

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

PRINTED: 03/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2016	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - BLACK HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 NORTH 7TH STREET RAPID CITY, SD 57701		
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F 176	<p>Continued From page 1 the bedside. Findings include:</p> <p>1. Random observations on 2/22/16 revealed resident 12 had a tube of Triamcinolone Acetate 0.1% (percent) cream and Voltaren 1% gel on her overbed stand.</p> <p>Review of resident 12's medical record revealed a 2/10/15 admission nursing assessment with the question "Does resident want to self-administer medications?" The box was checked "No."</p> <p>Review of the 2/11/16 signed physician's orders revealed: *An order for "Voltaren Gel 1% apply to Rt [right] shoulder topically four times a day for pain." *No order for self-administration of that medication. *There had been no physician's order for Triamcinolone Acetate cream or to self-administer that medication.</p> <p>There had not been an interdisciplinary assessment of the resident's ability to self-administer either medications.</p> <p>Review of the 2/10/16 care plan did not reveal the resident's wishes to self-administer medications.</p> <p>2. Random observations on 2/22/16 revealed resident 13 had a brown pill bottle in her room on the small dresser with "TUMS" handwritten on the lid. That bottle did not have a pharmacy label on it.</p> <p>Observation on 2/22/16 at 11:55 a.m. revealed registered nurse C entered resident 3's room, and put on the dresser the brown bottle with "Tums"</p>	F 176	<p>Residents residing in the facility who wish to self administer medications have the potential to be affected in a similar manner.</p> <p>The Director of Nursing, interdisciplinary team and Medical Director has reviewed the Self-Administration of Drug policy</p> <p>Nursing staff has completed room observations to ensure no medications are in resident rooms. Residents who wish to self administer medications have been identified and a Self Administration of Medication Evaluation has been completed. Residents who have been deemed safe to self administer medications have been educated and are in compliance with the Self Administration of Medication policy. New residents admitted to the living center will be educated on the Self Administration of Medication policy upon admission.</p> <p>Nursing staff have been re-educated on the Self Administration of Medication policy. *which includes physicians orders. Assessment and care planning.</p>	

physician order is in place.
JK/SDDO/H/EL

JK/SDDO/H/EL

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F 176	<p>Continued From page 2</p> <p>handwritten on the lid. There were five pills in that bottle. That bottle did not have a pharmacy label with directions for use.</p> <p>Review of an admission nursing assessment completed on 12/14/15 had a question "Does resident wish to self-administer medications?" The box was checked "No."</p> <p>Review of the 1/8/16 signed physician's orders revealed an order for "Calcium Antacid tablet chewable [Tums], give five tablet by mouth one time a day. Assure there are five tablets of Tums in bed side bottle. Chart number of Tums replace."</p> <p>There had not been an interdisciplinary assessment of the resident's ability to self-administer medications.</p> <p>Review of the 12/14/15 care plan did not reveal the resident's wishes to self-administer medications.</p> <p>3. Interview on 2/22/16 at 3:15 p.m. with the director of nursing regarding residents 12 and 13 confirmed she would have expected the following:</p> <ul style="list-style-type: none"> *The residents to have been assessed to determine their ability to self-administer medications. *The physicians to have been contacted and appropriate medication orders for self-administration of medications. *The care plan to have reflected the residents' wishes to self-administer medications. *The medicatons to have pharmacy labels on them with directions for use. *The provider's policy to have been followed for residents' self-administration of medications. 	F 176	<p>Director of nursing or designee will complete audits weekly x4 then monthly x2 to ensure residents who self administer medications are in compliance with the policy and will bring results of audits to the monthly QAPI meeting for further review and recommendations.</p> <p>*are care planned JK/SDDO/H/EL</p> <p>*of all the residents who wish to self-administer medications JK/SDDO/H/EL</p>	
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F 176	Continued From page 3 Review of the provider's revised November 2011 Self Administration of Medications policy revealed: **"If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive [thinking] (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process." **"For these residents who self-administer, the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on an ongoing basis or when there is a significant change in condition. -The resident is asked to complete a bedside record indicating the administration of the medication (if bedside storage is to be used)." **"The results of the interdisciplinary team assessment of resident skills and of the determination regarding bedside storage are recorded in the resident's medical record, on the care plan." **"If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted."	F 176		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the	F 278	F278 MDS Accuracy Resident #2, #3, #7 and #8 MDS Assessments have been modified in section K to reflect accurate information.	*4/11/16 JHISODDHEL

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F 278	<p>Continued From page 4 assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32355 Based on record review, interview, and manual review, the provider failed to ensure the Minimum Data Set (MDS) assessment had been coded accurately for 4 of 11 sampled residents (2, 3, 7, and 8). Findings include:</p> <p>1. Review of resident 7's medical record revealed: *An admission date of 1/13/16. *Diagnoses of urinary tract infection, sepsis (infection in the blood), and malnutrition (lack of adequate nutrition, caused by not having enough to eat, not eating enough of the right things). *History of weight loss.</p>	F 278	<p>Residents residing in the facility who experience weight loss have the potential to be affected in a similar manner. Residents with weight loss will be reviewed and section K of the most recent MDS will be audited to ensure coding accuracy</p> <p>MDS Coordinator has been reeducated on accurate coding of section K</p> <p>Director of nursing or designee will complete audits weekly x4 then monthly x2 to ensure residents who experienced significant weight loss are accurately coded in section K on the most recent MDS and will bring results of audits to the monthly QAPI meeting for further review and recommendations.</p> <p><i>*on all residents with weight loss and 5 random residents at risk for weight loss JH/SDDO/H/EL</i></p>	

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F 278	<p>Continued From page 5</p> <p>Review of resident 7's documented weights revealed on: *1/13/16 (admission), 107.5 pounds (lb). *1/26/16, 107.0 lb. *2/5/16, 86.0, lb. *2/12/16, 85.0 lb.</p> <p>Review of resident 7's 1/27/16 admission nutritional assessment revealed: *"Resident is on mechanical diet. Intake is breakfast 43%, lunch is 40%, dinner 25%, and overall intake is 36%. No current labs [laboratory tests] at this time. He is eating in restorative dining room to encourage intake. Will continue with plan of care." *No further nutritional assessments had been completed after 1/27/16.</p> <p>Review of resident 7's MDS assessments under section K revealed: *An admission assessment completed on 1/20/16. His weight had been coded as 108 lb. *A thirty day assessment completed on 2/10/16. His weight had been coded as 86 lb with "No or unknown weight loss of 10% [percent] in past six months."</p> <p>In calculating the weight loss from admission with the thirty day assessment revealed a 20.4 % weight loss. The thirty day MDS assessment did not reveal a weight loss had occurred. That assessment coded him to be healthier than he was.</p> <p>Interview on 2/23/16 at 9:50 a.m. with the certified dietary manager confirmed resident 7's thirty day assessment had not been coded correctly. The assessment should have reflected a 10% or greater weight loss.</p>	F 278		
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F 278	<p>Continued From page 6</p> <p>Surveyor: 32572 2. Review of resident 2's medical record revealed the following documented weights: *11/23/15, 160.0 lb. *11/29/15, 162.0 lb. *12/1/15, 164.0 lb. *1/6/16, 150.0 lb. *2/5/16, 142.0 lb. *2/12/16, 140.5 lb. *2/19/16, 142.5 lb.</p> <p>Review of resident 2's MDS assessments revealed no weight loss documented on the 11/23/15 admission and the 12/14/15 significant change assessments. There were no other assessments completed.</p> <p>Review of resident 2's 12/14/15 care plan revealed a focus area of "Resident is above her BMI (measurement of body fat). The goal were to "Have no significant weight gain of 5% in 30 days or 10% in 180 days." An intervention of "Ensure [nutritional supplement] 1 can BID [twice a day]" had been implemented on 1/22/16.</p> <p>Review of weights from the medical record revealed a calculated weight loss from 12/1/15 compared to 1/6/16 revealed an 8.53% weight loss within a month. The resident had not been re-weighed. Interventions were implemented approximately sixteen days after the weight loss had been documented.</p> <p>Review of the RAI manual, MDS 3.0, Version 1.13 revealed "If the resident is losing a significant amount of weight, the facility should not wait for the 30-or 180-day timeframe to</p>	F 278			

