

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

PRINTED: 02/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2020
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORNINGSIDE STREET IDA GROVE, IA 51445		
(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>2-12-2020 - F684</u> <u>3-1-2020 - All others</u> A re-certification survey completed 1/27-30/20 resulted in the following deficiencies. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C). Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to accurately complete the Minimum Data Set (MDS) assessment for 2 of 12 residents reviewed (Resident #8 and #14). The facility reported a census of 21 residents. Findings include: 1. According to the Admission Minimum Data Set (MDS) assessment dated 6/8/14, Resident #8 did not have natural teeth or tooth fragments (edentulous). According to the (MDS) assessment, dated 11/12/19, Resident #8 scored 5 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required extensive assistance with personal hygiene. The MDS documented the resident was not edentulous.	F 000			
F 641 SS=D		F 641			

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



TITLE

Administrator

(X8) DATE

2-21-2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 641	<p>Continued From page 1</p> <p>During an observation on 1/28/20 at 8:57 a.m. Staff C Certified Nursing assistant (CNA) provided cares for the resident. Staff C removed the resident's top denture from the denture cup, rinsed and placed it in the resident's mouth, and provided no other oral care.</p> <p>During an interview on 1/29/20 at 7:44 a.m. the Director of Nursing (DON) stated the resident did not have any of her own teeth. She had upper and lower dentures, but would not wear the lower.</p> <p>During an interview on 1/29/20 at 9:36 a.m. Staff C stated the resident did not have teeth of her own.</p> <p>During an interview on 1/29/20 at 10:55 a.m. the Assistant Director of Nursing (ADON) stated she marked the resident not edentulous incorrectly on the MDS.</p> <p>2. The MDS assessments dated 3/4, 6/2, 9/2, and 12/3/19 all indicated Resident #14 did not receive anticoagulant medication.</p> <p>The resident's orders included Eliquis (anticoagulant) 5 milligrams (mg) by mouth two times a day related to long term use of anticoagulants.</p> <p>The Medication Administration Records for February, March, May, June, August, September, November and December 2019 showed the resident took the medication Eliquis 2 times a day during the 7 day look back periods for all the assessments referenced.</p>	F 641			

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F 641	Continued From page 2 During an observation on 1/28/20 at 7:06 a.m. Staff A Licensed Practical Nurse (LPN) administered Eliquis 5 mg to the resident. During an interview on 1/29/20 at 8:25 a.m. the DON stated they did not have to mark anticoagulant for the use of Eliquis. She said they only had to code for heparin, warfarin, or low molecular weight heparin (examples of anticoagulants). During an interview on 1/29/20 at 10:55 a.m. the Assistant Director of Nursing (ADON) stated she thought they only had to include Coumadin and heparin under anticoagulants on the MDS. According to the MDS Resident Assessment Instrument (RAI) N0410E, Anticoagulant (e.g., warfarin, heparin, or low- molecular weight heparin): Record the number of days an anticoagulant medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel here.	F 641			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to follow the physician's orders for 2	F 658			

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F 658	<p>Continued From page 3</p> <p>of 12 residents reviewed (Resident #5 and Resident #14). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>1) According to the Minimum Data Set (MDS) assessment dated 11/12/19, Resident #5 scored 6 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included diabetes and a history of urinary tract infection (UTI).</p> <p>The Medication Administration Record (MAR) for January 2020 showed the resident received Cipro (antibiotic) two times a day related to UTI from 1/14/20 through 1/23/20.</p> <p>The Physician's Orders included collecting a follow up urinalysis (UA) on Monday 1/27/20 revised 1/24/20.</p> <p>The Progress Notes dated 1/24/20 at 4:36 p.m. documented the facility received a facsimile (fax) back to obtain a follow up UA on the 4th day after the resident completed the antibiotic.</p> <p>The Progress Notes dated 1/25/20 at 10:30 a.m. documented collecting a urine sample and sending it to the lab (2nd day after antibiotic completed).</p> <p>During an interview on 1/29/20 at 1:43 PM the Director of Nursing (DON) confirmed the resident had a UA ordered for 1/27/20, and staff collected it 1/25/20, 2 days early (instead of the physician ordered 4 days).</p> <p>2. According to the MDS assessment dated</p>	F 658			

