

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

PRINTED: 12/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2016
NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554		
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F 000	INITIAL COMMENTS Special Focus Facility	F 000			
F 154 SS=D	<p>Certification Survey</p> <p>483.10(c)(1)(2)(iii)(4)(5) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS</p> <p>(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>(c)(iii) The right to be informed, in advance, of changes to the plan of care.</p> <p>(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify the physician of the resident's refusal to take medications and failed to notify the physician of resident's family's refusal for a doppler study for one of nineteen residents (R7) reviewed for notification of changes in the sample of nineteen.</p>	F 154			

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

TITLE

(X6) DATE

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 154	<p>Continued From page 1</p> <p>Findings include:</p> <p>The facility policy for "Notification of Changes" dated 7/1/2012 documents, in part, The facility and/or staff shall promptly notify the appropriate individuals...of changes in the resident's medical/ mental status...any symptom of discomfort is sudden in onset, a marked change...or unrelieved...refusal of treatment or medications..."</p> <p>R7 November Medication Administration Record (MAR) documents an order for Bactrim for "cellulitis" starting 11/25/2016. R7 took 3 doses, refused one dose then the medication was changed to Doxycycline on 11/29/2016. On 11/30/2016 at 12:30PM R7 the medication card for R7's Doxycycline filled on 11/29/2016 still had the 14 original pills in it. R7's MAR does not document the Doxycycline was administered as ordered on 11/29 and 11/30/16.</p> <p>On 11/30/2016 at 9:30AM, E10 Licensed Practical Nurse (LPN) entered R7's room to do his treatment. R7's grimaced, pulled his foot away from E10 and moaned during cleansing the open areas between the second, third and fourth toes. E10 verified that R7 appeared to be having pain during his treatment and stated she would check and see if R7 had any pain medication. She was not sure if the other nurse had administered medication but (E10) would see.</p> <p>On 12/2/2016 at 10:00AM, E2 Director of Nursing (DON) R7's November Medication Administration Records (MAR) do not have an order for a pain medication.</p>	F 154			

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F 154	Continued From page 2 On 11/23/2016 Z2 ordered an ABI and PVR (Arterial Barchial Index and Pulsed Volume Recording Doppler). On 11/30/2016 Z2 stated the ABI and Doppler needed to be completed prior to Z2's next visit on 12/2/2016. On 12/2/2016 at 10:00AM E4 Social Service Director stated she discussed this test with R7's son earlier today. The son refused to give permission for this test. E4 stated she did not know if the physician was aware or not. The facility was not able to produce documentation of notification to Z2 of R7's refusal to take medications and antibiotics and the son's refusal to allow for the testing to be completed.	F 154			
F 164 SS=D	483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS 483.10 (h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. (h)(3)The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.	F 164			

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F 164	<p>Continued From page 3</p> <p>§483.70</p> <p>(i) Medical records.</p> <p>(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide privacy of a resident during resident gastrostomy tube (G-tube) care for one of 16 residents (R27) reviewed for privacy during resident cares in a sample of 19.</p> <p>Findings include:</p> <p>The facility's Daily Cleansing of (Gastrostomy/Jejunal/Percutaneous Endoscopic Gastrostomy) G/J/PEG Tube Site, dated 10/2013, states, "Pull privacy curtains and close door to</p>	F 164			

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F 164	Continued From page 4 resident's room." R27's Care Plan, dated 6/27/16, states, "Self care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADL's (activities of daily living)...Provide privacy and dignity." On 11/30/16 at 1:35 p.m., E9 (Licensed Practical Nurse/LPN) was cleaning R27's G-tube site with R27's door open and the curtain not pulled. R40 (R27's roommate) was in the room sitting in the reclining chair approximately 8 feet from R27's bed when E9 was cleaning R27's g-tube site. R27's lower abdominal area was exposed. On 11/30/16 at 1:42 p.m., E9 (LPN) stated, "The door should have been shut. I forgot to shut the door before performing G-tube cares (for R27). The facility policy states to shut the door and pull the privacy curtain if the roommate is in the room." On 12/1/16 at 2:00 p.m., E2 (Director of Nurses/DON) stated, "With any resident, the resident privacy should be maintained. The door should be closed and the curtain should be pulled."	F 164			
F 282 SS=D	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of	F 282			

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F 282	<p>Continued From page 5 care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow the individualized plan of care for transfers and failed to follow the care plan for assessing pain for two residents (R8 and19) of 19 reviewed for care plans in a sample of 19.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility most recent care plan for R7 documents, "Assess for pain. See POS/MAR (Medication Administration Record) for pain medication regimen." <p>On 11/30/16 at 9:30 AM, E10 Licensed Practical Nurse (LPN) removed R7's shoes and socks to provide for treatment. While E10 was cleansing R7's foot, R7 pulled his foot away, moaned and grimaced during the treatment. E10 verified R7 appeared to be in pain and stated she did not know if R7 had pain medication but she would check.</p> <ol style="list-style-type: none"> 2. Facility General Procedure for Toileting (dated 10/02), documents: to ensure the safe toileting opportunities are provided to meet resident needs; and to provide peri care as described per procedure and plan of care. <p>R19's Care Plan (dated 5/2/16) documents the assist of two staff members to place resident on toilet.</p> <p>On 11/29/16, at 11:35 am, E3 (Certified Nursing Assistant/CNA) transferred R19 from R19's</p>	F 282			

