F 241 | | 1-15-16 |
| F 248 SS=D | 483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES<br><br>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by: | F 248 | **F 248**<br><br>The facility will continue to ensure that each resident receives Activities that meet their needs; by developing individualized activities care plans.<br><br>Resident # 12 has had an individualized activities care plan developed.<br><br>Residents residing in the facility have the potential to be affected by this practice. | |

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| F 248 | Continued From page 5<br>Based on clinical record review and staff interviews, it was determined the facility failed to develop an individualized activities care plan for one (#12) of 12 sampled residents reviewed for an activities care plan. This had the potential to affect all 71 residents who resided in the facility. Findings:<br><br>Resident #12 was admitted to the facility on 10/27/15 with diagnoses which included occlusion stenosis of the right middle cerebral artery, muscle weakness, dysphagia, cerebrovascular disease and hypertension.<br><br>An admission assessment, dated 11/03/15, documented the resident was moderately impaired in cognitive skills for daily decision making. She required extensive assistance from staff with transfers, dressing, eating and bathing.<br><br>She identified the following activities as very important: take care of her own personal belongings, family and/or friends involvement in discussion about her care and be able to make phone calls in private.<br><br>She identified the following activities as somewhat important: do things with groups of people and do her favorite activities.<br><br>On 12/03/15 at 9:00 a.m., the resident's care plan was reviewed. There was no individualized activities care plan found.<br><br>At 9:42 a.m., the activities director was asked to review the resident's care plan. She was then asked if she was able to locate an activities care plan for the resident. She stated, "I don't see one. I may have it with her assessment. I'll look | F 248 | Activities Director will be re-educated on the need for timely individualized activities care plans.<br><br>The Administrator or Director of Nursing and/or designee will complete random audits weekly for 60 days to ensure ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed | 1-15-16 |

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| F 248 | Continued From page 6<br>through my records."<br><br>At 2:09 p.m., the activities director was asked if she was able to locate an individualized activities care plan for the resident. She stated, "No, I can't find one. I'm sorry."<br><br>At 3:10 p.m., the administrator was asked how does the facility ensure residents are provided an individualized activities program. She stated, "We make sure they have an assessment to see what types of activities they would enjoy."<br><br>She was then asked if an individualized activity care plan is developed for each resident. She stated they should develop one for each resident.<br><br>She was notified the resident did not have an individualized activities care plan. She stated, "Ok." | F 248 | | 1-15-16 |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, clinical record review and staff and resident interviews, it was determined the facility failed to ensure incontinent care was provided in a timely manner for one (#5) of eight sampled residents observed for timely incontinent care. This had the potential to affect 45 residents | F 312 | **F312**<br><br>The facility will continue to ensure that residents who are unable to carry out activities of daily living receive necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>Resident #5 is being provided with timely incontinent care.<br><br>Residents residing in the facility who are unable to carry out activities of daily living for incontinent care have the potential to be effected. | |

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| F 312 | Continued From page 7<br>identified by the facility who were incontinent of bowel and/or bladder. Findings:<br><br>Resident #5 was admitted to the facility with diagnoses which included congestive heart failure, hypertension, depressive disorder, schizophrenia and Parkinsons.<br><br>A care plan, dated 05/10/11 and last updated 09/04/15, documented, "...Focus...B [and] B incontinence...<br><br>Goal...Will have no complications due to incontinence...<br><br>Interventions/Tasks...Check for incontinence frequently and provide incontinent care as needed with 2 person assist..."<br><br>A quarterly assessment, dated 10/19/15, documented the resident was cognitively alert in skills for daily decision making. She required extensive assistance from staff with transfers, dressing and hygiene. She was frequently incontinent of bowel and bladder.<br><br>On 11/30/15 at 10:47 a.m., CNA #2 and #3 were observed as they provided incontinent care for the resident.<br><br>They knocked on the resident's door and announced themselves. They closed the door, curtains and blinds. They washed their hands and donned clean gloves.<br><br>The resident was assisted to a supine position in her bed. CNA #2 unfastened the resident's brief and tucked it between the resident's thighs. CNA #3 obtained clean peri wipes. She then utilized | F 312 | Nursing staff will be re-educated on the proper procedural guidelines for timely incontinent care for residents who require assistance to carry out activities of daily living.<br><br>The Director of Nursing and/or designee will conduct random audits/ observations weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations to plan as needed. | 1-15-16 |

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| F 312 | Continued From page 8 | F 312 | | 1-15-16 |

the wipes to cleanse the resident's left and right groin and labia majora and labia minora. She utilized a new wipe with each pass. She moved the wipe in a front to back motion.

CNA #2 then assisted the resident to a left side lying position. She then removed the resident's brief.

The brief was observed to be saturated with urine from the front of the brief to the back. The cotton inside the brief was clumped. The sheet under the resident's buttocks was observed. There was an approximately one foot wide by one foot in length wet spot on the sheet. The resident's buttocks were observed. There was a small amount of dried feces in her midline rectal crease.

CNA #3 obtained clean peri wipes. She then utilized the wipes to cleanse the resident's midline rectal crease. She moved the wipes in a front to back motion. She obtained a new wipe with each pass. She wiped the resident's midline rectal crease 24 times. She then obtained clean peri wipes. She utilized the wipes to cleanse the resident's left and right buttocks.

At 10:55 a.m., CNA #2 was asked if the resident's brief was wet. She stated, "It's saturated with urine."

She was then asked what the wet spot was under the resident's buttocks on her bed linens. She stated, "It's urine."

CNA #3 was asked when the resident was last checked for incontinence. She stated, "When we got her up for breakfast."