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F 658	Continued From page 4 12/3/19, Resident #5 scored 6 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included diabetes and the resident received insulin. The current Physician's Order's included peripheral (finger stick) blood sugar two times a day. Notify the physician if below 70 or greater than 450. The MAR for January 2020 showed the resident had blood sugar checks two times a day. The MAR directed staff to notify the physician of blood sugars less than 70 or greater than 450 with a start date of 9/25/19. The MAR showed blood sugar readings less than 70 on 1/6, 13, 16 and 18/20. The clinical record lacked any documentation the facility notified the physician of the blood sugars below 70. During an interview on 1/29/20 at 8:25 a.m. the DON stated they did not notify the physician of the resident's blood sugars below 70 per the order.	F 658			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to assist	F 677			

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F 677	<p>Continued From page 5</p> <p>residents unable to carry out activities of daily living for oral hygiene for 3 of 12 residents sampled (Residents # 5, Resident #8, and Resident #12)). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) assessment tool, dated 11/26/19, documented Resident #12 with intact cognition, required extensive staff assistance with bed mobility, transfers, dressing, toilet use, and personal care and diagnoses included dementia and Parkinson's disease.</p> <p>The resident's Care Plan, dated 2/19/19, documented the resident needed assistance with grooming and assistance to brush her own teeth.</p> <p>During an interview 1/27/20 at 1:52 p.m., the resident stated she needed staff assistance with dressing and brushing her teeth due to arm weakness. The resident stated she did not receive help with brushing her teeth on a daily basis and possibly went up to 1 to 2 weeks without oral hygiene. The resident stated she brushed her teeth every night at home. The resident stated the staff stored her tooth brush and tooth paste in the bathroom.</p> <p>During an observation 1/28/20 at 8:36 a.m., Staff D and Staff B, CNA's (Certified Nurse's Aides) provided morning care for the resident. The staff dressed the resident, assisted the resident with her washing face and hair care, transferred the resident to the wheel chair, and transported the resident to the dining room without assisting with oral hygiene.</p>	F 677			

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F 677	<p>Continued From page 6</p> <p>Observation showed on 1/29/20 at 7:14 a.m., 2 tooth brushes in a dry emesis basin near the faucets in the bathroom and 2 tubes of toothpaste nearby. Neither tooth brush showed any sign of moisture. The resident was currently out of the room for her bath.</p> <p>Observation showed on 1/29/20 at 10:15 a.m., 2 tooth brushes remained in the basin and the basin appeared dry. The resident stated the white tooth brush belonged to her.</p> <p>Observation showed on 1/29/20 at 3:20 p.m., the resident's basin contained tooth brushes, water and a small of tooth paste inside.</p> <p>During an interview 1/29/20 at 8:00 a.m., Staff C, CNA, stated all the residents had a tooth brush and tooth paste in the tub room for shower days.</p> <p>During an interview 1/29/20 at 8:20 a.m. Staff C stated the residents had their teeth brushed more than on shower days and showed where staff kept toothbrushes and tooth paste for each resident in the whirl pool room.</p> <p>2. According to the Minimum Data Set (MDS) assessment, dated 11/12/19, Resident #5 scored 6 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required limited assistance with personal hygiene (including brushing teeth). The resident's diagnoses included diabetes.</p> <p>The current Care Plan initiated 4/26/16 identified the resident required staff assistance to complete activity of daily living skills. The interventions included the resident had her own teeth - staff set up for self performance of oral cares 2 times</p>	F 677			

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F 677	<p>Continued From page 7 a day and as needed.</p> <p>During an observation on 1/28/20 at 6:37 a.m. Staff B Certified Nursing assistant (CNA) assisted the resident with a.m. cares and sent her to breakfast in her wheelchair. Staff B did not offer the resident assistance with oral care. At 8:25 a.m. the resident sat in her room in her wheelchair. A basin in the medicine cabinet marked with the residents initials contained an unopened toothbrush.</p> <p>During an observation on 1/29/20 at 6:30 a.m. the resident sat in the dining room. The (resident's) basin in the medicine cabinet still contained a toothbrush in the wrapper.</p> <p>During an interview on 1/29/20 at 9:55 a.m. the resident stated she did not brush her teeth. She said it hurt her to do so.</p> <p>During an interview on 1/29/20 at 10:21 a.m. Staff C stated he did not brush the residents teeth because it caused discomfort, he just had her rinse her mouth. He said he had never thought of swabs, it would be a good idea.</p> <p>3. According to the Minimum Data Set (MDS) assessment, dated 11/12/19, Resident #8 scored 5 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required extensive assistance with personal hygiene.</p> <p>The current Care Plan included the intervention the resident had a full upper denture, and directed staff to assist as needed with denture care, revised 5/9/17.</p>	F 677			