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F 282	Continued From page 6 wheelchair to the commode with no assistance of another staff member.	F 282			
F 309 SS=D	<p>On 11/30/16, at 11:00 am, E3 stated, "I am sorry, I should have had someone help me transfer her. I usually use one person, but sometimes when she seems weaker I get help."</p> <p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assess and medicate</p>	F 309			

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F 309	<p>Continued From page 7</p> <p>for pain and apply protective boots as ordered for one of nineteen residents (R7) reviewed for provision of care in the sample of nineteen. This failure caused R7 to endure pain during a treatment.</p> <p>Findings include:</p> <p>The most recent MDS (Minimum Data Set) for R7 documents that R7 is severely cognitively impaired. Facility most recent care plan for R7 documents, "Assess for pain. See POS/MAR (Medication Administration Record) for pain medication regimen."</p> <p>On 11/30/2016 at 8:30AM, R7 was observed sitting up in his wheelchair with shoes and socks on both feet. R7's son was visiting with him. The POS/TAR (Treatment Administration Record) for R7 documents that open areas on R7's foot are to be cleansed with wound cleanser followed by silver calcium alginate dressings daily.</p> <p>On 11/30/2016 at 9:30AM, E10 Licensed Practical Nurse (LPN/Treatment Nurse) entered R7's room to do his treatment. E10 removed R7's shoes and socks and performed R7's treatment to his left foot. The distal half of R7's foot and toes were bright red with the second toe pale white. R7's grimaced, pulled his foot away from E10 and moaned during cleansing the open areas between the second, third and fourth toes. When E10 had completed the dressing change E10 inspected the space between the great and second toe. E10 stated this is a new area which she measured as 0.5 centimeters (cm) x 0.3 cm and stated the area was "black and scabbed over." E10 was not able to assess the depth of the wound. The wound appeared open with black</p>	F 309			

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F 309	Continued From page 8 necrosis and serosanguanous drainage. E10 verified that R7 was having pain during his treatment and stated she would check and see if R7 had any pain medication. She was not sure if the other nurse had administered medication but (E10) would see. On 12/2/2016 at 10:00AM, E2 Director of Nursing (DON) verified that R7's November Medication Administration Records (MAR) do not have an order for a pain medication. On 11/30/2016 at 2:00PM, R7 was laying in bed with his feet laying directly on the mattress without antipressure boots on both feet. On 11/29/2016 at 12:30PM, Z3 Wound Care Physician stated she would be returning to see R7 on 12/3/2016. Z3 stated she performed an in-house Doppler on 11/23/2016 and was concerned since she was not able to hear any pulses in his feet. Z3 stated it was important that R7 had his tests completed in the Doppler lab prior to her next visit scheduled 12/2/2016. Z3 stated, "I do not want (R7) to wear his shoes and socks due to the wounds between his toes. That was the reason I ordered the antipressure boots."	F 309			
F 312 SS=D	483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 312			

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F 312	Continued From page 9 review, the facility failed to trim and clean fingernails for one of 19 residents (R8) reviewed for grooming in the sample of 19. Findings include: The facility's A.M. Care Policy (Revised 11/1/13) documents "A.M. (morning) care will be given to all residents," and "Procedure: 12. Provide nail care." R8's Physician Order Sheet (POS) dated 11/2016 documents diagnoses of Cerebral Vascular Accident and Hemiplegia. R8's Minimum Data Set dated 10/27/16 documents R8 requires extensive assistance with hygiene, bathing and dressing, and has limited use of all extremities. R8's current Care Plan documents R8 requires assistance with grooming due to "Hemiplegia and Left Sided Weakness." On 11/29/16 at 2:00pm and 11/30/16 at 8:00am, R8's fingernails on bilateral hands were one-fourth inches long, extending well past the ends of R8's fingers, and had brown matter under the nails. On 11/30/16 at 9:55am, E14, Licensed Practical Nurse (LPN), confirmed R8's long, dirty nails and stated, "(R8's) fingernails need cut. Residents' nails are supposed to be cleaned and trimmed on shower days, once or twice a week." R8's Shower Sheets dated 11/9/16, 11/16/16, and 11/23/16 document that R8's fingernails were last cleaned and trimmed on 11/09/16.	F 312			
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315			

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F 315	Continued From page 10 (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 315			