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| F 312 | Continued From page 9<br><br>The resident stated it was about 8:30 a.m. when they got me up for breakfast.<br><br>She was then asked when was she got the resident up for breakfast. She stated, "I got her up at 8:00 a.m."<br><br>CNA #3 was then asked if the resident had been brought back to her room at any time after breakfast. She stated, "No, this is the first time."<br><br>She was asked how often incontinent residents should be checked for incontinent episodes. She stated, "Every two hours."<br><br>She was then asked if the resident was checked timely. She stated, "No."<br><br>On 12/03/15 at 3:10 p.m., the administrator was asked how often should staff check residents for incontinent episodes. She stated, "Every two hours or more if necessary."<br><br>She was then notified of the observation. She stated, "Ok." | F 312 | | 1-15-16 |
| F 322 SS=D | 483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that –<br><br>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and | F 322 | **F 322 NG Treatment/Services-Restore Eating Skills**<br><br>The facility will continue to ensure resident's requiring a naso gastric tube receives appropriate treatment and services.<br><br>Resident #1 is receiving the appropriate feeding per physician order. Feeding solution is being labeled appropriately.<br>Resident #9 is receiving the appropriate peg site care.<br><br>Residents residing in the facility requiring a naso gastric tube have the potential to be effected. | |

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| F 322 | Continued From page 10<br>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, clinical record review, staff and resident interviews and review of facility policy and procedures, it was determined the facility failed to provide care and services to meet the needs of residents with PEG tubes for two (#1 and #9) of two sampled residents reviewed with PEG tubes. This had the potential to affect two residents identified by the facility who had PEG tubes. Findings:<br><br>A facility policy, titled Enteral Tubes: Continuous (Pump) Feedings, documented:<br>"...Procedure...Label syringe and plastic bag with patient name and date...Label container and tubing with patient name, date, formula, rate and time feeding is initiated..."<br><br>A facility policy titled, Enteral Tubes: Insertion Site Care, documented: "...Purpose: To describe the procedure for enteral tube insertion site care. Site care is completed by a licensed nurse...<br><br>Site Cleansing:<br>...Gastrostomy (PEG)... | F 322 | Licensed staff will be re-educated on proper care and policies regarding naso gastric tubes.<br><br>The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed | 1-15-16 |

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| F 322 | Continued From page 11<br>a. Clean daily and as clinically indicated around abdominal insertion site, beginning at the insertion site and working outward in spiral pattern. Use appropriate cleansing solution (or cleansing solution per physician order). Rinse skin with clean tap water.<br><br>b. Clean daily and as clinically indicated under disc/bumper which may be positioned on abdominal surface. Use skin integrity wound cleanser (or cleansing solution per physician order). Rinse skin with clean tap water...<br><br>Recommended Monitoring:<br>...Insertion Site: Observe for potential signs of infection or skin breakdown including fever, redness, irritation, tenderness, swelling or presence of drainage..."<br><br>1. Resident #1 was admitted to the facility on 11/4/15 with diagnoses which included cerebrovascular disease, left hemiparesis, dysarthria, and diabetes mellitus type II.<br><br>Monthly physician's orders, dated December 2015, documented,<br><br>"...Diets...11/04/15-NPO [nothing by mouth] Tube Feeding Orders...Glucerna 1.5 at 70 ml per hour start at 4 pm infuse until 1200 ml infused with auto flush 30 ml water per hour..."<br><br>A monthly intake and output flow sheet, dated December 2015, documented 490 mL tube feeding input on the December 1, 11-7 shift.<br><br>On 12/1/15 at 10:35 a.m., the resident's feeding pump was observed. A bottle of Jevity 1.5 was hung with approximately 600 mL infused. The | F 322 | | 1-15-16 |

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| F 322 | Continued From page 12<br>total volume of the bottle was 1500 mL. The feed rate was set at 70 mL per hour and the flush was set at 30 mL per hour. The pump screen showed 4863 mL fed and 1993 mL flushed. The bottle containing the feeding solution was not labeled. The tubing leading from the solution to the resident's PEG tube was not labeled.<br><br>LPN #2 was asked is she saw any issues with the pump. She stated the bottle and tubing were not labeled. When asked why the pump was showing four times the ordered amount as fed, she stated, "I don't think she reset it when she hung a new bottle."<br><br>She was unable to determine when the bottle had been hung. She stated, the physician's order was to begin feeding at 4 p.m., but stated , "I was not here."<br><br>At 1:10 p.m., the bottle of feeding tube solution was observed to have approximately 800 mL infused.<br><br>LPN #2 was asked how she would know when the resident's feeding had reached 1200 mL as ordered by the physician. She stated she would stop the feeding when the bottle had 300 mL left.<br><br>She was then asked if this was an accurate way to ensure the resident received the correct amount of feeding. She stated the person who initiated the feeding should have reset the pump.<br><br>On 12/01/15 at 2:15 p.m., the DON was asked how staff should determine the ordered amount of enteral solution is administered to a resident. She stated the bottle and tubing should be labeled and the pump should be reset when a | F 322 | | 1-15-16 |

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| F 322 | Continued From page 13<br>new feeding is started.<br><br>The DON was asked if looking at a bottle of solution was an accurate way to ensure the resident was being provided tube feedings as ordered by the physician. She stated, "No."<br><br>2. Resident #9 was admitted to the facility on 11/25/15 with diagnoses which included myopathy, dysphagia and gastrostomy.<br><br>Monthly physician order's, dated November 2015, were reviewed. There was no treatment order available for the gastric feeding tube.<br><br>A treatment administration record, dated November 2015, documented, "...Admit skin assessment..."<br><br>The assessment was scheduled for 11/25/15. The date was blank.<br><br>A nurse's note, dated 11/25/15, documented, "...Admitted to facility via w/c with sons present, alert and oriented, denies any c/o pain at this time assisted up to BSC, requires assist, she has a new G-tube and was getting bolus feedings before, skin is intact, bottom slightly red, no breakdown on heels noted, oriented to room and facility, no questions, call light in reach..."<br><br>There were no other nursing notes available during the month of November which documented the resident's skin was intact or peg site dressing was changed and/or peg care completed.<br><br>A nutrition assessment, dated 11/25/15, documented, "...Res is NPO. Peg tube placed | F 322 | | 1-15-16 |

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| F 322 | Continued From page 14<br>while in the hospital...Will monitor..."<br><br>Monthly physician orders, dated December 2015, were reviewed. There was no treatment order available for the gastric feeding tube.<br><br>Nursing notes for December 2015 were reviewed. There were no notes which documented the resident's peg site was assessed, cleaned or dressing changed.<br><br>On 12/02/15 at 10:00 a.m., the resident's gastric feeding site was observed. A dressing was in place. There was no date on the dressing. The resident was asked if the staff had cleaned the peg site and put a clean dressing on since she was admitted. The resident stated, "No, this is the same dressing I came in with."<br><br>At 11:15 a.m., LPN #5 was observed as she provided peg care for the resident's peg site. She completed the care without concerns.<br><br>She was asked what could happen if a resident's gastric feeding site is not assessed and the dressing is not changed. She stated, "She could get a massive infection, go septic, lots of things."<br><br>She was then asked when should the resident's peg site be assessed. She stated, "Definitely the day they come in."<br><br>She further stated, "I know all skin should be assessed on admit."<br><br>She was asked if she could review the resident's record and determine when the resident's peg site was last assessed. She stated, "I can't find anything at all." | F 322 | | 1-15-16 |