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F 278	<p>Continued From page 7</p> <p>address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status."</p> <p>3. Review of resident 3's medical record revealed the following documented weights: *Admission (7/20/15), 189.5 lb. *8/6/15, 175.0 lb. *8/26/15, 181.0 lb. *9/10/15, 165.0 lb. *10/24/15, 160.0 lb. *11/24/15, 160.0 lb. *12/3/15, 168.0 lb. *1/6/15, 153.0 lb.</p> <p>Review of resident 3's MDS assessments revealed no weight loss documented for the following assessments: *7/27/15, admission, 190.0 lb. *8/17/15, thirty day, 175.0 lb. *9/2/15, significant change, 181.0 lb. *10/21/15, sixty day, 165.0 lb. *12/2/15, quarterly, 159.0 lb.</p> <p>Review of resident 3's Nutrition Assessments for the following dates revealed: *7/21/15 "Total nutritional intake meets estimated needs. Expecting slow wt [weight] loss with further fluid losses." *8/27/15 "Total nutritional intake meets estimated needs. Wt. [weight] fluxing over past 2 months, unable to follow trend. Developed unstageable PU [pressure ulcer] to L [left] 5th toe. WCT [wound care team] is on case. PO [oral] meeting/exceeding needs for healing." *9/15/15 "Total nutritional intake meets estimated needs. Wt. trending down with diuresis [removal of fluid]. Also adding HS [bedtime] Ensure for wt</p>	F 278			

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F 278	<p>Continued From page 8 maintenance."</p> <p>*9/22/15 "Total nutritional intake does not meet estimated needs. Unintentional wt loss related to recent illness as evidenced by 12% wt loss over the past 30 d [days]." The nutritional goals was, "Wt stable at present wt, no further lossess."</p> <p>Weight calculations were done from the following assessment and revealed: *The 7/27/15 admission assessment with the 8/17/15 thirty day assessment revealed there had been a 7.89% weight loss. That thirty day MDS assessment did not reveal a weight loss had occurred. *The 7/27/15 admission assessment with the 9/2/15 significant change assessment revealed there had been a 11.57% weight loss. That significant change MDS assessment did not reveal a weight loss had occurred. *The 7/27/15 admission with the 10/21/15 sixty day assessment revealed there had been a 13.15% weight loss. That sixty day MDS assessment did not reveal a weight loss had occurred. *The 7/27/15 admission with the 12/2/15 quarterly assessment revealed there had been a 16.31% weight loss. That quarterly MDS assessment did not reveal a weight loss had occurred.</p> <p>Review of resident 3's revised 12/8/15 care plan revealed he had been at risk for weight loss. The goal was "No significant weight change of 5% in 30 days or 10% in 180 days."</p> <p>4. Review of resident 8's medical record revealed the following documented weights: *12/31/15, Admission, 136.0 lb. *1/6/16, 134.0 lb. *1/7/16, 126.2 lb.</p>	F 278			

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F 278	<p>Continued From page 9</p> <p>*2/12/16, 116.5 lb. *2/19/16, 119.0 lb.</p> <p>Review of the MDS assessments revealed no weight loss documented for the following assessments: *Admission 12/31/15, 136.0 lb. *Thirty day 1/21/16, 126.0 lb. *Sixty day 2/18/16, 117.0lb.</p> <p>Review of the Nutrition Assessments for the following dates revealed: *12/29/15 "The total nutrition intake does not meet estimated needs. RSD [resident] arriving s/p [status post] fall with hip FX [fracture]. Was eating below estimated needs per [name of hospital] records w/ [with] trend continuing here at SNF [skilled nursing facility]." *1/4/16 "Was there a change in weight-No change."</p> <p>Weight calculations were done from the following assessment and revealed: *The 12/31/15 admission assessment with the thirty day assessment revealed there had been a 7.35% weight loss. The thirty day MDS assessment did not reveal a weight loss had occurred. *The 12/31/15 admission assessment with the sixty day assessment revealed there had been a 13.97% weight loss. The sixty day assessment did not reveal a weight loss had occurred.</p> <p>Review of the 1/1/16 care plan revealed a focus area of "Altered nutrition and potential for dehydration, related to dx [diagnosis] of hypothyroidism [low function of thyroid gland], hyperlipidemia [elevated blood fat], anemia, GERD [heart burn], edema [swelling of legs],</p>	F 278		

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F 278	Continued From page 10 HTN [high blood pressure], daily diuretic [fluid pill] use." There was another 1/4/16 care plan with the focus area of "Resident is on a regular diet." The goal was "No significant weight change of 5% in 30 days or 10% in 180 days." Interview on 2/22/16 at 11:37 a.m. with the director of nursing and the MDS assessment nurse confirmed the RAI manual they currently used was Version 1.13. They confirmed the dietary manager completed that section of the MDS assessment, and residents 3 and 8's weight losses were not coded correctly. Review of the RAI manual, MDS 3.0, Version 1.13, revealed the definition of a weight loss was "Loss of 5% or more in the last month or loss of 10 % or more in the last 6 months."	F 278			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's	F 280	F 280 Care plan revision Resident #2, #3, #7 and #8 Care plans have been reviewed and revised to reflect accurate information. Residents residing in the facility who experience weight loss have the potential to be affected in a similar manner. Care plans for residents with weight loss will be reviewed and revised to ensure accuracy	*A/11/16 JK/SDDOHEL	