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F 315	<p>Continued From page 11 review, the facility failed to perform hand hygiene during indwelling catheter care for one (R14) of two residents reviewed for indwelling catheters in a sample of 19.</p> <p>Findings include:</p> <p>The facility's Standard Precautions Policy dated 12/09, states, "3. Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents and environments."</p> <p>On 11/30/16 at 12:20 PM, upon entering R14's room to perform indwelling catheter care, E3/Certified Nurses Assistant/CNA, E7/Certified Nurses Assistant/CNA, and E8/Certified Nurses Assistant/CNA washed their hands and applied three pairs of gloves each. E3/CNA washed R14's perineum area and catheter tubing with clean soapy washcloths then removed a pair of gloves. E3/CNA and E7/CNA rolled R14 to left side and E3/CNA washed R14's anal area and buttocks with clean soapy washcloth and dried with clean towel. E3/CNA and E8/CNA positioned R14 to R14's backside and fastened R14's adult incontinence brief. E3/CNA placed towels in trash bag and placed trash bag on counter top next to bottled water.. E3/CNA opened a drawer and</p>	F 315			

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F 315	Continued From page 12 removed a pair of socks. E3/CNA removed a pair of gloves and placed the socks on R14. E3/CNA and E8/CNA assisted R14 with putting on a clean gown. E3/CNA placed a gait belt around R14 and assisted R14 to a wheelchair. E3/CNA, E7/CNA and E8/CNA removed gloves and placed in trash can and exited R14's room. On 11/30/16 at 12:30 PM, E3/CNA stated, "No the policy doesn't say to use layers of gloves, I use layers of gloves for my protection." On 11/30/16 at 1:35 PM, E2/Director of Nurses/DON, stated, "I've never seen or heard of the CNA's wearing multiple layers of gloves. That's not our policy and they are expected to follow the policy."	F 315			
F 322 SS=D	483.25(g)(4)(5) NG TREATMENT/SERVICES - RESTORE EATING SKILLS (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- (4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and (5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including	F 322			

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F 322	<p>Continued From page 13</p> <p>but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to change the piston syringe daily for gastrostomy tube (G-tube) water flushes for one of one residents (R27) reviewed for gastrostomy tube care in a sample of 19.</p> <p>Findings include:</p> <p>The facility's Administration of Medication via a Feeding Tube Policy, dated 4/2007, states, "19. Rinse syringe and store unassembled in plastic when dry. 20. Replace syringe daily and prn (as needed)."</p> <p>The facility's Enteral Feeding Policy, dated 2/2008, states, "24. Cleanse equipment: Dispose of syringe after each use or separate barrel from piston, rinse and allow to air dry on paper towel in a plastic closed container. If using plastic graduated pitcher, rinse and place in plastic container to dry. Change syringe and graduated pitcher every 24 hours, date and initial upon opening."</p> <p>R27's Physician Order Sheet, dated 11/1/16 through 11/30/16, states, "Flush G-tube with 30 milliliters (mL) of water every four hours to maintain patency if no feeding is given."</p> <p>On 11/29/16 at 11:54 a.m. and 11/30/16 at 8:30 a.m., a graduated pitcher holding the piston syringe was on a nightstand table in R27's room dated 11/26/16.</p>	F 322			

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F 322	Continued From page 14 On 11/30/16 at 1:42 p.m., E9 (LPN) stated, "When I gave (R27) (R27's) 8:00 a.m. G-tube flush, the piston syringe looked dirty and crusty on the outside. I changed it prior to giving (R27) (R27's) 12:00 p.m. flush. The bottle and syringe are to be changed daily. On 12/1/16 at 2:00 p.m., E2 (Director or Nurses) confirmed the piston syringe should be changed daily. R27's Medication Administration Record (MAR), dated 11/29/16, documents R27 received 30 mL water flushes at 8:00 a.m., 12:00 p.m., and 8:00 p.m. during the course of the survey on 11/29/16, and R27's MAR, dated 11/30/16, documents R 27 received 30 mL water flushes at 12:00 a.m., 4:00 a.m., and 8:00 a.m. during the survey prior to E9 (LPN) changing the piston syringe and graduated pitcher 11/30/16 at 1:00 p.m.	F 322			
F 323 SS=G	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.	F 323			

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F 323	<p>Continued From page 15</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Failures at this level required two deficient practice statements.</p> <p>A. Based on interview and record review, the facility failed to ensure one of six residents (R8) reviewed for falls was safely transferred from bed to wheelchair in the sample of 19. This failure resulted in R8 falling and sustaining fractures of the second, third, and fourth fingers (left hand). The facility also failed to conduct a thorough investigation of R8's fall and failed to accurately report the investigation results to the State Agency.</p> <p>B. Based on observation, interview, and record review, the facility failed to assess the risk for entrapment in the use of side rails for two residents (R8, R6) reviewed for side rails in the sample of 19 and six residents (R33-R38) in the supplemental sample. This failure has the potential to put residents at risk for entrapment, strangulation, or suffocation if residents become lodged within the rail</p> <p>Findings include:</p> <p>A. The facility's Abuse Prevention Program</p>	F 323		