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| F 322 | Continued From page 15<br><br>On 12/02/15 at 1:30 p.m., the DON was asked if she could review the resident's chart and locate an order for peg site care. She stated, "I do not see an order for the peg dressing dated prior to today."<br><br>On 12/03/15 at 3:15 p.m., the administrator was asked if the admitting nurse completes an assessment for peg sites and obtains an order for dressing changes. She stated, "That is what they should do."<br><br>She was then notified the resident's peg site was not assessed and the dressing had not been changed since prior to admission to the facility. She acknowledged the concerns. | F 322 | | 1-15-16 |
| F 325 SS=H | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(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<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, resident and staff interviews, and record review, it was determined the facility failed to implement interventions to aid | F 325 | **F 325**<br><br>The facility will continue to ensure that residents maintain 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 that the residents receive a therapeutic diet when there is a nutritional problem.<br><br>Resident #1 no longer resides in the facility<br>Resident #4 is being provided assistance with meals and weights are being monitored appropriately.<br><br>Residents residing in the facility have the potential to be affected.<br><br>Nursing staff will be re-educated on providing assistance with meals and supplements as appropriate. Licensed staff will be re-educated on the guidelines for obtaining, documenting and monitoring weights. | |

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| F 325 | Continued From page 16<br>in the prevention of severe weight loss for two (#1 and #4) of six sampled residents who were reviewed for weight loss. This resulted in actual harm for resident #4 who had a severe weight loss of 16.4 pounds (11.2%) in three months, 19.2 pounds (13.1%) in six months, and had developed a stage II pressure ulcer.<br><br>A facility policy titled, System for Obtaining Height and Weight, documented: "Weight is one of the most important points of objective data used in evaluating nutritional and clinical status, diet planning, calculating medication dosage as well as other clinical considerations for the patient...Weighing may also be pertinent if there is a significant change in condition, food intake has declined and persisted (e.g., for more than a week), or there is other evidence of altered nutritional status..."<br><br>A facility policy titled, Mealtime Observation, documented: "...Positive interactions between staff and patient occur...physical assistance/guidance: feeds patient or guides patient to feed self...verbal instruction and prompting: 'pick up your spoon and take a bite.' 'swallow'..."<br><br>1. Resident #4 was admitted to the facility on 03/29/13 with diagnoses which included hypertensive heart disease without heart failure, vitamin B12 deficiency, urinary tract infections, anemia, and gastroesophageal reflux.<br><br>A care plan, dated 04/01/13, documented, "...Focus: ADL Self care deficit related to physical limitations...<br><br>Goal: Will receive assistance necessary to meet | F 325 | The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | 1-15-16 |

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| F 325 | Continued From page 17<br>ADL needs...<br><br>Interventions/Tasks: Provide assistance with meals..."<br><br>A laboratory result, dated 05/14/14, documented, "...ALB [albumin] 3.3 (3.4 - 4.7)..."<br><br>A dietician progress note, dated 09/24/2015, documented, "...Sept wt 162.6#. Wt down 7# x 1 month. Wt stable x 6 mos. BMI 22.1 - healthy wt range. Diet Mech Soft, Enhanced. Eating 37% x last 15 meals. Receiving nutritious treats btw meals and at HS. On Remeron for appetite. Res is on antibiotic therapy for UTI. No pressure areas reported. Labs noted. Will monitor. Cont POC..."<br><br>A weights and vitals report, dated 10/07/15, documented, "...Height 72.0...Current BMI: 20.6...-5.0% change [Comparison Weight 9/10/2015, 162.6 lbs, -5.2%, -8.4 lbs]; -7.5% change [Comparison Weight 7/9/2015, 170.2 lbs, - 9.4%, -16.0 lbs]..."<br><br>A significant change assessment, dated 10/08/15, documented the resident was severely impaired in cognitive skills for daily decision making. He required extensive assistance from staff with eating. He weighed 154 lbs. He did not have any pressure ulcers during the look back period.<br><br>A dietician progress note, dated 10/15/15, documented, "...Oct wt 154.2#. Rewt 152.6#. Wt down 8.4# x 1 month. Sig wt loss of 5.2% x 1 month and 9.4% x 3 mos. BMI: 20.7 - healthy wt range. Diet: Mech Soft, Enhanced. Eating 58% x last 15 [sic]. Receiving nutritious treats btw meals and at HS. On Remeron for appetite. No | F 325 | | 1-15-16 |

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| F 325 | Continued From page 18<br>pressure areas reported. Labs noted. Has had several UTIs lately. Fluids encouraged. Will monitor. Rec d/c nutritious treats. Rec add Two Cal HN btw meals BID (provides: 475 kcal, 20g prot per can)<br><br>A care plan, updated 10/18/15, documented, "...Focus: Nutritional status as evidenced by significant weight loss. Poor appetite. Now extensive assist with meals/intake...<br><br>Goal: Will experience no further significant weight loss...<br><br>Interventions/Tasks: Administer medications as ordered...<br><br>Enhanced foods...<br><br>Obtain labs as ordered and notify physician of results...<br><br>Provide diet as ordered...<br><br>Provide supplements as ordered..."<br><br>A dietician progress note, dated 11/12/15, documented, "...Nov wt. 152#. Wt down 2.2# x 1 month. Sig wt loss of 10.4% x 3 mos. BMI: 20.6 - healthy wt range. Diet: Mech Soft, Enhanced. Eating 52% x last 15 meals. Receiving Two Cal HN btw meals BID. On Remeron for appetite. No pressure areas reported. No new labs. Will monitor. Nutritional interventions in place. Cont POC..."<br><br>A physician telephone order, dated 11/14/15, documented, "...CBC, CMP STAT..." | F 325 | | 1-15-16 |