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F 280	<p>Continued From page 11</p> <p>legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32572 Based on interview, record review, and policy review, the provider failed to ensure residents' care plans reflected the current residents' status for 4 of 11 sampled residents (2, 3, 7, and 8). Findings include:</p> <ol style="list-style-type: none"> 1. Review of resident 2's medical record revealed a significant weight loss. Refer to F278, finding 2. 2. Review of resident 3's medical record revealed a laboratory finding from a 9/28/15 culture of a toe wound had Methicillin Staphylococcus Resistant Aureus (MRSA, hard to treat infection). <p>Review of resident 3's revised 12/8/15 care plan revealed a focus area "Readmitted with non pressure chronic ulcer on left 5th toe." There was no mention in that care plan about the MRSA in his wound and how to care for the MRSA infection.</p> <p>Interview on 2/22/16 at 3:55 p.m. with the infection control nurse confirmed she would have expected the MRSA infection to have been included on the care plan. That care plan would also indicate if the resident had drainage from the wound and how care should be handled.</p> <p>and care plan revision will be completed on any resident having a significant change. Refer to F278, finding 3.</p>	F 280	<p>Department managers and nursing staff have been re-educated on the care plan process.</p> <p>Care plans will be reviewed and revised during daily clinical start up with resident condition changes to accurately drive the resident's care.</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents care plan accurately reflects the resident's current care needs and will bring results of audits to the monthly QAPI meeting for further review and recommendations.</p> <p>*All residents care plans will be audited by April 11th, 2016 to ensure they reflect current status to include Sepsis and MRSA concerns. In addition a MDS assessment</p>	
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - BLACK HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 1620 NORTH 7TH STREET RAPID CITY, SD 57701
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F 280	<p>Continued From page 12</p> <p>3. Review of resident 8's medical record revealed a significant weight loss. Refer to F278, finding 4.</p> <p>Surveyor: 32355</p> <p>4. Review of resident 7's medical record revealed:</p> <ul style="list-style-type: none"> *An admission date of 1/13/16. *Diagnoses of urinary tract infection, sepsis (infection in the blood), and malnutrition (lack of adequate nutrition, caused by not having enough to eat, not eating enough of the right things). *A significant weight loss within thirty days of admission. <p>Review of resident 7's 1/27/16 comprehensive care plan revealed:</p> <ul style="list-style-type: none"> *A focus area "Resident is on a mechanical diet." *There was no documentation to support: <ul style="list-style-type: none"> -His diagnosis of malnutrition and history of weight loss. -A dietary supplement had been initiated prior to 2/8/16. <p>Interview on 2/23/16 at 9:15 a.m. with the director of nursing (DON) revealed:</p> <ul style="list-style-type: none"> *Resident 7's care plan should have identified his diagnosis of malnutrition and history of weight loss with interventions for the staff to follow. *The interdisciplinary care team and nursing staff had been responsible for the reviewing and revising of the care plans. *His care plan had not reflected the current health status and level of care he had required. <p>Interview on 2/23/16 at 9:30 a.m. with Minimum Data Set assessment nurse (B) confirmed the above interview with the DON.</p>	F 280		
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F 280	Continued From page 13 Review of the provider's 2/26/15 Interdisciplinary Care Plan policy revealed: **"The interdisciplinary care plan is implemented to guide the LivingCenter in the provision of necessary care and services to attain or maintain the highest practicable physical, mental, and psycho-social well being of the resident and to promote the participation of the resident, family, or legal representative in planning care." **"The interdisciplinary care plan will be reviewed at least quarterly to evaluate effectiveness and be revised/updated as necessary to address resident needs in accordance with the most current assessment." **"Interventions that have proved ineffective must be changed on care plans immediately."	F 280			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 29354 Based on observation, record review, interview, and policy review, the provider failed to ensure physician's orders were followed for one of five sampled residents (1) who required oxygen. Findings include: 1. Random observations on 2/22/16 from 8:15 a.m. through 2:30 p.m. in resident 1's room revealed:	F 281	F281 Professional Standards Resident #1 oxygen flow rate was immediately corrected upon notification Residents residing in the facility who utilize oxygen have the potential to be affected in a similar manner. Residents with oxygen orders have been reviewed and oxygen flow rates, humidifier bottles and filters have been verified via concentrator to ensure compliance with policy. *Maintenance will clean or change oxygen concentrator filters at least weekly or when soiled. JH/SDOCH/EL	*4/11/16 JH/SDOCH/EL	

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F 281	<p>Continued From page 14</p> <ul style="list-style-type: none"> *She had oxygen tubing in her nose. *The tubing was connected to an oxygen concentrator. *The liter of oxygen flow was set at five. *There was an empty humidifier bottle connected to the concentrator. *There was no date or time written on the empty humidifier bottle. <p>Review of the 1/18/16 physician's order revealed oxygen at 2L (two liters) per NC (nasal canula).</p> <p>Review of the 1/19/16 care plan revealed intervention for oxygen at 2L continuous per NC.</p> <p>Review of the February 2016 medication and treatment administration record revealed no documentation for when the humidifier bottle had been opened or placed.</p> <p>Observation and interview on 2/22/16 at 2:20 p.m. with licensed practical nurse A regarding resident 1 confirmed:</p> <ul style="list-style-type: none"> *The oxygen concentrator was set at five liters. *There was no water in the attached oxygen humidifier bottle on the concentrator. *There should have been water in the attached humidifier bottle. *Nurses were responsible to change the oxygen humidifier bottles when they had become empty. <p>Interview on 2/22/16 at 3:00 p.m. with the director of nursing regarding resident 1 revealed:</p> <ul style="list-style-type: none"> *The oxygen rate should have been set at 2L per NC. *The empty humidifier bottle should have been replaced. *Her expectations were for the nurses to follow the physician's orders for oxygen. 	F 281	<p>Nursing staff have been re-educated on verifying correct flow rate with physician orders. The oxygen flow rate has been added to the treatment administration record each shift to verify compliance to policy.</p> <p>Maintenance will clean or change oxygen concentrator filters weekly.</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents oxygen flow rate and humidifier bottles are being administered according to physician orders/policy and will bring results of audits to the monthly QAPI meeting for further review and recommendations.</p> <p>Executive Director or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents oxygen concentrator filter has been cleaned or changed weekly and will bring results of audits to the monthly QAPI meeting for further review and recommendations.</p>	<p><i>*OP resident on oxygen JH/SDD/HJL</i></p>

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F 281	<p>Continued From page 15</p> <p>Interview on 2/23/16 at 2:00 p.m. with the director of clinical education revealed: *There was no specific policy for physician's orders. *The nurses were to follow nursing standards of practice. *The standard of practice was to follow the South Dakota Board of Nursing standards of practice.</p> <p>Review of the provider's 1/26/15 Oxygen Administration policy revealed: **"Check physician's order for liter flow and method of administration. *Label humidifier with date and time opened. *Documentation may include: If prefilled oxygen humidifiers are used, it is recommended that the date the humidifier is to be changed be entered on a nursing form (i.e., medication or treatment form) and initialed each time humidifier is changed. *Humidifier should be labeled with the date and time changed."</p> <p>Review of Patricia A. Potter and Anne Griffin Perry, Fundamentals of Nursing, 8th Ed., pp. 4, 305, and 850, St. Louis, Mo, 2013, revealed: *Page 4: "The Standards of Practice describe a competent level of nursing care. The nursing process is the foundation of clinical decision making and includes all significant actions taken by nurses in providing care to patients." *Page 305: "The health care provider (physician or advanced practice nurse) is responsible for directing medical treatment. Nurses follow health care providers' orders unless they believe the orders are in error or harm patients." *Page 850: "The dosage or concentration of oxygen is monitored continuously. Routinely</p>	F 281		

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F 281	Continued From page 16 check the health care provider's orders to verify that the patient is receiving the prescribed oxygen concentration."	F 281			
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Surveyor: 32355 Based on observation, interview, record review, and policy review, the provider failed to initiate interventions in a timely manner for 4 of 11 sampled residents (2, 3, 7, and 8) with significant weight loss. Findings include: 1. Observation on 2/22/16 at 10:30 a.m. of resident 7 revealed: *He had been laying in bed resting. *He appeared to be very thin and weak. *His bones were easily noticeable through his skin. Review of resident 7's medical record revealed: *An admission date of 1/13/16. *Diagnoses of urinary tract infection, sepsis (infection in the blood), and malnutrition (lack of adequate nutrition, caused by not having enough to eat, not eating enough of the right things). *He had a long history of weighing less than his	F 309	F309 Necessary Care for Highest Practical Well Being Resident #2, #3, #7 and #8 have had a nutrition assessment completed by the RD and interventions have been implemented. Care plans have been reviewed and revised to reflect these interventions. Residents residing in the facility who experience weight loss have the potential to be affected in a similar manner. A nutrition assessment has been completed by the RD and interventions have been implemented. Care plans have been reviewed and revised to reflect these interventions. The Director of Nursing, Dietary Manger, Registered Dietician and Interdisciplinary team have reviewed the weight management policy.		

