

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

PRINTED: 05/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2019
NAME OF PROVIDER OR SUPPLIER WEST POINT CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 607 6TH STREET PO BOX 398 WEST POINT, IA 52656		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS ✓ Correction date: <u>5/3/2019</u> The following information relates to the annual health survey and complaint #79168-C completed 5/2/19. Complaint #79168 was not substantiated. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C.	F 000			
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment	F 553			

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

TITLE

(X6) DATE

Miriam Johnson RW

Administration

5/29/2019

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.

Paul Schulte R

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F 553	<p>Continued From page 1</p> <p>and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, the facility failed to conduct care conferences for 1 of 4 sampled (Resident #15). The facility reported a census of 29.</p> <p>Findings include:</p> <p>1. The MDS assessment dated 3/15/19 revealed Resident #15 had diagnoses of chronic kidney disease, and hypertension. Resident #15 had no cognitive impairments.</p> <p>The MDS dated 3/15/19 documented Resident #15 required extensive assistance of 1 staff with bed mobility, transfers, dressing, toilet use, and bathing.</p> <p>The clinical record revealed Resident #15 had a care conference conducted on 12/13/18.</p> <p>The clinical record lacked documentation of care conferences held from 12/13/18 to 4/29/19.</p> <p>During an interview on 5/1/19 at 2:13 p.m., the MDS Coordinator stated the facility had a care plan conference scheduled for Resident #15 for 2/7/19 but Resident #15's representative canceled due to inclement weather. The MDS Coordinator stated she scheduled another</p>	F 553			

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F 553	Continued From page 2	F 553			
F 697 SS=G	<p>Pain Management CFR(s): 483.25(k)</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. This REQUIREMENT is not met as evidenced by: Based on record review, observations, and interview the facility failed to provide adequate assessment and intervene to treat pain for 2 of 3 sampled (Residents #15 and #23). The facility reported a census of 29.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 3/15/19 revealed Resident #15 had diagnoses of muscle weakness, chronic kidney disease, and hypertension. Resident #15 had no cognitive impairments.</p> <p>The MDS dated 3/15/18 documented Resident #15 required extensive assistance of 1 staff for bed mobility, transfers, dressing, toilet use, and bathing. The MDS revealed Resident #15 had mild pain frequently.</p> <p>The Care Plan revealed Resident #15 had chronic pain related to arthritis, gout, and edema in legs. The Care Plan directed staff to</p>	F 697			

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F 697	<p>Continued From page 3</p> <p>administer pain medications as ordered, apply topical pain relieving agents as ordered, apply morning dose prior to getting out of bed in the morning, attempt alternative methods of pain relief other than medication such as massage and warm packs, consult multidisciplinary team members to address pain, monitor for side effects of Gabapentin, increase mobility with nursing to decrease reports of pain, and pain scale twice a day and as needed to monitor pain symptoms.</p> <p>The Fax dated 2/25/19 revealed the staff informed Resident #15's physician of his painful feet that hindered therapy.</p> <p>The Fax dated 2/27/19 revealed the staff informed the physician Resident #15 had continued with 3 plus pedal edema and staff applied lidocaine cream three times a day that provided some relief. The physician added Metolazone 5 milligrams by mouth for 7 days, recheck basic metabolic panel and then decide if Gapentin needs increased.</p> <p>The Physical Therapy discharge summary dated 3/22/19 revealed Resident #15 only ambulated short distances due to pain.</p> <p>The May 2019 Medication Administration Record (MAR) revealed Resident #15 had the following orders for pain management:</p> <p>a. Acetaminophen (Tylenol) 650 milligrams (mg) 1 tablet by mouth three times a day.</p> <p>b. Gabapentin (nerve pain medication) 100 mg by mouth three times a day.</p> <p>c. Lidocaine Cream 4% (topical pain medication)</p>	F 697			