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| F 325 | Continued From page 19<br>A laboratory report, dated, 11/14/15, documented, "...ALB...1.9 (3.6-5.1)..."<br><br>On 11/30/15 at 8:30 a.m., the resident was observed seated at the dining table for the breakfast meal.<br><br>He was observed feeding himself scrambled eggs and drank a glass of orange juice. He was observed during the meal to have dropped butter on his pants. He was observed to struggle to get his fork with food on it into his mouth.<br><br>No staff person was observed at the table to assist the resident during the meal.<br><br>At 11:20 a.m., the resident was observed in his bed with his eyes closed. A Two Cal health shake was open with a straw in the carton. The shake was observed on his bedside table. The carton was observed to be full with approximately 237 ml.<br><br>At 2:37 p.m., a carton of Two Cal health shake was observed on the resident's bedside table. Approximately 237 ml were observed in the carton.<br><br>On 12/02/15 at 8:10 a.m., the resident was observed seated at the dining table for the breakfast meal.<br><br>CNA #4 was observed to have placed a plate of cut up biscuits and sausage in front of the resident. She handed him a fork loaded with food. His hand was observed to be shaking while trying to get the food into his mouth. He then pushed his plate over to the left, almost pushing it off the table. | F 325 | | 1-15-16 |

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| F 325 | Continued From page 20<br><br>CNA #5 was observed to take the plate away and returned with a bowl of cottage cheese and peaches. A plate guard was applied to the plate. She cut up the peaches, handed the resident a spoon and walked away.<br><br>The resident's hand was shaking when he tried to get the spoon to his mouth. He then put the spoon down and picked up the peaches with his fingers. CNA #5 was then observed to have sat down to help the resident with his meal.<br><br>On 12/02/15 at 9:00 a.m., CNA #6 was asked how often were health shakes provided to the resident. She stated between breakfast and lunch and one again after lunch. She was asked if the resident consumed all of the shakes. She stated yes.<br><br>At 10:00 a.m., CNA #5 was asked what the care plan stated about feeding assistance for the resident. She stated he should be assisted with his meals however, we let him do what he can for himself.<br><br>She was asked if she was aware he struggled with feeding himself during breakfast. She stated he sometimes has problems and sometimes he doesn't.<br><br>At 10:45 a.m., CNA #4 was asked if she was aware of the resident's difficulty with getting food to his mouth. She stated, "I didn't notice he needed help as I was busy passing out plates."<br><br>At 10:50 a.m., the resident was observed lying in bed with his eyes closed. A full, opened carton of Two Cal health shake with straw was observed | F 325 | | 1-15-16 |

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| F 325 | Continued From page 21<br>on the bedside table.<br><br>On 12/02/15 at 11:00 a.m., CNA #2 was asked what would you do if you saw a resident struggling to get food into his mouth during a meal. She stated she would wash her hands and assist the resident.<br><br>She was asked what does limited assistance mean to you. She stated she would feed the resident if needed, clean their mouth, and give drinks.<br><br>A telephone physician's order, dated 12/02/15 at 2:20 p.m., documented, "...Coccyx - clean wound c NS, pat dry, skin prep to periwound and apply Tiod [sic] paste to open area q shift..."<br><br>At 3:05 p.m., CNA #4 and CNA #6 were asked to weigh the resident. The weight was observed to be 146.2#.<br><br>At 3:20 p.m., CNA #6 was asked if the resident accepts the Two Cal health shakes. She stated, "Mostly he won't drink them. I tell the charge nurse and then try again later."<br><br>At 3:55 p.m., RN #2 was asked what occurred which caused him to go from limited assistance to extensive assistance with meals. She stated she did not know.<br><br>She was asked if she was aware he had lost weight. She stated, "Yes, he is on the list."<br><br>She was asked how often the dietician visits. She stated she did not know.<br><br>At 4:15 p.m., the dietician was asked how she | F 325 | | 1-15-16 |

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| F 325 | Continued From page 22<br>determines if a resident is getting the supplements she had recommended. She stated she asks the nurses and aides.<br><br>She was asked if she had reviewed the laboratory results from 11/14/15. She stated she had not reviewed them and needed to discuss it further with the physician. She further stated the resident needed to be moved to the assisted table and discussed adding additional protein to his meals.<br><br>On 12/03/15 at 9:30 a.m., physician #1 was asked if he was aware of the resident's weight loss. He stated he had been the resident's primary care physician for many years and was aware of the weight issues. He stated a nutritional and weight review occurred every six weeks with the residents on his service.<br><br>He was asked if he was aware of the December weight obtained on 12/02/15. He stated no, he had not seen the resident yet however, he would be reviewing labs and weights today.<br><br>He was asked if the Albumin level listed on the 11/14/15 laboratory report had been faxed to him for review. He stated his physician's assistant was notified according to the documentation on the laboratory sheet. He then stated he had not received a copy and found the decline in the Albumin alarming. He further stated he would be addressing it today during rounds.<br><br>He was asked if his weight loss was avoidable or unavoidable. He stated he was not surprised about the weight loss due to his medical history and advanced age. He further stated changes could be made to improve his care. | F 325 | | 1-15-16 |

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| F 325 | Continued From page 23<br><br>He further stated he would not consider the weight loss unavoidable because there were other interventions which had not been tried yet.<br><br>2. Resident #1 was admitted to the facility on 11/4/15 with diagnoses which included cerebrovascular disease, left hemiparesis, dysarthria, and diabetes mellitus type II.<br><br>A care plan provided by the facility on 11/30/15, documented,<br><br>"Focus...Need for feeding tube/potential for complications of feeding tube use...<br><br>...Interventions...Monitor tube feeding adequacy...<br><br>Monitor weights and report any significant weight changes to physician and responsible party...<br><br>...Focus...Nutritional status as evidenced by actual/potential weight loss/gain related to enteral/parenteral nutrition...<br><br>...Goal...Will experience no significant weight change..."<br><br>Monthly physician's orders, dated December 2015, documented,<br><br>"...Diets...11/04/15-NPO [nothing by mouth] Tube Feeding Orders...Glucerna 1.5 at 70 ml per hour start at 4 pm infuse until 1200 ml infused with auto flush 30 ml water per hour...<br><br>...Weight Order...11/04/15-Weekly Weight for 28 days (4 weeks)..." | F 325 | | 1-15-16 |