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F 309	<p>Continued From page 17</p> <p>ideal body weight (IBW) of 126-154 pounds (lb). *His admission weight had been 107.5 lb. *A significant weight loss within thirty days of admission. His weight had decreased to eighty-six pounds within thirty days. *He had been ordered a regular diet with soft textures upon admission. *He was to have been weighed weekly.</p> <p>Interview on 2/22/16 at 10:35 a.m. with certified nursing assistant (CNA) E regarding resident 7 revealed: *He had been admitted in a weakened state. *The staff had been able to get him out of bed at least once a day for meals. *She had been able to get him out of bed for breakfast. He would eat the rest of his meals in bed that day. *His appetite was poor, and he had been placed in the restorative dining room for cueing, encouragement, and assistance. *He had required staff assistance with eating when he was in bed. *He had a history of severe weight loss and was taking a supplement. *He had been working with therapies to increase his strength, but they recently discontinued their services due to his poor tolerance level. *The goal was for him to have an increase in weight before the therapy department attempted to work with him again.</p> <p>Review of resident 7's 1/13/16 through 2/22/16 meal intake records revealed: *No meal intake monitoring had been initiated until 1/16/16. *His meal intake varied from 0 percent (%) to 100%.</p>	F 309	<p>Residents have been weighed and evaluated for weight loss. RD and physician have been notified of any significant weight loss and appropriate interventions have been initiated to maintain or prevent any further weight loss. Residents' weights and meal intake will be reviewed in daily clinical start up meetings with appropriate referrals and follow up initiated. *by DNS or designee. JH/SDDBH/EL</p> <p>*CNA'S Nursing staff have been reeducated on weight policy and initiation of notification to RD and physician as well as accurate and consistent documentation of meal intake</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents have been weighed and weight policy is being followed and meal intake is documented. Results of audits will be brought to the monthly QAPI meeting for further review and recommendations. JH/SDDBH/EL</p> <p>*by DNS or designee</p> <p>*Of residents that have been identified with weight loss JH/SDDBH/EL</p>	

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F 309	<p>Continued From page 18</p> <p>Review of resident 7's documented weights revealed on:</p> <ul style="list-style-type: none"> *1/13/16 (admission), 107.5 lb. *1/26/16, 107.0 lb. *2/5/16, 86.0 lb. *2/12/16, 85.0 lb. <p>*No documentation to support he had been weighed the week of 1/17/16.</p> <p>Interview on 2/23/16 at 9:10 a.m. with CNA D revealed:</p> <ul style="list-style-type: none"> *Residents would have been weighed every week on their bath day by the bath aide. *The bath aide had been pulled to assist on the floor frequently due to staffing issues. *No weights would have been done when the bath aide was pulled from her regular duties to assist on the floor. *When a resident refused their bath they would not have been weighed. <p>Review of resident 7's physician's orders revealed:</p> <ul style="list-style-type: none"> *On 1/13/16: He should have been receiving a supplement per the registered dietician's (RD) recommendations. There was no documentation to support what those RD recommendations had been. *On 2/4/16: <ul style="list-style-type: none"> -He had been seen by the physician. -The physician had ordered an Ensure supplement to be given twice a day. -No documentation to support his current diet orders had been reviewed for appropriate caloric and protein intake. *On 2/8/16: The physician had ordered Remeron (antidepressant) 15 milligrams to be given once a day for weight loss. *On 2/11/16: The physician had ordered: 	F 309		

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F 309	<p>Continued From page 19</p> <p>-Prostat (high protein drink) 30 cubic centimeter (cc) to be given twice a day.</p> <p>-A multivitamin with minerals to be given once a day.</p> <p>Review of resident 7's February 2016 medication administration record confirmed he had not received a supplement prior to 2/4/16 as previously had been ordered on 1/13/16.</p> <p>Review of resident 7's 1/13/16 through 2/22/16 nursing progress notes revealed no documentation to support the resident's diagnosis of malnutrition and weight loss. His weighing less than his IBW had not been identified with interventions needed until 2/7/16.</p> <p>Review of resident 7's 1/27/16 admission nutritional assessment by the certified dietary manager (CDM) revealed: *"Resident is on mechanical diet. Intake is breakfast 43%, lunch is 40%, dinner 25%, and overall intake is 36%. No current labs [laboratory tests] at this time. He is eating in restorative dining room to encourage intake. Will continue with plan of care." *He had been 68 inches tall with an IBW range of 126-154 lb. His admission weight had been 108 lb. and was documented at 108 lb as of 1/27/16. *No further nutritional assessments had been completed after 1/27/16.</p> <p>Review of resident 7's 1/27/16 comprehensive care plan revealed: *A focus area "Resident is on a mechanical diet." *There was no documentation to support: -His diagnosis of malnutrition and history of weight loss. -A dietary supplement had been initiated prior to</p>	F 309		

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F 309	<p>Continued From page 20 2/8/16.</p> <p>Review of resident 7's 1/20/16 care conference meeting revealed no documentation to support his: *Diagnosis of malnutrition with a history of weight loss. *Poor meal intake. *Current diet and need for supplementation.</p> <p>Review of resident 7's weekly care management meetings from 1/13/16 through 2/22/16 revealed no documentation to support: -The above areas of concern had been identified. -Who attended those meetings.</p> <p>Review of resident 7's MDS assessments under section K revealed: *An admission assessment completed on 1/20/16. His weight had been coded as 108 lb. *A thirty day assessment completed on 2/10/16. His weight had been coded as 86 lb with "No or unknown weight loss of 10% [percent] in past six months."</p> <p>In calculating the weight loss from admission with the thirty day assessment revealed a 20.4% weight loss. The thirty day MDS assessment did not reveal a weight loss had occurred. That assessment coded him to be healthier than he was.</p> <p>Interview on 2/23/16 from 9:15 a.m. through 9:30 a.m. with the director of nursing (DON) regarding resident 7 revealed: *There had not been an RD consultant to review his nutritional history and provide direction to the CDM and staff since 1/15/16. *The CDM had attempted to consult with another</p>	F 309			

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F 309	<p>Continued From page 21</p> <p>RD by email. That RD had not responded to any of the CDM's emails.</p> <p>*She agreed:</p> <ul style="list-style-type: none"> -The resident's health and nutritional concerns had not been identified in a timely manner. -Appropriate interventions for his history of malnutrition and significant weight loss had not been put in place in a timely manner. <p>*She would have expected:</p> <ul style="list-style-type: none"> -The CDM and nursing staff to have identified those areas of concern upon admission. -Weights to have been completed even when no bath was given. -The care plan to address his diagnoses of malnutrition, nutritional concerns, and history of weight loss with appropriate goals and interventions. -The interdisciplinary care team to have identified those areas of concern with his care conference on 1/20/16. <p>Interview on 2/23/16 at 9:30 a.m. with Minimum Data Set (MDS) assessment nurse B confirmed the above interview with the DON.</p> <p>Interview on 2/23/16 at 9:50 a.m. with the CDM regarding resident 7 revealed:</p> <ul style="list-style-type: none"> *She would not have been involved with the resident's nutritional status and interventions until a weight loss had been identified. *She had not been aware of his malnutrition issues until three or four days after his admission on 1/13/16. *She had not been able to consult with an RD since 1/15/16. *She agreed his nutritional concerns, weight loss, and diagnosis of malnutrition should have been identified upon admission. *She had relied upon the nursing department or 	F 309		