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F 677	Continued From page 8 During an observation on 1/28/20 at 8:57 a.m. Staff C Certified Nursing assistant (CNA) provided cares for the resident. Staff C removed the resident's top denture from the denture cup, rinsed and placed it in the resident's mouth. Staff C provided no other oral care. During an interview on 1/29/20 at 9:36 a.m. Staff C stated the they used dental swabs to clean the resident's mouth. He admitted he neglected to clean her mouth the previous day. During an interview on 1/29/20 at 3:57 p.m. the Director of Nursing (DON) stated she expected staff to provide oral care 2 times a day.	F 677			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to provide adequate assessment and timely intervention for a resident with a change in condition for 1 of 12 residents reviewed (Resident #71). The facility reported a census of 21 residents. Findings include:	F 684			

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F 684	<p>Continued From page 9</p> <p>According to the Minimum Data Set (MDS) assessment, dated 11/12/19, Resident #71 scored 15 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included diabetes, heart failure, and chronic lung disease.</p> <p>The Progress Notes dated 1/2/20 at 9:50 a.m. documented the resident's vital signs of 97.9 temperature, 110/43 blood pressure, 83 pulse, 20 respirations and 94% oxygen (O2) saturation (sat). The progress note identified the resident with a loose, non productive cough, stuffy nose, and raspy voice. The resident denied shortness of breath, and lung sounds were clear bilaterally (both). The resident received Mucinex (med to thin mucous) 600 mg bid (twice a day).</p> <p>The note faxed to the provider returned with direction to monitor the resident. The clinical record lacked any documentation of monitoring the resident's status between 1/2 and 5/20.</p> <p>The Progress Notes dated 1/5/20 at 5:32 a.m. documented the resident called out for help about 1 a.m. She she had to use the bathroom and couldn't make it so she used her garbage can, but couldn't get up. The resident received assistance to her feet and proceeded to walk to the bathroom with assist and then back to her bed with stand by assist. The resident had a temperature of 101.6 degrees and a blood sugar of 239. The resident denied any pain at the time. They would continue to monitor.</p> <p>The Progress Notes dated 1/5/20 at 9:29 a.m. documented at 6:30 am the resident had a temp recheck of 100.4. The resident slept in bed, but staff encouraged the resident to sit up in the</p>	F 684			

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F 684	<p>Continued From page 10</p> <p>recliner to assist with breathing. The resident received assistance to the bathroom and with dressing. The resident took a.m. medications without difficulty and ate 100% and drank 520 cc's of fluid. The resident fell back asleep in the recliner after breakfast. At 9:30 a.m. the resident's vital signs 99.4 temp, 82 pulse, 91/41 blood pressure and 88-91% O2 sat (normal readings usually range from 95-100%, values under 90% considered low, and indicate need for supplemental oxygen). The resident denied any shortness of breath, stating she just felt congested, lung sound clear throughout, and encouraged to cough any production up if able, would continue to monitor.</p> <p>A report sheet dated 1/5/20 included the resident had wheezing on the 6-2 shift (not included in the clinical record or followed up on). The sheet included additional temperatures (not documented in the clinical record) but lacked any additional O2 sats or assessment of the residents respiratory status.</p> <p>The clinical record lacked any additional documentation 1/5/20, or the night shift 1/6/20.</p> <p>A Change of Condition Evaluation dated 1/6/20 at 8:39 a.m. documented the resident with a fever, respiratory infection, cough, low O2, and not feeling well. The resident had an altered level of consciousness, needed more assist with activities of daily living, a cough with abnormal lung sounds, and O2 sats at 83% on room air, which improved to 94% on O2 at 2 liters per nasal cannula. The facility reported to the physician at 8:30 a.m.</p> <p>The Progress Notes dated 1/6/20 at 9:18 a.m.</p>	F 684			