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| F 325 | Continued From page 24<br>A treatment administration record, dated November 2015, documented, "Weekly weights x4 weeks then monthly."<br><br>According to the treatment administration record, weights were to be done by the day shift on 11/4/15, 11/11/15, 11/18/15, and 11/25/15.<br><br>The weights were reviewed on the treatment record. The admission weight on 11/4/15 was documented as 178.6.<br><br>The space for the weight documentation on 11/11/15 was blank.<br><br>The space for the weight documentation on 11/18/15 had the initials of an LPN, but no weight.<br><br>The space for the weight documentation on 11/25/15 was blank.<br><br>On 12/1/15 at 10:10 a.m., the administrator was asked for the weekly weights for the resident. She stated the weights should be documented on the treatment administration record. She then stated she would ask the DON to provide the requested documentation to the surveyor.<br><br>At 10:15 a.m., the DON reviewed the November 2015 treatment administration record with the surveyor. The treatment administration record had all four weekly weights recorded in the spaces which were previously blank.<br><br>The DON was advised the weights had been added since the previous day. She was then asked who had recorded the weights. The DON provided a blue sticky note which documented, "Wt Weekly...178.6...178.4...179.8...177.6." | F 325 | | 1-15-16 |

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| F 325 | Continued From page 25<br><br>This was the only documentation on the sticky note. These weights corresponded to the four weights recorded on the treatment administration record. The DON stated she was unaware of who had documented the weights, but would look into it.<br><br>At 10:30 a.m., the administrator approached this surveyor and stated she was unhappy regarding the late documentation of weights on the resident, and there would be an internal investigation into the situation.<br><br>On 12/2/15 at 3:15 p.m., the facility was asked to weigh the resident using the same technique as the admission weight.<br><br>CNA #8 and CNA #9 were observed using the mechanical lift to weigh the resident. He was placed in the sling and raised above his bed until no body parts were in contact with the bed. The weight was observed to be 154 pounds.<br><br>At 3:30 p.m., the DON was asked if the weights on the resident's treatment administration record were accurate. She stated she only had confidence in the admission weight documented on 11/04/15.<br><br>She was then asked who had recorded the weights after the copy had been provided on 11/30/15. She stated, "I don't know. That's the investigation we are working on."<br><br>She was asked which staff had initialed the weight box for 11/18/15 but not recorded the weight. She stated LPN #4 had confirmed during the facility investigation she had weighed the | F 325 | | 1-15-16 |

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| F 325 | Continued From page 26<br>resident but did not know why it was not in the computer.<br><br>The DON was informed about the resident's observed weight earlier in the day. She was asked if the resident weighed 178.6 pounds at admission and 154 pounds on 12/2/15, would this be considered severe weight loss. She stated yes, she would call the doctor and notify the family and dietician.<br><br>She was asked if accurate weights were obtained as ordered by the physician, could this have prevented the resident's significant weight loss. She stated interventions could have been implemented sooner.<br><br>At 3:40 p.m., LPN #4 was asked if she had weighed the resident on 11/18/15. She stated she had weighed the resident and entered it into the computer system but must not have saved it because it is not on the record.<br><br>She was then asked if she remembered the resident's weight that day. She stated she did not remember exactly but it was in the "high 150's". She compared it against the admission weight on 11/4/15 and noticed a 20 pound loss.<br><br>LPN #4 noticed the weight for 11/11/15 had not been documented. She was asked if she considered this a significant weight loss. She said yes. She was asked if she notified the physician regarding the significant weight loss. She stated, "No. I should have but didn't."<br><br>At 4:05 p.m., the registered dietician was asked if she had been notified by the facility regarding nutritional concerns for the resident. She stated | F 325 | | 1-15-16 |

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| F 325 | Continued From page 27<br>she had not.<br><br>She was asked if the facility should contact her in instances of significant weight changes, and she stated, "Yes." She was asked if she would consider a weight loss of 13.7% in one month severe. She stated, "Yes."<br><br>On 12/03/15 at 11:35 a.m., physician #2 was interviewed regarding the resident's weight loss. He was asked when he had first been contacted by the facility about the resident's weight loss. He stated 12/02/15.<br><br>He was then asked if weights were important in determining if the caloric needs were being met for a resident who was getting all nutrition via PEG tube. He stated, "Yes." He then stated he would be in later today to assess the resident's nutritional status. | F 325 | | 1-15-16 |
| F 328 SS=E | 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS<br><br>The facility must ensure that residents receive proper treatment and care for the following special services:<br>Injections;<br>Parenteral and enteral fluids;<br>Colostomy, ureterostomy, or ileostomy care;<br>Tracheostomy care;<br>Tracheal suctioning;<br>Respiratory care;<br>Foot care; and<br>Prostheses.<br><br>This REQUIREMENT is not met as evidenced by: | F 328 | **F328**<br><br>The facility will continue to ensure that residents receive proper treatment and care for Respiratory care.<br><br>Resident # 18 has been reviewed and a physician order was obtained for oxygen.<br><br>Residents residing in the facility that require the use of oxygen have the potential to be affected by this practice.<br><br>Licensed staff will be re-educated on the need to obtain a physician order for the use of oxygen.<br><br>The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance. | |

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| F 328 | Continued From page 28<br>Based on observation, clinical record review and staff interviews, it was determined the facility failed to obtain a physician's order prior to oxygen administration for one (#18) of seven sampled residents reviewed for oxygen administration. This had the potential to affect 14 residents identified by the facility who utilized oxygen therapy. Findings:<br><br>Resident #18 was admitted to the facility on 11/06/15 with diagnoses which included fracture of left acetabulum and diabetes mellitus type two.<br><br>A care plan, dated 11/09/15, documented, "...Focus...Has/At risk for respiratory impairment related to SOB...<br><br>Goal...Will develop no infections...Maintain patent airway...<br><br>Intervention/Tasks...Encourage deep breathing exercises...<br><br>Evaluate lung sounds and VS as needed. Report abnormalities to physician...<br><br>Administer medications/treatments per physician orders...<br><br>Administer oxygen as per physician order..."<br><br>An admission assessment, dated 11/13/15, documented the resident was cognitively alert in skills for daily decision making. She required extensive assistance from staff with transfers, dressing and hygiene. She received oxygen therapy.<br><br>On 11/30/15 at 9:30 a.m., the resident's clinical | F 328 | Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | 1-15-16 |