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F 309	<p>Continued From page 22</p> <p>the RD to order supplements. She did not have that capability.</p> <p>*His diet had not been changed to include fortified foods until after a significant weight loss had been identified on 2/5/16.</p> <p>*Restorative dining for cueing and assistance had been the only intervention put in place prior to the physician's orders on 2/4/16.</p> <p>*She agreed:</p> <ul style="list-style-type: none"> -The interdisciplinary care team should have identified his nutritional concerns and needs upon admission on 1/13/16 and at the care conference on 1/20/16. -The care plan had not identified all of his current care status and health status. -The thirty day MDS assessment had been incorrectly coded. It should have identified a significant weight loss. <p>Review of the provider's 12/17/15 Weight and Height Measurement policy revealed:</p> <p>*Purpose:</p> <ul style="list-style-type: none"> -"To maintain constant control of weight changes." -"To assess nutrition and hydration status of resident." -"To identify significant change in condition." <p>*Care plan documentation guidelines:</p> <ul style="list-style-type: none"> -"Consider listing possible risks and complications." -"List instructions unique to this resident." -"List necessary monitoring and observation of the resident's weight and nutrition/hydration status." <p>*Height and weight "is recorded by the nursing department upon admission, monthly, and more often if risk is identified."</p>	F 309			

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F 309	<p>Continued From page 23 Surveyor: 32572</p> <p>2. Review of resident 2's medical record revealed the documented weights were: *11/23/15, 160.0 lb. *11/29/15, 162.0 lb. *12/1/15, 164.0 lb. *1/6/16, 150.0 lb. *2/5/16, 142.0 lb. *2/12/16, 140.5 lb. *2/19/16, 142.5 lb.</p> <p>Weight calculations were done from the following assessment and revealed: *A weight loss from 12/1/15 with 1/6/16 of 8.53 %. -Ensure supplements were added to her diet on 1/12/16. *A weight loss from 1/6/16 with 2/5/16 of 5.33%. -There was no change in her plan of care with this weight loss.</p> <p>Review of resident 2's 12/14/15 care plan revealed: *A focus area of "Resident is above her BMI (measurement of body fat)." *The goals were to "Have no significant weight gain of 5% in 30 days or 10% in 180 days." *An intervention of "Ensure one can BID [twice a day]" had been implemented on 1/22/16. *There was no documentation about weight loss.</p> <p>3. Review of resident 3's medical record revealed the documented weights were: *Admission (7/20/15), 189.5 lb. *8/6/15, 175.0 lb. *8/26/15, 181.0 lb. *9/10/15, 165.0 lb. *10/24/15, 160.0 lb. *11/24/15, 160.0 lb. *12/3/15, 168.0 lb.</p>	F 309			

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F 309	<p>Continued From page 24 *1/6/15, 153.0 lb.</p> <p>Weight calculations were done from the following assessment and revealed: *A weight loss from admission with 8/6/15 of 7.67 %. *A weight loss from 8/6/15 with 9/10/15 of 5.71%. *A weight loss from 12/3/15 with 1/6/16 of 8.92%. -One scoop of Pro-pass was added to morning cereal and meals were fortified on 10/20/15. -Ensure-Plus 1 can at bedtime was added on 1/12/16 for weight loss.</p> <p>Review of resident 3's revised 12/8/15 care plan revealed he had been at risk for weight loss. The goal was "No significant weight change of 5% in 30 days or 10% in 180 days."</p> <p>4. Review of resident 8's medical record revealed the documented weights were: *Admission (12/24/15), 136 lb. *1/1/16, 134.0 lb. *1/4/16, 129.0 lb. *1/7/16, 126.2 lb. *2/1/16, 115.0 lb. *2/12/16, 115.0 lb. *2/19/16, 116.5 lb.</p> <p>Calculating weight loss from the weight documentation from 1/1/16 with the 2/1/16 weight revealed a 14.17% weight loss.</p> <p>Review of the 1/1/16 care plan revealed: *A focus area of "Altered nutrition and potential for dehydration, related to dx [diagnosis] of hypothyroidism [low function of thyroid gland], hyperlipidemia [elevated blood fat], anemia, GERD [heart burn], edema [swelling of legs], HTN [high blood pressure], daily diuretic [fluid pill]</p>	F 309		

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F 309	Continued From page 25 use." *There was another 1/4/16 care plan with focus area of "Resident is on a regular diet." The goal was "No significant weight change of 5% in 30 days or 10% in 180 days." *Neither of those care plans had not indicated supplements used. Review of the nutrition notes by the CDM revealed she had a history of poor intake of food and fluids. She had been eating below her estimate nutritional needs. Review of the RAI manual, MDS 3.0, Version 1.13, revealed "If the resident is losing a significant amount of weight, the facility should not wait for the 30- or 180-day timeframe to address the problem. Weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status."	F 309		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Surveyor: 29354	F 314	F314 Pressure Ulcers Resident #4 stage 3 pressure ulcer is closed. Residents residing in the facility who have pressure ulcers or are at risk for developing pressure ulcers have the potential to be affected in	*4/11/16 JK/SDDOHEE

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F 314	<p>Continued From page 26</p> <p>Based on observation, interview, record review, and guideline review, the provider failed to ensure preventative interventions for one of one sampled resident (4) who had acquired a stage three pressure ulcer (full thickness tissue loss) while a resident in the facility. Findings include:</p> <p>1. Observation on 2/22/16 at 8:20 a.m. in resident 4's room revealed: *She had been laying in bed with oxygen tubing connected to an oxygen concentrator. *There were no ear covers on the oxygen tubing for either ear.</p> <p>Interview on 2/22/16 at 10:10 a.m. with licensed practical nurse (LPN)/wound nurse A regarding resident 4 revealed: *She had acquired a stage three pressure area to her right ear from the oxygen tubing on 2/21/16. *Interventions included the placement of foam ear covers over each ear.</p> <p>Observation on 2/22/16 at 10:35 a.m. in the therapy room of resident 4 revealed she: *Had been using her oxygen. *Did not have foam ear covers for the tubing for either ear.</p> <p>Observation on 2/22/16 at 11:45 a.m. of resident 4 in the main dining room revealed she: *Had been using her oxygen. *Did not have foam ear covers for the tubing for either ear.</p> <p>Review of resident 4's medical record revealed: *The 2/21/16 at 10:02 a.m. nursing progress notes: "Noted stage three pressure area on top of right ear. Dr. [doctor] and family notified. Oxy ears put on oxygen tubing."</p>	F 314	<p>a similar manner. Current residents have been reviewed and those identified with a pressure ulcer or at risk for developing a pressure ulcer have had a nutrition assessment completed by the RD, physician has been notified and nursing interventions initiated. New residents admitted to the living center will be reviewed upon admission in this manner. Residents' with pressure ulcers will be reviewed in daily clinical start up meetings to ensure appropriate referrals and follow up is in place.</p> <p>The Director of Nursing and Interdisciplinary team have reviewed the Skin Integrity Guideline.</p> <p>Nursing staff have been reeducated on the Skin Integrity Guideline</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents at risk for or have pressure ulcers have had a nutrition assessment completed by the RD, physician has been notified and nursing interventions initiated. Results of audits will be brought to the monthly QAPI meeting for further review and recommendations.</p>	