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F 697	<p>Continued From page 4</p> <p>topically three times a day.</p> <p>d. Bio freeze Gel 4% (topical pain medication) topically every 8 hours as needed.</p> <p>During an observation on 5/1/19 at 8:51 a.m., Staff C (Nurse Aide) assisted Resident #15 to stand up from the wheelchair. Resident #15 grimaced and reported his feet hurt "so bad". Resident #15 continued to grimace and struggled to walk to the bed only a few steps away. Resident #15 reported his medications were not helping lately.</p> <p>During an observation and interview on 5/1/19 at 11:00 a.m., Resident #15 sat in his wheelchair and reported his feet still hurt.</p> <p>The May 2019 MAR revealed a pain assessment ordered twice a day. On 5/1/19, Resident #15 had a pain level of "0" on the day shift. At 12:50 p.m., Resident #15 received Bio freeze gel.</p> <p>During an interview on 5/1/19 at 8:00 a.m., the Therapy Program Director reported Resident #15 struggled with therapy due to uncontrolled pain. The Therapy Program Director reported the staff discussed a pain clinic referral. The Therapy Program Director reported Resident #15 received a narcotic pain medication that helped Resident #15's pain but the provider discontinued the medication.</p> <p>During an interview on 5/1/19 at 1:00 p.m., Staff D (Restorative Aide) stated Resident #15 had pain around 9:45 a.m. to 10:00 a.m. and refused to participate in restorative exercises due to the pain in his legs.</p>	F 697			

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F 697	<p>Continued From page 5</p> <p>The clinical record lacked documentation of a pain assessment and intervention for Resident #15's pain.</p> <p>2. The MDS assessment dated 4/8/19 revealed Resident #23 had diagnoses of dementia, depression, and insomnia. Resident #23 had severe cognitive impairments.</p> <p>The MDS dated 4/8/19 documented Resident #23 required extensive assistance of 1 staff for bed mobility, dressing, personal hygiene, and bathing. The MDS documented Resident #23 had no pain. The clinical record lacked documentation of a pain assessment and intervention for Resident #23's pain.</p> <p>The Care Plan revealed Resident #23 had a history of chronic pain. The Care Plan directed the staff to apply a warm blanket around the shoulders, monitor pain on a regular basis, consult with the physician for a change in pain level as evidenced by verbal and nonverbal actions, and provide oral and topical medication as ordered by the physician.</p> <p>A 3/11/19 provider's progress note revealed nursing staff reported no concerns.</p> <p>A 4/9/19 provider's progress note revealed nursing staff reported no concerns.</p> <p>The May and April 2019 Medication Administration Record (MAR) revealed Resident #23 had the following orders for pain management:</p> <p>a. Acetaminophen (Tylenol) 325 mg 2 tablets by</p>	F 697			

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F 697	<p>Continued From page 6 mouth two times a day.</p> <p>b. Ibuprofen (non-narcotic pain medication) 200 mg 1 tablet by mouth as needed two times a day.</p> <p>c. Warm compress to right shoulder four times a day as needed.</p> <p>d. Bio freeze Gel 4% topically three times a day.</p> <p>During an observation on 4/30/19 at 7:12 a.m., revealed Staff B (Nurse Aide) assisted Resident #23 to walk to the bathroom. Resident #23 stated, my shoulder "hurts so bad" and moaned. Staff A (Licensed Practical NLPN walked into the room and Staff B stated to Staff A that the resident's shoulder hurt.</p> <p>Observation on 4/30/19 at 7:51 a.m., revealed Resident #23 sat at the dining room table and stated, "this arm hurts so bad".</p> <p>Observation and interview on 5/1/19 at 8:51 a.m., revealed Resident #23 reported her arm "hurts like the dickens".</p> <p>The April 2019 MAR revealed a pain assessment ordered twice a day. On 4/30/19, Resident #23 had a pain level of "0" on the day shift.</p> <p>The May 2019 MAR revealed a pain assessment ordered twice a day. On 5/1/19, Resident #23 had a pain level of "0" on the day shift.</p> <p>During an interview on 5/1/19 at 12:26 p.m., Staff A (Licensed Practical Nurse) stated Resident #15's provider discontinued the narcotic pain medication and he needed something stronger. Staff A reported the facility and the family asked</p>	F 697			