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F 323	<p>Continued From page 16</p> <p>Policy (revised 10/14/2016) defines serious bodily injury as an injury "requiring medical intervention such as surgery, hospitalization..." and directs the Administrator or designee to investigate the incident resulting in the injury. The Abuse Policy documents "Within five working days after the report of the occurrence a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation, will be sent to the Department of Public Health."</p> <p>The facility's undated Transfer Belts/Gait Belt Policy documents the gait belt is to be "placed around the resident's waist or applied around the upper chest just below the axilla (armpit) area," and "Grasp the secured gait belt to provide security and balance during the transfer."</p> <p>R8's Physician Order Sheet (POS) dated 11/2016 documents diagnoses of History of Falls, Cerebral Vascular Accident, and Hemiplegia. R8's Minimum Data Set dated 7/27/16 and 10/27/16 documents R8 is cognitively intact and requires extensive assistance with bed mobility, transfers, and dressing. R8's Fall Risk Assessment dated 8/2/16 and 9/22/16 document R8 is at high risk for falls. R8's Care Plan dated 7/27/16 (prior to R8's fall) documents "Use 1 (one) assist and gait belt for all transfers. Use additional assist as needed when Resident is not feeling well, feeling weak or dizzy."</p> <p>R8's Nurse's Notes dated 9/22/16 at 6:15am written by E17, Licensed Practical Nurse (LPN), documents "Res (resident) was being transferred to (geriatric) chair by CNA (Certified Nursing Assistant) when E16 (CNA) lost grip of res and (R8) fell to floor on L (left) side of body to</p>	F 323			

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F 323	<p>Continued From page 17 bedroom floor resulting in S/T (skin tear) on L (left) hand and bruising. Res sent to (hospital) ER (Emergency Room) for further evaluation."</p> <p>R8's Hospital Radiology Report dated 9/22/16 documents "Acute mildly displaced fractures of the second and third distal phalanges and acute nondisplaced fracture of the fourth distal phalanx."</p> <p>R8's Hospital Records document R8 was admitted to the hospital on 9/22/16 for "Irrigation and debridement with open reduction and pin fixation left long finger open distal phalanx fracture."</p> <p>On 11/30/16 at 2:30pm, E17, LPN, stated (E17) did not witness R8's fall. E17 stated E16, CNA, was alone in the room with R8. E17 stated R8 told E17 that E16 "did not use the gait belt properly, it (gait belt) did not feel right when on, and felt like (R8) was going to fall."</p> <p>On 11/30/16 at 2:00pm, R8 stated a new CNA (E16) dropped (R8) when transferring (R8) from the bed to the (geriatric) chair. R8 stated the gait belt was not secured correctly and (E16) "had it (gait belt) around (R8's) arm." R8 stated (R8) fell on (R8's) hand and had "a compound fracture of (R8's) finger and had to have a pin put in it."</p> <p>On 11/30/16 at 3:20pm, E16, CNA, stated on 9/22/16 (E16) was transferring (R8) from the bed to the wheelchair and "the gait belt slipped out of (E16's) fingers, the wheelchair moved, and (R8) fell to the floor." E16 stated the wheelchair was "not locked all the way," and that (R8) was very shaky that morning prior to the fall.</p>	F 323			

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F 323	<p>Continued From page 18</p> <p>On 11/30/16, E18, Corporate Administrator, provided the Final Investigation of R8's fall dated 9/29/16, written by E1, Administrator, and submitted to the State Agency on 9/29/16. The Final Investigation documents "The CNA transferring (R8) was correctly transferring (R8) at the time of occurrence."</p> <p>On 11/30/16, E19, Traveling Administrator, provided an outline of the investigation of R8's fall which documents "Root Cause (of the fall): "resident weakness to the leg."</p> <p>E16's "Job in Jeopardy" (disciplinary action) dated 9/22/16 and signed by E1, Administrator, on 9/26/16 documents "Your conduct has placed your job in jeopardy," "Fail(ed) to correctly transfer residents per policy." E16's "Job in Jeopardy" disciplinary action documents "Following suspension, (E16) was found at fault and terminated."</p> <p>E16's Employee Data Sheet provided by E18 on 11/30/16 documents E16's termination date as 9/24/16.</p> <p>B. The Summary of FDA (Federal Drug Administration) Hospital Bed Dimensional Limit Recommendations dated 3/10/2006 retrieved from http://www.fda.gov/cdrh/beds/guidance/1537.html documents the dimensional limit (space) within the (bed) rail (identified as Zone 1) must be less than four and three quarters inches to prevent the risk of entrapment of resident's head or limbs.</p> <p>1. R8's Physician Order Sheet dated 11/2016 documents diagnoses of History of Falls, Cerebral Vascular Accident, and Hemiplegia. R8's</p>	F 323			