**with DNS or designee JH/SDD/HEL*

**on residents at risk for pressure ulcers or have pressure ulcers. JH/SDD/HEL*

**by DNS or designee JH/SDD/HEL*

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F 314	<p>Continued From page 27</p> <p>*The 2/22/16 at 2:07 p.m. nursing progress notes: "Received fax from DM [physician] with order for treatment to right ear."</p> <p>*The 2/22/16 nursing progress notes: "Clarified wound care order will start with skin prep to area BID [twice daily] until healed and monitored weekly."</p> <p>Review of the following physician's faxes revealed:</p> <p>*2/21/16: Nursing notified physician of "Resident has a pressure area on top of right ear from oxygen tubing. Have put pads on oxygen tubing. Requesting treatment to area until healed.</p> <ul style="list-style-type: none"> -1. A hydrocolloid to area two times a week. -2. Apply skin prep to area BID until healed. -3. Bacitracin to area daily after cleaning area daily until healed." <p>-The physician electronically signed and dated that fax on 2/22/16 at 10:45 a.m.</p> <p>*2/22/16: Nursing sent a fax to the physician with "We are using the treatment of skn prep to top right ear BID until healed." The physician electronically signed the fax on 2/23/16 at 10:30 a.m.</p> <p>Review of the Nursing - Dietary communication form dated 2/22/16 "Stage 3 Rt [right] ear top" revealed that was signed by a nurse. Interview on 2/22/16 at 2:40 p.m. with the certified dietary manager (CDM) confirmed she had just received the information regarding the stage three pressure ulcer for resident 4.</p> <p>Review of the following clinical health status for resident 4 revealed on:</p> <p>*11/2/15 Braden Scale for predicting pressure ulcer risk was 18. A score of 15-18 indicated at risk for pressure ulcer.</p> <p>*12/30/15 Braden Scale was 17.</p> 	F 314		

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F 314	<p>Continued From page 28</p> <p>*2/8/16 Braden Scale was 12 indicating high risk for pressure ulcer.</p> <p>Review of the 2/15/16 significant change Minimum Data Set assessment revealed: *A Brief Interview for Mental Status (BIMS) score of 11 indicating moderately cognitively impaired. *The resident was at risk for developing pressure ulcers.</p> <p>Review of the treatment administration record (TAR) revealed "oxy ear on oxygen tubing check every shift for sore right ear" had been added on 2/22/16 at 2:03 p.m.</p> <p>Review of the 2/21/16 at 9:14 a.m. wound evaluation flow sheet revealed: *A 0.4 centimeter (cm) by 0.3 cm by 0.2 cm depth stage three pressure ulcer to right ear. *Current treatment: "Cleaned area applied bacitracin to wound bed and Oxy ears on oxygen tubing."</p> <p>Review of the 2/21/16 care plan entry stated : "Stage 3 top rt ear. area will heal. Tx [treatment] per MD order. Oxy ears on oxygen tubing."</p> <p>Interview on 2/22/16 at 2:15 p.m. with LPN/wound nurse A regarding resident 4 revealed: *The resident did not have an ear cover to her right ear. *She had faxed the physician on 2/21/16 when the pressure ulcer had been found. *She had not contacted dietary about the pressure ulcer. *She had usually contacted dietary within twenty-four hours after finding a pressure ulcer or open skin area.</p>	F 314		
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F 314	<p>Continued From page 29</p> <p>Interview on 2/22/16 at 2:34 p.m. with the CDM revealed: *She had not known resident 4 had a pressure area. *The nursing staff let her know when a resident had developed a pressure area. *The facility was without a registered dietitian (RD).</p> <p>Interview on 2/22/16 at 4:30 p.m. with Minimum Data Set assessment (MDS) nurse B regarding resident 4 revealed *The staff had placed foam coverings over her ears, but she had probably removed them. *She had completed the resident's BIMS test, and it had revealed an "eleven" indicating her memory varied. *Her memory was better in the morning than in the afternoon.</p> <p>Interview and record review on 2/22/16 at 3:35 p.m. with the director of nursing (DON) regarding resident 4 revealed: *They had just received orders from the physician but needed to clarify the orders. *The treatment had not been listed on the TAR. *Oxy ears were not always put on the TAR. *As an intervention she would expect the Oxy ears to have been added to the TAR. *They had just added the oxy ear covers to the TAR on 2/22/16. *They had just received clarification of the physician's order for treatment of the stage three pressure ulcer. *The oxy ears should have been added to the TAR on 2/21/16 since it was an intervention. *The facility was without an RD.</p> <p>Interview on 2/22/16 at 4:15 p.m. with resident 4</p>	F 314		

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F 314	Continued From page 30 revealed: *"They just started putting the oxy ears on her ears an hour ago." *She could not recall the oxy ears on her ears on 2/21/16. Review of the provider's undated Skin Integrity Guideline revealed: *"Nursing notifies dietary of any patient/resident admitted with pressure ulcers or newly identified acquired pressure ulcers. *"Documentation completed by Dining Services Manager or Registered Dietitian occurs on intial notification of a new pressure ulcer and continues monthly for on-healing Stage two or greater areas until healed unless otherwise noted."	F 314			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Surveyor: 29354 Based on interview, record review, and policy review, the provider failed to ensure monthly nutritional assessments were completed for one	F 325	F325 Maintain Nutrition Status/Therapeutic Diet -- Resident #11 has had a nutrition assessment completed by the RD and interventions have been implemented. Care plans have been reviewed and revised to reflect these interventions.	*4/11/16 Jh/sDDCHTEL	