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F 684	<p>Continued From page 11</p> <p>documented the ARNP returned the phone call to the facility with orders for lab work and O2 to keep sats above 92%. He would be up to see her over lunch. He would like the labs first, would see her, then probably send her for a chest x-ray. At 1:31 p.m. the ARNP saw the resident, evaluated the labs drawn, current medications, and resident's overall health. The ARNP ordered a chest x-ray, and additional lab tests. He wanted to hold her at the hospital until the x-ray came back. At 3:53 p.m. a family member called and the resident admitted to the hospital for pneumonia.</p> <p>A History and Physical Examination dated 1/6/20 documented the resident had a 2 day history of cough, fever and hypoxemia (below normal level of oxygen in the blood) requiring O2 at 2-4 liters per nasal cannula. They found the resident had bibasilar (both lungs) pneumonia on chest x-ray, with fevers ranging from 100 to 101. The resident review of symptoms included positive for nonproductive cough, shortness of breath, hypoxemia and fever. The resident had rhonchi in the bilateral lung bases.</p> <p>The treatment plan included Duoneb (breathing treatment) 4 times a day, Levofloxacin (antibiotic) 750 mg then and every 24 hours for 10 days, and Zosyn (penicillin) 3.375 gm every 8 hours for 10 days.</p> <p>During an observation on 1/27/20 at 2:27 p.m. the resident sat in her recliner sleeping with O2 running at 3 liters per nasal cannula. At 3:28 p.m. the resident continued to sleep in the recliner with O2 on.</p> <p>During an observation on 1/28/20 at 8:29 a.m. the resident sat at breakfast with O2 on. At 9:45 a.m.</p>	F 684			

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F 684	<p>Continued From page 12</p> <p>the resident slept in the chair with 02. At 12:15 the resident sat at the dining room table with the 02.</p> <p>During an interview on 1/29/20 2:50 p.m. Staff A Licensed Practical Nurse (LPN) said she received report on 1/6/20 a.m. that the resident had a fever the previous day. She said when she took her vitals she had fever, low 02 sat, and confusion. She started oxygen and notified the ARNP. She said the resident did not act like herself. She said the resident previously did everything for herself except put her socks on. She didn't know how long the resident's 02 sats were that low. She didn't know when they were last checked.</p> <p>During an interview on 1/29/20 at 8:35 a.m. the Director of Nursing (DON) stated she expected staff to notify the physician and the family of the change in the resident's condition (1/5/20) and do follow up assessments including the 02 sats. She said on weekends they called the hospital and asked for the on-call physician to call back.</p> <p>During an interview on 1/29/20 at 8:57 a.m. the ARNP stated he expected the facility to notify the on-call provider of the change in condition on 1/5/20 and continue to assess the resident's condition. The ARNP stated the resident probably would have admitted that day, so it delayed treatment. He stated the hospital always had someone on call. He checked the schedule and his office had call that weekend.</p> <p>During an interview on 1/29/20 at 3:50 p.m. the resident sat in her recliner with 02 on at 4L per nasal cannula. She stated she knew she went to the hospital for 10 days but did not recall the days leading up to it.</p>	F 684			

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F 684	Continued From page 13 The facility Change of Condition or Status policy revised March 2019 identified the policy included to assure prompt notification all necessary parties when a resident experienced a change in condition which may necessitate orders from the physician. Families/resident representatives should be notified of any change in condition, emergent or not. The resident's condition is assessed and reported in a timely manner if the resident experiences sign and symptoms of infection. The facility Change in Condition Clinical Monitoring Guidelines and Response to Treatment policy revised October 2019 revealed residents with any noted change in condition would have, at a minimum, the following monitoring guidelines implemented based on the nature and extent of the change. The monitoring would serve as an indication of the condition improving or declining, and the response to treatment. Examples of monitoring the resident: a. Every 15 minutes for 4 hours, b. Every 30 minutes for 2 hours, c. Every 1 hour for 4 hours, d. Every 4 hours, e. During and 72 hours after a virus.	F 684			
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.	F 700			