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F 697	<p>Continued From page 7</p> <p>the doctor for something stronger. Staff A reported Resident #15 had the Gabapentin increased in the last year. Staff A reported the staff did not report to her that Resident #15 complained of pain on 5/1/19. Staff A reported Resident #23 complained of her shoulder hurting every morning but the doctor would not give her anything more for the pain. Staff A stated the facility sent the doctor faxes regarding this. Staff A stated Resident #23 continued to complain of pain.</p> <p>During an interview on 5/1/19 at 1:43 p.m., the Director of Nurses (DON) stated an expectation of staff to inform the charge nurse if a resident expressed pain. The DON reported an expectation of the charge nurse to complete an assessment and then check the MAR for any medications, hot packs, cold packs, lidocaine, or transcutaneous electrical nerve stimulation unit. The DON reported the staff needed to contact the physician if the attempted pain interventions not effective. The DON stated nursing should communicate any complaints of pain residents have made to the provider when they come to the facility to see the residents. Regarding Resident #15, she stated the resident did have an order for Bio freeze and she would place a note in the electronic chart for nurses to administer the resident's cream prior to him getting up. Regarding Resident #23, she stated a warm blanket often would make her feel better and stated staff should speak with the provider and have the resident evaluated again and she should not have to live out the rest of her life in pain.</p> <p>The clinical record lacked documentation of a pain assessment and intervention for Resident #23's pain.</p>	F 697			

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F 697	Continued From page 8	F 697			
F 812 SS=E	<p>The clinical record lacked documentation of communication Resident #23's physician regarding pain from 2/2/19 to 5/2/19.</p> <p>The Resident Examination and Assessment policy revised 7/2018 stated the purpose was to assess for any special situation regarding the resident's care including pain. The policy directed staff to report worsening pain to the physician.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility policy the facility failed to maintain a sanitary kitchen. The facility reported a census of 29.</p>	F 812			

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F 812	<p>Continued From page 9</p> <p>Findings include:</p> <p>Observations during the initial kitchen tour on 4/29/19 at 9:45 a.m. revealed the following:</p> <p>a. The 18 inch by 12 inch red, yellow and green cutting boards had deep grooves and fuzz on both sides.</p> <p>b. The north wall below the air conditioner vent contained a buildup of dirt and dust that measured 2 feet by 2 feet.</p> <p>An interview on 4/29/19 at 10:05 a.m., the Certified Dietary Manager acknowledged the cutting boards had deep grooves and fuzz.</p> <p>The Weekly/Monthly Cleaning Schedule dated April 2019 failed to direct the staff to clean the vents. A hand written entry revealed the air conditioner filter cleaned on 4/29/19.</p> <p>An interview on 5/1/19 at 8:00 a.m. the Administrator stated the Dietary Manager ordered new cutting boards on 4/29/19. The Administrator reported an expectation of staff to keep the air conditioner vents clean.</p>	F 812			

F 000 Preparation and / or execution of the plan of correction does not constitute admission or agreement by the provider or the truth of the fact alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and' or executed solely because it is required by the provision of federal and / or state law.

F 553 Right to Participate in Planning Care

- The care plan conference that was to be conducted on 2/18/2019 was held on 5/3/2019.
- To protect all residents in a similar situation, a Care Plan Conference schedule will be developed monthly and updated weekly by the MDS Nurse. The MDS Nurse will continue to invite all families and or representatives to the care plan conferences and document the invitation in the progress notes. The MDS Nurse will also provide the IDT with a schedule of the care plan conferences. If one member of the IDT team is unable to attend due to illness or any other situation, the remaining members of the IDT team will meet with family and residents.
- Measures to be taken to ensure that the problem does not recur will be that the Director of Nursing (DON) will audit all care plan conference meetings weekly for 4 weeks, and then monthly audits for 4 months.
- Results of these audits will be presented to the quality assurance committee for review and recommendations on a monthly basis.

F 697 Pain Management

- Resident # 23 had pain levels assessed and began using PRN pain medications as well as made a referral to therapy based on physician orders. Ongoing adjustments and modifications to the plan of care will be made based on evaluation and effectiveness of these interventions.
- Resident # 15 had pain levels assessed and began using PRN pain medications as well as made a referral to therapy based on physician orders. Ongoing adjustments and modifications to the plan of care will be made based on evaluation and effectiveness of these interventions.
- To protect all residents in a similar situation:
 1. Education to nurses about goals, reason for pain control interventions that do not require medication and best practice for interventions utilizing Geriatricpain.org verbally by the Director of Nursing before the beginning of their next shift was completed by 5/3/2019. This was then followed up with