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| F 328 | Continued From page 29<br>record was reviewed. There was no physician order for oxygen administration.<br><br>At 9:40 a.m., the resident was observed seated in a wheelchair in her room. She had oxygen via nasal cannula on at three liters per minute.<br><br>At 10:00 a.m., RN #1 was asked to review the resident's record. She was asked if she could locate an order for the resident's oxygen therapy. She stated, "She doesn't have an order for oxygen. I'll have to call her doctor."<br><br>She was then asked how she determines how much oxygen to administer and what types of care and/or treatments should be provided. She stated, "Exactly, I don't know. I'm not sure how long she's been on it. I know she had oxygen on when she returned from her doctors appointment on 11/06/15."<br><br>On 12/03/15 at 2:00 p.m., LPN #3 was asked how long the resident had received oxygen therapy. She stated, "Since she was admitted. She always has it on."<br><br>At 3:10 p.m., the administrator was asked if staff should obtain a physician's order prior to oxygen administration. She stated, "Yes."<br><br>She was then notified of the concern. She stated she was aware of the concern already. | F 328 | | 1-15-16 |
| F 364 SS=E | 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP<br><br>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is | F 364 | F 364- Nutritive Value/Appear Palatable/Prefer Temp<br><br>The facility will continue to ensure that each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. | |

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| F 364 | Continued From page 30<br>palatable, attractive, and at the proper temperature.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and review of facility policy and procedures, it was determined the facility failed to ensure pureed meals were palatable for three (the noon meal on 11/30/15, the morning meal on 12/02/15 and the noon meal on 12/02/15), of three pureed meals sampled for palatability. This had the potential to affect four residents identified by the facility with physician orders for pureed diets. Findings:<br><br>A dietary policy titled, Food Tasting, documented: "...The cook tastes each food item prior to serving. Tasting can occur during preparation to check for adequate seasoning and to allow time for correction if needed....<br><br>Consistency of Modified Foods...Thickener and liquids are added as needed to achieve the appropriate consistency, which is similar to mashed potatoes for drier foods, or pudding for foods with a higher moisture content..."<br><br>On 11/30/15 at 10:50 a.m., cook #1 was observed to have prepared the pureed meal for the noon meal service. She placed cooked chicken and broth into the food processor to equal five servings. She was observed to have measured and add two cups of instant food thickener to the food processor. She processed the food multiple times to reach the desired consistency.<br><br>The pureed meat was placed into a steam table bin. The pureed meat was tasted by this surveyor | F 364 | Food is currently being served which is conserving nutritive value, flavor, and appearance; and that is palatable, attractive, and at the proper temperature to current residents residing in the facility.<br><br>Residents residing in the facility have the potential to be affected.<br><br>Cook #1 was educated on proper pureed consistency; palatability.<br>Dietary staff will be re-educated on proper pureed consistency; palatability.<br><br>The Administrator, Food Service Director and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed | 1-15-16 |

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| F 364 | Continued From page 31<br>and cook #1. The meat tasted under seasoned and bland. Cook #1 was observed to add a minimal amount of seasoning to chicken. She was not observed to have retasted the chicken puree.<br><br>At 10:58 a.m., cook #1 was observed to puree dressing. She placed the dressing to equal five servings into the food processor. She was observed to have added 1/2 cup of chicken broth and to have pureed the dressing until the desired consistency. Two surveyors tasted pureed dressing. It was under seasoned and bland.<br><br>At 12:00 p.m., cook #1 was observed to be serving the noon meal which consisted of roast pork, pork gravy, cornbread dressing, seasoned cabbage, choice of bread, and apple cobbler. The gravy was in a pan beside the steam table.<br><br>Midway through the meal service, the gravy was observed and appeared thick and gelatinous. The gravy was tested for temperature. It was 104 degrees Fahrenheit. Cook #1 was asked what the temperature of the gravy should be when served. She stated, "145."<br><br>The dietary manager stated, "It should be 165 coming off the stove but 145 to serve. Put it back on that stove." The gravy was reheated to 172 degrees Fahrenheit prior to continuing the meal service.<br><br>On 12/02/15 at 8:00 a.m., a puree diet tray was obtained from the kitchen. The tray contained biscuit, sausage gravy, hot cereal, and peaches. Five surveyors tasted the puree diet tray and all agreed the biscuit tasted sweet and unidentifiable and the texture was pastelike. The temperature | F 364 | | 1-15-16 |

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| F 364 | Continued From page 32<br>of the pureed biscuit was 98.2 degrees Fahrenheit.<br><br>At 12:00 p.m., a puree lunch tray was requested from the kitchen. The tray contained turkey, jellied cranberry sauce, whipped potatoes, turkey gravy, candied baby carrots, bread and cake. Five surveyors tasted the pureed meal tray. All five surveyors felt the turkey was bland and the bread was pastelike in texture.<br><br>At 1:45 p.m., cook #1 was asked how she determines the amount of thickener to add to the pureed foods. She stated she goes by consistency.<br><br>At 1:50 p.m., the dietary manager was asked what was the facility policy was for adding thickener to the pureed food. She stated one tablespoon per serving and add additional to make the food a pudding texture.<br><br>She was asked if adding too much thickener could affect the flavor, she stated, "It would probably take away from the taste."<br><br>The dietary manager was asked what were her expectations of the cook when preparing the pureed foods. she stated, "They should taste it after heating." | F 364 | | 1-15-16 |
| F 371 SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food | F 371 | **F371**<br><br>The facility will continue to ensure that food is stored, prepared, distributed and served under sanitary conditions.<br><br>Food is being served in a sanitary manner by dietary staff. | |

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| F 371 | Continued From page 33<br>under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and review of facility policy and procedures, it was determined the facility failed to serve food in a sanitary manner for one (noon meal on 11/30/15) of two meals observed. This had the potential to affect 69 residents who ate food prepared by the facility kitchen. Two residents received all nutrition and hydration via PEG tube. Findings:<br><br>The Dietary Procedures Manual, documented, "...Gloves used for handling food and eating surfaces are changed whenever an un-sanitized item or surface is touched..."<br><br>On 11/30/15 at 11:58 a.m., cook #1 was observed to have donned gloves prior to serving the noon meal.<br><br>She placed food items from the steam table onto resident trays using long handled utensils. She was observed to have touched the food trays, table surfaces, and utensils during the meal service.<br><br>Cook #1 used the same gloved hands to separate hot rolls on a baking sheet above the steam table, and place the rolls onto resident trays. She was observed to have touched the tray multiple times in an attempt to pull the rolls apart. | F 371 | Residents residing in the facility have the potential to be affected by this practice. 1-15-16<br><br>Dietary staff will be re-educated on proper use of gloves and serving food in a sanitary manner.<br><br>The Administrator, Food Service Director and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | |