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F 700	<p>Continued From page 14</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to obtain informed consent for the use of bed rails for 2 of 2 residents observed with bed rails (Residents #16 and Resident #17). The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment, dated 1/20/20, documented Resident #16 with severely impaired cognition, required extensive staff assistance for bed mobility, transfers, dressing, eating, toilet use, and the resident's diagnoses included renal insufficiency, anemia, and pneumonia.</p> <p>The care plan documented the resident with a risk for falls, required one assist for bed mobility, and use a full body lift for transfers. The care plan lacked documentation the resident use bed rails for positioning.</p>	F 700			

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F 700	Continued From page 15 Observation 1/29/20 at 7:21 a.m. revealed the resident in bed with bilateral U shaped positioning rails up. During an interview 1/29/20 at 4:40 p.m., the DON (Director of Nursing) stated the facility completed assessments for bed rail use for positioning and did not obtain informed consent for the use of bed rail use for positioning for residents in the facility. 2. The MDS assessment, dated 12/13/19, documented Resident #17 with severely impaired cognition, required extensive staff assistance for bed mobility, dressing, and toilet use, had total staff dependence for transfers, had not walked and diagnoses included non-Alzheimer's dementia, arthritis, coronary artery disease and heart failure. The care plan documented the resident with a risk for falls and required a full body lift for transfers. The care plan lacked documentation the resident used bed rails for positioning. Observation 1/29/20 at 7:59 a.m., revealed the resident in bed with U shaped position rails on the outside of the bed in an up position.	F 700			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;	F 804			

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F 804	<p>Continued From page 16</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation, resident and staff interviews, and policy, the facility failed to ensure palatability of meat for 1 meal observed. The facility reported a census of 21 residents.</p> <p>Findings include:</p> <p>The Diet Guide Sheet for Tuesday, Week 2 (1/28/20), documented resident's on a regular diet received 3 ounces of orange teriyaki pork.</p> <p>Observation during the noon meal service on 1/28/20 at 12:14 p.m., revealed more than half the residents received a 3 ounce serving of the orange teriyaki pork, some with gravy and some without gravy on top. Observation revealed the pork had no moisture on the plate or on the meat.</p> <p>During confidential group interview 1/28/20 at 1:15 p.m., 3 of the 6 residents present stated they received the orange teriyaki pork with gravy on top for lunch today and identified the pork as too tough to eat. One of the residents stated the pork was dry and the gravy did not have flavor. Four of the 6 residents stated the facility over cooked baked chicken and the chicken was dry.</p> <p>During an interview 1/28/20 at 1:00 p.m., the Dietary Supervisor (DS) identified the pork as more difficult to cook than some meats and verified they placed the pork into the steam table without any of the juice from the meat.</p>	F 804			

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F 804	Continued From page 17 During an interview 1/30/20 at 8:27 a.m., the DS presented a copy of the Grievance/Report Form she completed on 1/28/20. The report revealed 6 residents identified the orange teriyaki pork served on 1/28/20 as too tough to eat. The facility Food: Quality and Palatability policy, dated May 2014, directed staff to prepare food in a manner to conserve nutritive value, flavor, and appearance.	F 804			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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 policy, the facility failed to maintain cleanliness of the stove in the kitchen. The facility reported a census of 21 residents.	F 812			

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F 812	<p>Continued From page 18</p> <p>Initial tour of the kitchen on 1/27/20 at 9:15 a.m., revealed the back splash area of the stove top on the right side contained a yellow sticky substance across the back above the grill area. The right oven door contained a yellow substance similar to grease, dripping by the handle on the right side. The right oven door contained a sticky substance scattered over the surface.</p> <p>During an interview 1/27/20 at 9:20 a.m., the Dietary Supervisor (DS) stated she planned to clean the stove area. The DS identified the current cleaning schedule did not contain stove cleaning. The DS cleaned the stove once a month, and she planned to add stove cleaning to a cleaning schedule.</p> <p>The facility Equipment policy, dated May 2014, directed staff to keep all food service equipment clean and sanitary.</p>	F 812			

F 641; Accuracy of Assessments; Miscoding the MDS

Immediate corrective action: Corrected MDS for residents #8 and #14 completed on 2-19-2020 and submitted by MDS.