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F 325	<p>Continued From page 31 of one sampled resident (11) who received all nutrition through a tube feeding. Findngs include:</p> <p>1. Interview on 2/22/16 at 8:30 a.m. with Minimum Data Set (MDS) nurse B revealed resident 11 received all her nutrition through a tube feeding (tube inserted into the stomach for nutrition).</p> <p>Review of resident 11's medical record revealed: *Diagnoses of anemia and severe protein calorie malnutrition. *A 2/4/16 physician's order for: -Jevity (a tube feeding nutrition supplement) 1.2 cal [calorie]: "2 cans once a day." -Jevity 1.2 cal: "1 can TID (three times a day)." *"Registered Dietitian [RD] to manage tube feeding."</p> <p>A 1/12/16 care plan for resident 11 revealed: *Was dependent on the tube feeding. *Interventions for formula and feedings as ordered by RD.</p> <p>Review of physician's progress notes for resident 11 with the following dates revealed: *7/13/15: Unable to swallow, required a peg (tube inserted into the stomach) tube for feeding. *8/6/15, 9/3/15, 10/1/15, 10/29/15, 12/3/15, 1/7/16, and 2/4/16: Plan - continue peg tube.</p> <p>Nutrition Assessments for resident 11 with the following dates revealed: *11/17/15 and 12/24/15 had been completed by an RD. *1/7/16 had been completed by the certified dietary manager (CDM). *A nutrititional assessment had not been completed since 12/24/15 by the RD.</p>	F 325	<p>Residents residing in the facility who are tube fed have the potential to be affected in a similar manner. Tubes fed residents have had a nutrition assessment completed by the RD and interventions have been implemented. Care plans have been reviewed and revised to reflect these interventions. Monthly nutrition assessments will be completed by the RD going forward for residents with tube feedings.</p> <p>RD and nursing staff have been reeducated on the nutrition care and enteral feeding policy</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents who are tube fed have had a monthly nutrition assessment completed by the RD and interventions have been initiated and care plan has been revised with these interventions. Results of audits will be brought to the monthly QAPI meeting for further review and recommendations.</p> <p><i>*by DNS or designee JK/SDDCH/EL</i></p> <p><i>*on all residents with tube feedings</i></p>	
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F 325	<p>Continued From page 32</p> <p>Interview on 2/23/16 at 8:50 a.m. with the director of nursing (DON) revealed: *The RD had resigned the first week of January 2016. *They were in the process of hiring an RD. *Resident 11 had not been seen or evaluated by an RD since 12/24/15. *Nutritional assessments by the RD were to have been done at least monthly. *The physician managed resident 11's tube feedings.</p> <p>Interview on 2/23/16 at 9:25 a.m. with the CDM regarding resident 11 revealed: *The 11/17/15 and 12/24/15 nutrition assessments had been completed by the RD. *The CDM had completed the 1/7/16 nutrition assessment. *A nutrition assessment had not been completed by a RD since 12/24/15. *There had not been a nutrition assessment completed by 2/23/16 for resident 11.</p> <p>Interview on 2/23/16 at 9:35 a.m. with the DON revealed: *If the facility needed something for the resident they would obtain orders from a physician. *They had been trying to hire an RD. *Her expectations were for a resident who was tube fed to have been assessed by the RD monthly.</p> <p>Interview on 2/23/16 at 9:40 a.m. with the administrator regarding resident 11 revealed: *They had been running an ad for an RD for the past two months. *He confirmed the last day of employment for the previous RD had been 1/15/16.</p>	F 325		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - BLACK HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1620 NORTH 7TH STREET RAPID CITY, SD 57701		
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F 325	Continued From page 33 Review of the provider's 2/12/15 Nutrition Care Process policy revealed: *"Progress notes completed by the RD will be written using the Nutrition Care Process. *RD will determine the best nutrition diagnosis for the patient that can be resolved or improved through treatment/nutrition intervention." Review of the provider's 2/12/15 Enteral Feeding policy revealed "Patients who receive enteral therapy should be referred to the [name of company] dietitian upon admission, when a change in physician orders for the feeding or flush is made, and when a change in the tolerance is noted."	F 325			
F 329 SS=E	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329	F 329 – Drug Regime free of unnecessary drugs Resident #2 and #6 appropriate diagnosis have been clarified with physician for use of antipsychotic medications. Resident # 10 Cipro was completed and resident is no longer experiencing signs or symptoms of urinary tract infection. Residents residing in facility have the potential to be affected in a similar manner. Residents receiving antipsychotic medications have been reviewed and appropriate diagnosis for use has been obtained or other action taken as ordered by physician.	*4/11/16 JK/SDDOYEL	

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F 329	<p>Continued From page 34 drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32572 Based on record review, interview, and policy review, the provider failed to ensure appropriate diagnoses were obtained for medications for: *Two of two sampled residents (2 and 6) who received antipsychotic (mood altering) medications. *One of one sampled resident (10) who received antibiotic therapy. Findings include:</p> <p>1. Review of resident 2's medical record revealed: *An admission date of 11/16/15. *Diagnoses of cerebral infarction due to embolism (stroke by blood clot), multiple fractures of ribs, gastro-esophageal reflux (heart burn), hypertension (high blood pressure), hypothyroidism (low thyroid function), urinary tract infection, hyperlipidemia (elevated fat in blood), restlessness, and agitation.</p> <p>Review of resident 2's 2/5/16 physician's order revealed an order for "quetiapine fumarate 25mg by mouth one time a day related to restlessness and agitation."</p> <p>Review of resident 2's Clinical Pharmacist Medication Regimen Review revealed: *11/21/15 The pharmacist was aware of the medication. He requested an AIMS (abnormal</p>	F 329	<p>Director of Nursing, Medical Director, Pharmacy Consultant and Interdisciplinary Team have reviewed the Medication Management Review and the Medication Management Policies.</p> <p>Nursing staff have been reeducated on the Medication Management Review and the Medication Management Policies.</p> <p>Director of nursing or designee will complete 5 random audits weekly x4 then monthly x2 to ensure residents who receive antipsychotic medications have appropriate diagnosis for use and interventions have been initiated and care plan has been revised with these interventions. Results of audits will be brought to the monthly QAPI meeting for further review and recommendations.</p> <p><i>*by DNS or designee JK/SDDOtt/EL</i></p>		

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F 329	<p>Continued From page 35</p> <p>involuntary movement scale, testing for a specific abnormality) to be completed by nursing. *12/12/15, 1/24/16, and 2/13/16 the pharmacist had documented "No irregularities."</p> <p>Interview on 2/22/16 at 3:15 p.m. with the director of nursing revealed she was not aware of resident 2's diagnosis for the antipsychotic medication. She was not aware it was not an approved diagnosis. She confirmed the pharmacist reviewed medications for appropriateness.</p> <p>Surveyor: 32355 2. Review of resident 6's medical record revealed: *An admission date of 2/4/16. *Diagnoses of dementia without behavioral disturbance, sepsis (infection in the blood), urinary tract infection, and history of a stroke. *Received Seroquel 25 milligrams (mg) everyday at bedtime.</p> <p>Review of resident 6's 2/5/16 physician's orders revealed he received Seroquel 25 mg everyday at bedtime for dementia without behavioral disturbance.</p> <p>Review of resident 6's 2/4/16 Psychoactive Medication Informed Consent form revealed he received Seroquel at bedtime for a diagnosis of dementia.</p> <p>Review of resident 6's 2/12/16 Clinical Pharmacist Medication Regimen Review Summary revealed: *The resident was taking the anti-psychotic medication Seroquel. *No documentation to support: -Dementia without behavioral disturbance was</p>	F 329			

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F 329	<p>Continued From page 36</p> <p>not an approved diagnosis for the use of that anti-psychotic medication. -The physician had been requested to evaluate the diagnosis for the use of that anti-psychotic.</p> <p>Interview on 2/22/16 at 2:15 p.m. with the director of nursing revealed: *She confirmed resident 6 had been taking Seroquel everyday at bedtime. *She was unaware the diagnosis of dementia without behavioral disturbance had not been an approved diagnosis for the use of an anti-psychotic medication.</p> <p>Surveyor: 29354 3. Review of resident 10's medical record revealed: *An admission date of 12/7/15. *The January and February 2016 medication administration records with an order date of 1/28/16 stated give "Cipro (antibiotic) 500 milligrams (mg) by mouth two times a day related to urinary tract infection (UTI) for ten days." *The 1/28/16 consultation/clinic referral signed by the physician had the new diagnosis "UTI." *The 12/7/15 care plan with the entry date of 1/28/16: "Dx (diagnosis): UTI. Infection will resolve. Cipro 500 mg BID for ten days." *The 1/28/16 urinalysis without microscopy report revealed large amount blood and small amount leukocytes (indicating infection). *The 1/28/16 urinalysis with urine culture completed on 1/31/16 revealed: -Final result "gram positive mixed flora." -Documentation on the culture report revealed "Call patient see how she is feeling. If still having sx (symptoms) please come in for urine recheck due to contaminated sample. Thanks! [physician initials]."</p>	F 329			