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F 323	<p>Continued From page 19</p> <p>Minimum Data Set (MDS) dated 10/27/16 and current Care Plan document R8 is cognitively intact, has limited use of all extremities, and requires extensive assistance with bed mobility. R8's Fall Risk Assessments dated 9/22/16 and 10/28/16 document R8 is assessed as high risk for falls. R8's Side Rail Assessment dated 10/28/16 documents R8 has poor bed mobility and difficulty with balance/poor trunk control.</p> <p>On 11/29/16 at 10:00am and 2:00pm and 11/30/16 at 9:45am and 2:00pm, R8 laid in the bed with bilateral half (top) side rails raised. R8's side rails contained no padding to prevent entrapment. On 11/30/16 at 9:45am, R8 used (R8's) right hand to attempt to turn self, and moved (R8's) legs. R8 stated (R8) uses the side rail to help move self in bed. On 11/30/16 at 10:30am, R8 transferred from wheelchair to bed with extensive assistance from E3 and E12, Certified Nursing Assistants (CNA), using a stand and pivot transfer. R8 was unable to use (R8's) left hand/arm and held the left hand with the right hand.</p> <p>On 12/1/16 at 9:15am, E11, Certified Nursing Assistant (CNA), confirmed the following bilateral side rail measurements: width of the side rail 34 inches and height 19 inches. The side rail is divided into six sections (Zone 1), by three-quarter inch bars, resulting in five separate spaces measuring widths of 5.5 (five and one-half) inches, 5.5 inches, 7.5 (seven and one-half) inches, 5.5 inches, and 5.5 inches, and heights of 8 (eight) inches, 17.5 inches, 17.5 inches, 17.5 inches, and 8 inches. The height of the side rail extending above the mattress is as follows: 5 (five) inches, 7 (seven) inches, 9 (nine) inches, 7 inches, 5 inches. These spaces have</p>	F 323			

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F 323	<p>Continued From page 20</p> <p>the potential to cause entrapment or wedging of R8's head, neck, or limbs and cause serious injury or death.</p> <p>On 12/1/16 at 9:30am, E2, Director of Nursing (DON), walked to the doorway of R8's resident room, refused to enter the room to confirm the measurements of the siderails, and stated, "I believe you - I don't have to verify the measurements."</p> <p>2. R6's Physician's Order Sheet dated 11/29/16 documents a diagnosis of Cerebral Vascular Accident (CVA). R6's Minimum Data Sheet (MDS) dated 8/26/16 documents that R6 has impairments on both sides of lower extremities and requires limited assistance with bed mobility. R6's Care Plan dated 2/9/16 documents: "Restorative Nursing Program-Bed Mobility. Program/Need weakness, CVA (Cerebral Vascular Accident). Strengths/Preferences Resident able to grab hold of side rail and pull self over in bed." R6's Side Rail Consent dated 5/4/16 documents "Types of Side rail: Bilateral 1/2 side rails to be used at all times when resident is in bed. The intent of the side rail is to enable the resident to increase independence and participation in bed mobility and/or transfer. Related physical condition weakness, CVA (Cerebral Vascular Accident)."</p> <p>On 11/29/16 at 11:00-11:05 a.m., R6 laid in bed with 1/2 side rails raised. Side rails contained no padding to prevent entrapment. On 12/1/16 at 8:15-8:25 a.m., R6 independently transferred self from wheelchair to bed grasping side rail with right hand during the transfer.</p> <p>The side rail is divided into five sections, by</p>	F 323			

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F 323	<p>Continued From page 21</p> <p>three-quarter inch bars, resulting in five separate spaces measuring widths of 6 (six) inches, 6 inches, 7.5 (seven and one-half) inches, 6 inches, and 6 inches, and heights of 8.5 (eight and one-half) inches, 16 (sixteen) inches, 18 (eighteen) inches, 16 inches, and 8.5 inches. The height of the side rail extending above the mattress is as follows: 7 (seven) inches, 8.5 inches, 9.5 (nine and one-half) inches, 8.5 inches, 7 inches. These spaces have the potential to cause entrapment or wedging of R6's head, neck, or limbs and cause serious injury or death.</p> <p>On 12/1/16 at 1:25 p.m., E9, Licensed Practical Nurse (LPN) stated "Everyone can pretty much fit their head through the side rails if they wanted to."</p> <p>3. On 12/1/2016 at 10:00AM, R33 was observed lying in bed with one half side rail up on the bed. R33 did not respond when asked why the rail was on the bed. Zone One (within the rails) measures: 5.5in. (inches) x10.0in., 5.5 x 17.0 in. and 7.5 x 17.5 in. R33 Minimum Data Set (MDS) dated 8/10/16 documents R33 is severely cognitively impaired and requiring supervision of one with bed mobility, and extensive assist of one with transfer.</p> <p>4. On 12/1/2016 at 10:05AM, R34 was observed lying in bed with one half side rail up on the bed. R34 stated, "I use the rail to move and prop myself up when I'm eating." Zone One (within the rails) measures: 5.5in. x10.0in., 5.5 x 17.0 in. and 7.5 x 17.5 in. R34 Minimum Data Set (MDS) dated 9/03/16 documents R34 is moderately cognitively impaired and requiring limited assist if one with bed mobility, transfer and ambulation.</p>	F 323			