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| F 371 | Continued From page 34<br>At 12:13 p.m., cook #1 was observed placing hot pads on her hands over her same gloves to remove gravy from the stove. She then returned to serving rolls with her gloved hands. She was not observed changing her gloves at any time during the meal service.<br><br>On 12/02/15 at 1:45 p.m., cook #1 was asked if she could have done anything different during the meal service to avoid cross contamination of food items. She stated she should have used tongs to serve the rolls but had used her hands because it makes it easier to pull the rolls apart.<br><br>At 1:50 p.m., the dietary manager was asked what is the policy on using gloved hands to serve food items. The dietary manager stated cook #1 should have broken the rolls apart prior to serving, and used tongs to place them on the resident's trays. | F 371 | | 1-15-16 |
| F 441 SS=E | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections. | F 441 | **F441**<br>The facility will continue to establish and maintain an Infection Control Program that provides a safe, sanitary environment to help prevent the development and transmission of disease and infection.<br><br>Resident # 17 no longer resides in the facility.<br>Resident #18's catheter is being stored appropriately.<br><br>Residents residing in the facility with oxygen and/or Catheters have the potential to be affected by this practice.<br><br>The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | |

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| MANORCARE HEALTH SERVICES-TULSA | 2425 SOUTH MEMORIAL TULSA, OK 74129 |

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(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, clinical record review, staff interviews and review of facility policy and procedure, it was determined the facility failed to ensure:

a. oxygen tubing was kept off the floor for one (#17) of seven sampled residents observed who received oxygen therapy. This had the potential to affect 14 residents identified by the facility who received oxygen therapy; and

b. an indwelling urinary catheter bag was not stored on the floor for one (#18) of three sampled residents observed with indwelling urinary catheters. This had the potential to affect seven

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| F 441 | Continued From page 36<br>residents identified by the facility with indwelling urinary catheters. Findings:<br><br>A policy titled, Catheter Care: Indwelling Catheter, documented:<br><br>Purpose: To recommend the steps of catheter care hygiene for patients with indwelling catheters:<br><br>...14. Check that tubing is... off the floor - place in bag in catheter bag holder..."<br><br>1. Resident #17 was admitted to the facility on 11/20/15 with diagnoses which included acute respiratory failure and chronic obstructive pulmonary disease with acute exacerbation.<br><br>A care plan, dated 11/21/15, documented, "...Focus...Has/At risk for respiratory impairment related to pneumonia, COPD...<br><br>Goal...Maintain patent airway...Will have no acute respiratory distress...<br><br>Interventions/Tasks...Administer oxygen as per physician order O4 [sic] [at] 2L via NC PRN for SOB to keep O2 sat [greater than or equal to] 92 %..."<br><br>On 11/30/15 at 9:15 a.m., the resident was observed in her bed. Oxygen tubing and nasal cannula were observed on the floor beside the resident's bed.<br><br>At 9:15 a.m., LPN #2 was asked what is the physician's order for oxygen therapy for the resident. She stated the resident is on continuous oxygen via nasal cannula. | F 441 | | 1-15-16 |

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She was then asked how should oxygen be stored when not in use. She stated the tubing and nasal cannula are usually stored in a bag.

She was asked to observe the oxygen tubing in the resident's room. She was then asked if she observed any concerns. She stated, "Yeah, it's on the floor."

On 12/03/15 at 3:10 p.m., the administrator was asked how should staff store oxygen tubing and nasal cannulas when they are not in use. She stated, "Off the floor."

She was then notified of the observation. She stated, "Ok."

2. Resident #18 was admitted to the facility with diagnoses which included fracture of the left acetabulum, urinary retention and diabetes mellitus type two.

An admission assessment, dated 11/13/15, documented the resident was cognitively alert in skills for daily decision making. She required extensive assistance from staff with transfers, dressing and hygiene. She had an indwelling urinary catheter. She was always incontinent of bowel.

A care plan, dated 11/16/15, documented, "...Focus...Use of indwelling urinary catheter needed due to urinary retention...

Goal...Will have no acute complications of urinary catheter use...

Interventions/Tasks...Report any changes in

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| F 441 | Continued From page 38<br>amount and color, or odor of urine...Catheter care..."<br><br>On 11/30/15 at 9:00 a.m., during a general tour of the facility, the resident was observed in her room. The door to the room was open. Her urinary catheter bag was observed on the floor and uncovered.<br><br>At 9:49 a.m., CNA #2 was asked how a resident's urinary catheter bag should be stored to prevent possible contamination. She stated, "I'm not sure."<br><br>She was then asked if it is acceptable for a urinary catheter bag to be stored on the floor. She stated, "No."<br><br>On 12/03/15 at 3:10 p.m., the administrator was asked how urinary catheter bags should be stored to prevent possible contamination. She stated, "Off the floor."<br><br>She was then notified of the observation. She stated, "Ok." | F 441 | | 1-15-16 |
| F 505 SS=E | 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS<br><br>The facility must promptly notify the attending physician of the findings.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and record review, it was determined the facility failed to act upon abnormal laboratory values for one (#4) of four sampled residents whose laboratory values | F 505 | **F505**<br>The facility will continue to ensure that the physician is promptly notified of abnormal lab results.<br><br>Resident #4 has been reviewed and the physician has been notified of abnormal lab results.<br><br>Residents residing in the facility with orders for labs have the potential to be affected by this practice.<br><br>Licensed staff will be re-educated on the lab tracking guideline to ensure timely physician notification of abnormal lab results. | |