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F 329	<p>Continued From page 37</p> <p>*There was no documentation a call had been received from the laboratory (lab) or the facility had called the lab to follow-up with the urine culture.</p> <p>Interview with the DON regarding resident 10 revealed: *She had received Cipro for a UTI. *The results of the urine culture done on 1/31/16 were contaminated. *[Name of facility] should have contacted the facility to report the urine culture contamination. *They had not followed-up with [name of facility] regarding the final urine culture report. *She had been treated with antibiotics for a UTI that had not been present.</p> <p>4. Review of the provider's May 2012 Medication Regimen Review (MRR) policy revealed: *"The consultant pharmacist performs a comprehensive review of each resident's MRR at least quarterly. *The consultant pharmacist's evaluation includes, but not limited to reviewing and/or evaluating the following: a written diagnosis, indication, or documented objective findings to support each medication order. *Indications for use and therapeutic goals are consistent with current medical literature and clinical practice guidelines. *Recommendations are acted upon and documented by the facility staff and or the prescriber. *Physician accepts and acts upon suggestion or rejects and provides an explanation for disagreeing."</p> <p>Review of the provider's May 2012 Medication Management policy revealed:</p>	F 329		

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F 356	<p>Continued From page 39 staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32355 Based on observation, interview, and policy review, the provider failed to ensure the twenty-four hour nursing staff information was complete and reflected the actual staffing that was on duty to provide the basic care needs to all sixty-six residents. Findings include:</p> <p>1. Random observations on 2/22/16 from 7:45 a.m. through 5:30 p.m. by the business office revealed: *There was a clear plastic holder attached to the wall with the nursing staff sheet inside. *From 7:45 a.m. through 9:50 a.m. the nursing staff sheet had no documentation to support the nursing staff available for that day. *At 10:30 a.m. the nursing staff sheet revealed: -Only the nursing staff available during the day shift. -No documentation to support the nursing staff available for the evening and night shifts. *At 5:30 p.m. the nursing staff sheet revealed: -How many licensed practical nurses (LPN) and certified nursing assistants (CNA) were available for the evening shift. -No documentation to support how many registered nurses (RN) were available for the evening shift. -No documentation to support the nursing staff available for the night shift.</p> <p>Interview on 2/22/16 at 1:05 p.m. with the director of nursing revealed the nursing staff sheet had</p>	F 356	<p>*by night nurse and collected daily and saved in a file in the DNS office. The file will be brought to the monthly QAPI meeting by the Executive Director for further review and recommendations. JK/SDDO/H/EL</p>	

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F 356	Continued From page 40 been: *What the provider used to inform the residents and visitors of their current staffing for the day. *Updated after each shift. *What each shift posted their own staffing available for that day. *She had not been aware the nursing staff sheets should have been completed for the entire day and updated as staffing changes occurred. Review of the provider's nursing staff sheets from 12/1/16 through 2/22/16 revealed the total number and the actual hours worked for all licensed and unlicensed staff that were directly responsible for residents' care were incomplete for: *Seven days in December 2015. *Four days in January 2016. *Five days up to 2/22/16. Review of the provider's 12/29/14 Nursing Staff Hours policy revealed "Nursing staff hours will be posted in accordance with state and federal regulations."	F 356			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	F441 - Infection Control Resident #14 wheelchair has been cleaned. Resident # 5 and #18 have had their bedside mats replaced. Resident #1, #9, #10, #15 and #16 have had their oxygen concentrator filters cleaned or replaced. *The interdisciplinary team has been reeducated on cleaning and disinfection of resident care items and equipment policy.	*4/11/16 JK/SDDOH/EL	

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F 441	<p>Continued From page 41</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32572 Based on observation, interview, and policy review, the provider failed to ensure sanitary conditions were maintained for: *One of one randomly observed resident (14) with a visibly soiled wheelchair and wheelchair cushion. *Two of four randomly observed residents' floor mats with cracked surfaces beside residents' (5 and 18) that were beside their beds. *Five of six sampled residents (1, 9, 10, 15, and</p>	F 441	<p>Residents residing in the facility have the potential to be affected in a similar manner. Wheelchairs have been cleaned and floor mats in disrepair have been replaced.</p> <p>Administrator, Director of Nursing and Interdisciplinary Team have reviewed the Cleaning and Disinfection of Resident Care Items and Equipment Policy.</p> <p>Staff has been reeducated on wheelchair cleaning schedules, oxygen concentrator filter cleaning and proper assessment of floor mats..</p> <p>Executive Director or designee will complete random audits weekly x4 then monthly x2 to ensure wheel chairs are clean and floor mats are in good repair. Results of audits will be brought to the monthly QAPI meeting for further review and recommendations.</p> <p>*5 *room *and oxygen concentrator filters are clean. *by Executive director</p>	
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F 441	<p>Continued From page 42</p> <p>16) oxygen concentrators with visibly dirty filters. Findings include:</p> <p>1. Random observations on 2/22/16 from 7:30 a.m. through 4:50 p.m. revealed resident 14 sitting in his wheelchair. That wheelchair and cushion were visibly soiled with food debris on the seat and cushion.</p> <p>Interview on 2/22/16 at 3:55 p.m. with the infection control nurse confirmed residents' wheelchairs and cushions were cleaned when the bath occurred. Housekeeping cleaned the wheelchairs.</p> <p>Review of the bath book revealed resident 14 had a bath on 2/22/16.</p> <p>Review of the February Wheelchair Cleaning Tracking Sheet from housekeeping revealed resident 14's wheelchair had been cleaned on 2/22/16. It had not indicated what time of day that had occurred.</p> <p>2. Observation on 2/22/16 at 3:45 p.m. revealed floor mats in residents 5 and 18's rooms. Those floor mats had cracked edges making them uncleanable surfaces.</p> <p>Interview on 2/22/16 at 3:55 p.m. with the infection control nurse confirmed floor mats with cracked edges were uncleanable. She confirmed she did walking infection control rounds quarterly.</p> <p>3. Random observations on 2/22/16 revealed oxygen concentrator filters for residents 15 and 16 were visibly dirty. There were gray, dust like particles approximately one-eighth to one-fourth inch long on the filters.</p>	F 441			

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F 441	Continued From page 43 Surveyor: 29354 Random observations on 2/22/16 from 8:00 a.m. through 4:30 p.m. revealed oxygen concentrator filters for residents 1, 9, and 10 were visibly dirty. There were gray particles approximately one-fourth inch long on the filters. Interview with the director of nursing on 2/22/16 at 3:00 p.m. regarding the dirty oxygen filters revealed: *Nursing was to check and clean the oxygen filters weekly. *Her expectations were for the oxygen filters to be kept clean. Review of the provider's revised August 2014 Cleaning and Disinfection of Resident-Care Items and Equipment policy revealed "Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC [Center for Disease Control] recommendations for disinfection and OSHA [Occupational Safety and Health Administration] Bloodborne Pathogens Standards [proper techniques in handling blood contamination]." The policy did not state how to clean reusable resident equipment. The oxygen concentrator filters were re-usable items. Review of CDC website (http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf), accessed on 2/23/16, revealed the following definition of cleaning for reusable items "Cleaning is the removal of visible soil (eg., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using	F 441		

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F 441	Continued From page 44 water with detergents or enzymatic products." Review of the provider's undated Maintenance policy revealed routine maintenance for the oxygen concentrator included removing "each filter and clean at least once a week depending on environmental conditions."	F 441		