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F 323	<p>Continued From page 22</p> <p>5. On 12/1/2016 at 10:10AM, R35 was observed lying in bed with both half side rails up on the bed. R35 stated, "I use my rails to pull myself around in bed. I'm an amputee." Zone One (within the rails) measures: 5.5in. x10.0in., 5.5 x 17.0 in. and 7.5 x 17.5 in. R35 Minimum Data Set (MDS) dated 8/21/16 documents R35 is severely cognitively impaired and requiring extensive assist if two with bed mobility, totally dependant with two assist for transfer and unable to ambulate. R35 was lying on a low air loss mattress.</p> <p>6. On 12/1/16 at 10:12AM, R36 was sitting up in the wheelchair. The siderails in Zone One on R36's bed measure: 5.5in. x10.0in., 5.5 x 17.0 in. and 7.5 x 17.5 in. R36 stated, When I get in bed, I use the (bed) rails to move in bed. I use the urinal which they sit on the bedside table. I have to struggle to reach it when I'm in bed. They tell me I have to use the rails but they are difficult. The 10/10/16 MDS documents R36 as cognitively intact and requiring extensive assist of two with bed and transfer mobility.</p> <p>7. On 12/1/16 at 10:15AM, R37 was sitting up beside the bed. Zone One side rail up on the side of his bed measures: 8.5in.x 8.5in, 4.0in x 17.0in., 7.5in. x 17.0in. R37's 9/7/16 MDS documents him as severely cognitively impaired and as requiring extensive assist of two with bed mobility and as dependant on two assist for transfers.</p> <p>8. On 12/1/16 at 10:18AM, R38 was lying in bed. Zone One side rails up on both sides of the bed measures: 8.5in.x 8.5in, 4.0in x 17.0in., 7.5in. x 17.0in. R38's 9/7/16 MDS documents her as severely cognitively impaired and as requiring</p>	F 323			

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F 323	Continued From page 23 extensive assist of two with bed mobility and as dependant on two assist for transfers. On 12/2/16 at 9:08am, E19, Traveling Administrator, stated E21, Maintenance Director, is responsible for completing the undated "Siderail Zone Assessment Yearly" document for residents using siderails. E19 was unable to provide any resident siderail zone assessments. On 12/2/16 at 9:36am, E21, Maintenance Director, stated (E21) has not assessed any residents' siderails for the past two years that (E21) has been employed by the facility.	F 323			
F 367 SS=D	483.60(e)(1)(2) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN (e) Therapeutic Diets (e)(1) Therapeutic diets must be prescribed by the attending physician. (e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide milk for a therapeutic diet for one of 19 residents (R8) reviewed for diet accuracy in the sample of 19. Findings include: R8's Report of Monthly Weight documents the following weights: 8/2016- 158 pounds (lbs);	F 367			

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F 367	Continued From page 24 9/2016- 148 lbs; 10/2016- 148 lbs; 11/2016- 145 lbs. R8's Dietary Progress Notes dated 9/13/16 documents a significant weight loss of 6.3 per cent (%) in one month, and includes a recommendation for "Whole milk with meals." R8's Physician Order dated 9/30/16 documents "Add whole milk with meals for supplement." On 11/29/16 at 12:30pm, R8 was served a meal of salad, chicken, sweet potatoes, jello, and fruit cocktail by E20, Social Service Assistant. At that time R8 asked E20 "Where is my milk?" E20 stated "You don't get milk today. They ran out of milk." At 1:20pm, R8 left the table and propelled self from the dining room. R8 did not receive milk during the meal. On R8's diet card present on (R8's) tray of food was written "Whole milk" for each meal. On 11/29/16 at 1:00pm, E6, Dietary Manager, stated R8 did not receive milk at the noon meal because the milk temperature was 45 degrees. On 11/30/16 at 8:00am, E6 stated the coolers were not keeping food and milk cold on 11/29/16, so the milk and food from the coolers were placed in the freezer. E6 stated the milk was in the back of the freezer where it was difficult for dietary staff to access the milk.	F 367			
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 371			

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F 371	<p>Continued From page 25</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based observation, interview and record review, the facility failed to maintain cooler temperatures in a range that keeps food at or below 41 degrees Fahrenheit (F); the facility failed to keep the shelf and exhaust hood pipes free from debris and dust buildup; failed to completely dry cups prior to stacking them or storing them on a flat tray; and failed to date food items removed from original shipping containers. These failures have the potential to affect all 94 residents living in the facility.</p> <p>Findings Include:</p> <p>1. The facility's Food Temperatures Policy, dated 10/2009, states, "It is the policy of (the facility) to ensure that food is served at a temperature that</p>	F 371			