Action as it applies to others: All residents are potentially affected. Review of MDS's for coding accuracy for sections L & N on the latest MDS submissions for all residents to ensure accuracy. Re-training on Policy MDS Accuracy, Automation, Validation Process policy with focus on proper coding of L & N provided to MDS nurse by DON.

Date of completion: 2/19/2020

Recurrence will be prevented by: MDS submissions will be audited by DON to ensure proper coding and accuracy on new MDS submissions. Audits will be completed weekly for 3 months and results will be brought to the monthly QAPI meetings for review and recommendations.

The correction will be monitored by:

DON/Designee

F 658; Comprehensive Care Plan; Following Physicians Orders

Immediate corrective action: Physicians updated on resident #5 and # 14 for discrepancies and completion of orders on 1/29/2020.

Action as it applies to others: All residents have the potential to be negatively affected. Review of all resident's current physician orders will be completed by DON

Date of completion: 2/28/2020

Recurrence will be prevented by: Audits will be completed weekly for 3 months with results brought to monthly QAPI meetings for review and recommendations

The correction will be monitored by:

DON/Designee

F677; ADL Care; Oral Care

Immediate corrective action: Staff D/B re-trained on oral care.

Action as it applies to others: Residents identified of requiring assistance with oral completed by DON.

Date of completion: 2/20/2020

Recurrence will be prevented by: Nursing staff retrained on oral care and resident requiring assistance completed by DON.

The correction will be monitored by: Audits will be completed weekly for 3 months with results being brought to the monthly QAPI meeting for review and recommendations.

DON/Designee

F 684; Quality of Care; Lack of Assessments

Immediate corrective action: Resident #71 was admitted to Horn Memorial Hospital on 1/29/2020. She returned from the hospital on 2/5/2020. According the discharge summary from the hospital her discharge diagnosis was Pulmonary Embolism.

Action as it applies to others: All residents have the potential to be affected. Clinical assessments completed on all resident's on 2/12/2020 by DON and Regional Clinal Director. Identified clinical issues, reported to primary physician on 2/13/2020. DON and charge nurses to review 24-hour report sheets daily to identify potential change of conditions. Licensed Professional Nursing staff provided retraining on change of conditions by DON

Date of completion: 2/12/2020

Recurrence will be prevented by: Audits will be completed weekly audits for 3 months. Results will be brought to the monthly QAPI meeting for review and recommendations.

The correction will be monitored by:

DON/Designee

F 700; Bed Rails; No Signed Consent

Immediate corrective action: Consents obtained for U-shaped rails for residents #16 & #17 on 2-18-2020

Action as it applies to others: Residents utilizing u-shaped rails assessed by DON and consents obtained. have the potential to be affected. Nursing staff retrained on utilization of grab bars including assessment and consent.

Date of completion: 2/28/2020

Recurrence will be prevented by: Audits will be completed weekly for 3 months; results will be brought to the monthly QAPI meetings for review and recommendations.

The correction will be monitored by:

DON/Designee

F 804: Food and Drink: Palatability

Immediate corrective action: Dietary manager completed resident interviews, completed a grievance form and follow up provided to residents identified on the 2567.

Action as it applies to others: All residents who eat meals prepared by the facility kitchen have the potential to be affected, review of current meal menu and possible palatability issues completed by Dietary Manager. Dietary staff educated on proper cooking processes and importance of following recipes.

Date of completion: 3/1/2020

Recurrence will be prevented by: Random Weekly audits and resident interviews by dietary manager and facility Administrator will be completed for 3 months. Results will be brought to QAPI for review and recommendations

The correction will be monitored by:

Administrator/Designee

F 812; Food Safety; Stove Sanitation

Immediate corrective action: Dietary staff cleaned the stove on 1/27/2020. Dietary Manager placed the stove on the regular cleaning schedule.

Action as it applies to others: All residents who eat food prepared by the kitchen have the potential to be affected. Dietary Manager placed the stove on regular cleaning schedule and retrained dietary staff on stove cleaning

Date of completion: 3/1/2020

Recurrence will be prevented by: Weekly sanitation audits by the dietary manager will be conducted for 3 months. Results will be brought to QAPI for review and recommendations.

The correction will be monitored by:

Administrator/Designee