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| F 505 | Continued From page 39<br>were reviewed. This had the potential to affect all 71 residents who resided in the facility. Findings:<br><br>A facility policy titled, Laboratory Tracking Guidelines, dated 08/2014, documented, "...Reported to the attending physician immediately if ordered STAT or results are in critical or panic value range; or, reported timely for other lab results..."<br><br>Resident #4 was admitted to the facility on 03/29/13 with diagnoses which included hypertensive heart disease without heart failure, vitamin B12 deficiency, urinary tract infections, anemia, and gastroesophageal reflux.<br><br>A comprehensive metabolic panel laboratory results sheet, dated 05/14/14, documented, "...ALB [albumin] 3.3 (3.4 - 4.7)..."<br><br>A significant change assessment, dated 10/08/15, documented he was severely impaired in cognition for daily decision making skills. He required extensive assistance of one staff person for eating and weighed 154 lbs.<br><br>A care plan, updated 10/18/15, documented, "...Focus: Nutritional status as evidenced by significant weight loss. Poor appetite. Now extensive assist with meals/intake...Goal: Will experience no further significant weight loss...Interventions/Tasks: Administer medications as ordered...Enhanced foods...Obtain labs as ordered and notify physician of results..."<br><br>A medication treatment record, dated November 2015, documented a physician order originally dated 09/09/13, for a CBC, CMP, TSH, FLP, B-12 | F 505 | The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance.<br><br>Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | 1-15-16 |

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| F 505 | Continued From page 40<br>in May.<br><br>The clinical record did not contain laboratory results from May 2015.<br><br>A physician telephone order, dated 11/14/15, documented, "...CBC, CMP STAT..."<br><br>A comprehensive metabolic panel laboratory report, dated, 11/14/15, documented, "...ALB...1.9 (3.6-5.1)..."<br><br>The laboratory report, documented, "...Spoke with [PA-c] at 2030 [8:30 p.m.] 11/14/15...no new orders..." The report did not contain documentation the physician was faxed a copy or follow-up to the abnormal labs.<br><br>On 12/03/15 at 9:30 a.m., physician #1 was asked if he was made aware of the abnormal lab values from the 11/14/15 comprehensive metabolic panel report from the lab. He stated no. He further stated from the documentation on the lab results sheet, his PA-c was informed.<br><br>On 12/03/15 at 9:35 a.m., RN #2 was asked who was responsible to ensure the required annual lab work is completed. She stated the nurses are assigned to check that required labs are done.<br><br>On 12/03/15 at 9:45 a.m., LPN #7 was asked what lab results from the 11/14/15 CMP were reported to the PA-c. She stated, "All of the out of range lab values."<br><br>She was asked if the physician was notified via fax of the lab work. She stated, "I am not sure."<br><br>On 12/03/15 at 10:25 a.m., PA #1 as asked if she | F 505 | | 1-15-16 |

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| F 505 | Continued From page 41<br>recalled having been notified of the abnormal lab work dated 11/14/15. She stated she did not recall being contacted. She further stated she received approximately 80 calls per weekend, so it was difficult to remember.<br><br>She was asked if an Albumin level of 1.9 was a concern. She stated she would have to look at previous labs to compare. She further stated either she or the physician review labs every Monday.<br><br>She was asked if the abnormal lab work was faxed to her or the physician. She stated she did not know.<br><br>She was asked if she came to the facility over the weekend to assess the resident due to the abnormal lab values. She stated no. | F 505 | | 1-15-16 |
| F 514 SS=E | 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE<br><br>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.<br><br>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.<br><br>This REQUIREMENT is not met as evidenced | F 514 | **F514**<br><br>The facility will continue to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented and readily accessible.<br><br>Resident # 1 no longer resides in the facility.<br><br>Residents residing in the facility that require weekly weights have the potential to be affected by this practice.<br><br>Nursing staff will be re-educated on the guideline for obtaining and documenting weekly weights.<br><br>The Director of Nursing and/or designee will conduct random audits weekly for 60 days to monitor for ongoing compliance. | |

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| F 514 | Continued From page 42<br>by:<br>Based on clinical record review, staff interviews and review of facility policy and procedure, it was determined the facility failed to document weekly weights for one (#1) of five sampled residents reviewed with routine orders for weights. This had the potential to affect all 71 residents identified by the facility whose weights are obtained routinely.<br>Findings:<br>A facility policy titled, Clinical Record System-Overview, documented: "...Clinical records are maintained on each patient that are complete, readily accessible and systematically organized. A complete clinical record reports the actual experience of the individual and contains sufficient information to validate patient status and outcomes of care provided..."<br><br>Resident #1 was admitted to the facility on 11/04/15 with diagnoses which included cerebrovascular disease, left hemiparesis, dysarthria, and diabetes mellitus type II.<br><br>Monthly physician's orders, dated December 2015, documented, "...Weight Order...11/04/15-Weekly Weight for 28 days (4 weeks)..."<br><br>A treatment administration record, dated November 2015, documented, "Weekly weights x 4 weeks then monthly."<br><br>According to the treatment administration record, weights were to be done by the day shift on 11/4/15, 11/11/15, 11/18/15, and 11/25/15.<br><br>The weights were reviewed on the treatment record. The admission weight done on 11/4/15 | F 514 | Audit findings and trends will be reported to the QA Committee for oversight and recommendations for changes to plan as needed. | 1-15-16 |

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| F 514 | Continued From page 43<br>was documented as 178.6.<br><br>The space for the weight documentation on 11/11/15 was blank.<br><br>The space for the weight documentation on 11/18/15 had the initials of LPN #4 but no weight.<br><br>The space for the weight documentation on 11/25/15 was blank.<br><br>On 12/01/15 at 10:10 a.m., the administrator was asked for the weekly weights for the resident. She stated the weights should be documented on the treatment administration record and she would ask the DON to provide the requested documentation to the surveyor.<br><br>At 10:15 a.m., the DON showed the surveyor the treatment administration record, which had all four weekly weights recorded. The DON was advised the weights had been added since previous day.<br><br>She was then asked who had recorded the weights. The DON provided a blue sticky note which documented, "Wt Weekly...178.6...178.4...179.8...177.6..." This was the only documentation on the sticky note. These weights corresponded to the four weights recorded on the treatment administration record. The DON stated she was unaware of who had documented the weights, but would look into it.<br><br>At 10:30 a.m., the administrator approached this surveyor and stated she was unhappy regarding the late documentation of weights on the resident. She further stated there would be an internal investigation into the situation. | F 514 | | 1-15-16 |

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| F 514 | Continued From page 44<br><br>On 12/02/15 at 3:30 p.m., the DON was asked if the weights on the resident's treatment administration record were accurate. She stated she only had confidence in the admission weight done on 11/04/15.<br><br>She was asked who had recorded the weights after the copy had been provided on 11/30/15. She stated, "I don't know. That's the investigation we are working on." | F 514 | | 1-15-16 |