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F 371	<p>Continued From page 26</p> <p>is proper to prevent the growth of harmful bacteria and other food borne illnesses...6. Cold food temperatures should be 41 degrees F or below."</p> <p>On 11/29/16 at 9:00 a.m., during the initial tour with E6 (Dietary Manager), the two door reach-in cooler internal thermometer had a reading of 48 degrees F. The temperature of a glass of milk that was in the cooler read 45 degrees F. The Dietary Manager discarded the milk at this time.</p> <p>On 11/29/16 at 9:00 a.m., during the initial tour with E6 (Dietary Manager), the walk-in cooling unit read 48 degrees F. The temperature of pudding was taken and was 41 degrees F.</p> <p>On 11/29/16 at 9:20 a.m., E6 (Dietary Manager) stated, "Staff have been in and out of both coolers in order to serve breakfast. The temperatures will go back up after the doors stay shut when we are not just finishing food service."</p> <p>On 11/29/16 at 3:00 p.m., the two door reach-in cooler internal thermometer had a reading of 48 degrees F. The temperature of cottage cheese, yogurt, cream cheese, bologna lunch meat, and glasses of milk were taken and all were above 41 degrees F. All of this food was discarded immediately prior to dinner meal service.</p> <p>On 11/29/16 at 3:00 p.m., the walk-in cooler internal thermometer had a reading of 60 degrees F. The temperature of pudding, yogurt bowls, sliced cheese, shredded cheese, deli ham, lactose-free milk, a gallon of whole milk, and a gallon of skim milk were above 41 degrees F. The food was discarded immediately prior to the dinner meal service.</p>	F 371			

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F 371	<p>Continued From page 27</p> <p>On 11/29/16 at 3:30 p.m., E6 stated, "Both of our cooler temperatures have not been working properly today. I moved most of the food to the freezer so that the temperature of the food could be maintained at or below 41 degrees F. The food that had a temperature reading greater than 41 degrees F was thrown away."</p> <p>2. On 11/29/16 at 9:00 a.m., during the initial tour with E6 (Dietary Manager), the pipes located above the stove in the exhaust hood had excessive dust buildup, and the shelf above the stove had crumbs and debris buildup. At this time, an uncovered quarter size, deep pan of peas and an uncovered half-size, deep pan of diced chicken was being heated on the stove.</p> <p>On 11/29/16 at 9:20 a.m., E6 (Dietary Manager) confirmed the dust and debris on the pipes and the shelf above the stove and confirmed that could contaminate the cooking food on the stove.</p> <p>3. The facility's Storage Policy, revised 6/2006, states, "All items will be dated upon receipt. Individual cans or bags shall each be dated to ensure that stock is rotated properly."</p> <p>The facility's Refrigerator and Freezer Storage Policy, revised 10/2009, states, "Mark the date that the original container is opened."</p> <p>On 11/29/16 at 9:00 a.m., during initial tour with E6 (Dietary Manager), a bag of carrots, a bag of corn, three bags of vegetable medley, three bags of brussel sprouts, a bag of green beans, a bag of mixed fruit, three tubes of whipped cream and three loaves of ham were out of original shipping container and undated in the walk-in freezer; an</p>	F 371			

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F 371	Continued From page 28 open bag of red jello was opened and undated on a shelf in the kitchen preparation area; and, two bottles of thickened water were open and undated. Manufacturer's instructions on the thickened water bottles guides to discard the remaining product 10 days after opening. On 11/29/16 at 9:20 a.m., E6 (Dietary Manager) confirmed that all items should be dated when removed from shipping packages and when opened. 4. On 11/29/16 at 9:00 a.m., during initial tour with E6 (Dietary Manager), four trays of drinking cups in the dishwashing room were visibly wet laying on a flat tray with moisture buildup inside the cup. On 11/29/16 at 9:20 a.m., E6 (Dietary Manager) confirmed the cups should be dried to being set on trays due to moisture buildup and should have a mat on the trays that allows for airflow to dry the cups. The Centers for Medicare and Medicaid Services "Resident Census and Conditions of Resident", form 672, completed by the facility on 11/29/16 lists 94 residents are living in the facility.	F 371			
F 441 SS=D	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting,	F 441			

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F 441	<p>Continued From page 29</p> <p>investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 441			

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F 441	<p>Continued From page 30</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement transmission based precautions for Methicillin Resistant Staphylococcus Aureus (MRSA) infection for one of four residents (R8) reviewed for infections and failed to ensure incontinence care was provided using clean gloves after having contact with infective material for one of seven residents (R8) reviewed for incontinence care in the sample of 19.</p> <p>Findings include:</p> <p>The facility's Multidrug-Resistant Organisms in Non-Hospital Healthcare Setting (revised 12/14/09) documents "Contact Precautions apply to specified residents known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct or indirect contact. The policy</p>	F 441			

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F 441	<p>Continued From page 31</p> <p>documents "Multi-resistant drug organisms are bacteria and other microorganisms that have developed resistance to antimicrobial drugs. Common examples of these organisms include: MRSA..."</p> <p>The facility's policy Contact Precautions (revised 12/09) documents "Procedure: 1. Resident Placement: Place resident in a private room. 2. Gloves: In addition to wearing gloves as outlined under Standard Precautions, wear gloves when entering a room. During the course of providing care for a resident, change gloves after having contact with infective material that may have high concentrations of microorganisms. 3. Gown: Wear a gown when entering the room if you anticipate that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room, or if the resident is incontinent..."</p> <p>R8's urine culture collected 11/17/16 and reported 11/20/16 documents "Methicillin Resistant Staphylococcus Aureus."</p> <p>R8's Physician Orders dated 11/2016 do not document an order for Contact Precautions.</p> <p>R8's Minimum Data Set (MDS) dated 10/27/16 documents R8 is frequently incontinent of urine. R8's current Incontinence Care Plan documents "Toilet and/or change padding and give proper hygiene...for incontinence."</p> <p>On 11/30/16 at 10:30am, E3, Certified Nursing Assistant (CNA), and E12, CNA, entered R8's room without gowning to provide incontinence care to R8. E12 placed a roll of plastic trash bags on R8's bed linen, tore off two bags, and replaced</p>	F 441			

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F 441	Continued From page 32 the roll of bags in E12's uniform pocket. E3 donned three gloves on each hand. E3 unfastened R8's incontinence brief, which was wet with urine, and cleansed R8's perineal area. E3 then removed the outer soiled gloves and touched the gloves underneath soiling them. E3 placed a clean incontinence brief, touched R8's bed sheets and removed the second set of gloves, touching the gloves underneath and soiling them. E3 then fastened R8's brief and pulled up R8's pants wearing the third pair of soiled gloves. On 11/29/16 at 2:00pm and 11/30/16 at 9:45am, R39 resided in the same resident room as R8. On 11/30/16 at 1:00pm, E2, Director of Nursing (DON), stated (E2) was unaware that R8 had MRSA infection in the urine, and R8 should have been placed in contact precautions. E2 stated it is not the facility's policy to wear multiple layers of gloves when providing resident care, and staff are to follow the facility's policies when providing resident care.	F 441			
F 502 SS=D	483.50(a)(1) ADMINISTRATION (a) Laboratory Services (1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain laboratory results according to the Physician Orders for one of 19 residents (R14) reviewed for Physician Orders in a sample of 19.	F 502			

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F 502	Continued From page 33 Findings include: The facility's Laboratory Tests Policy, dated 1/2002, states, "Policy: To ensure the resident's condition and medications are being monitored per the physician's order...1. Obtain laboratory orders upon admission for medication monitoring per the physician's orders." R14's Physician Order Sheet (POS), dated 12/1/16 through 12/31/16 documents the following diagnoses: Hypothyroidism, Chronic Kidney Disease, Iron Deficiency, and Anemia, and states, "Laboratory Orders: Parathyroid Hormone Level, Folate and (Vitamin) B12 every three months." R14's Care Plan, dated 6/8/16, states, "Thyroid-Alteration in Metabolic Thyroid Function related to Hypothyroidism, Thyroid tests as ordered-See POS for current dose and schedule...Anemia, Obtain and monitor labs as ordered (See POS for current orders). Report abnormal labs to MD (medical doctor)." R14's Current Medical Record documents R14's Parathyroid, Folate, and Vitamin B12 laboratory monitoring was completed last on 6/9/16. On 12/1/16 at 2:00 p.m., E2 (Director of Nurses/DON) stated, "(R14's) labs for Parathyroid, Folate and B12 have not been monitored according to Physician Orders. (R14) was discharged and readmitted sometime in September and those orders did not get sent to the lab upon readmission."	F 502			
F 514	483.70(i)(1)(5) RES	F 514			

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F 514 SS=D	Continued From page 34 RECORDS-COMPLETE/ACCURATE/ACCESSIBLE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to transcribe an order to discontinue	F 514			

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F 514	<p>Continued From page 35</p> <p>isolation precautions for one of four residents (R14) reviewed for infections in a sample of 19.</p> <p>Findings include:</p> <p>R14's Physician Orders written on a Laboratory result, dated 7/13/16, states, "D/C (Discharge) isolation."</p> <p>R14's Physician Orders Sheet (POS), dated 12/1/16 through 12/31/16 , states, "Miscellaneous Orders: Strict Isolation Isolation for VRE/ KRE (Vancomycin-Resistant Enterococcus/ Klebsiella-Resistant Enterococcus), MRSA (Methicillin-Resistant Staphylococcus Aureus) in nares."</p> <p>On 12/1/16 at 2:00 p.m., E2 (Director of Nurses/DON) stated, "(R14) is not in isolation. The order should be taken off (R14's) POS."</p>	F 514			