

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

PRINTED: 02/26/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165161 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/15/2018 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER TOUCHSTONE HEALTHCARE COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104 | | |
| (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>2/2/18</u> The following deficiencies result from the facility's annual health survey. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. | F 000 | | | |
| F 554 SS=D | Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, resident and staff interview and policy/procedure review, the facility failed to provide ongoing assessment, care planning and current physician order for a resident to self-administer medications for 1 of 19 residents reviewed (Resident #3). The facility reported a census of 70 residents. Findings included: The Minimum Data Set (MDS) assessment, dated 2/1/18, recorded Resident #3 had intact cognition, displayed independence with toilet use and ambulation and used a wheel chair for mobility. The MDS documented the resident's diagnoses included heart failure, pneumonia and chronic lung disease. A Self Medication Assessment, dated 7/5/17, for a ProAir Inhaler, revealed the resident had the ability to securely store and properly administer a | F 554 | | | |

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

TITLE

(X6) DATE

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

POC accepted 2/9/18 JS

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| F 554 | <p>Continued From page 1</p> <p>Ventolin inhaler (to treat lung disease). The form documented the facility had obtained a physician order for the resident to self-administer the medication.</p> <p>The resident's February 2018 Medication Administration Record (MAR) revealed the resident received an Albuterol Sulfate (same as Pro Air and Ventolin and a bronchodilator) HFA (hydrofluoralkane) Aerosol 90 micrograms inhaler, 2 puffs every 4 hours when needed for wheezing. The MAR lacked documentation the resident kept the inhaler in the room. The December 2017 MAR and January and February 2018 MARs lacked documentation of any follow up on the resident's self-administration of the Ventolin.</p> <p>A Medication Review Report, signed by the physician 1/4/18, did not document a physician order for resident self-administration for the Ventolin inhaler.</p> <p>A January 25, 2018 All Staff Agenda documented the facility had reviewed Self-Medication Administration at an inservice.</p> <p>During an interview 2/13/18 at 2:40 p.m., the DON (Director of Nursing) stated she had no knowledge of this resident's self-administration of Ventolin and an inservice on self-administration of medication had been completed in January 2018.</p> <p>During an interview 2/13/18 at 2:45 p.m., Staff P, Unit Manager verified a self-administration assessment for Ventolin had been completed in July 2017 and not since then.</p> <p>During an interview 2/13/18 at 3:55 p.m., the</p> | F 554 | | |
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| F 554 | Continued From page 2 DON stated the facility planned to obtain a lock box for the resident to store the Ventolin inhaler in. | F 554 | | | |
| F 557 SS=B | <p>The Policy/Procedure for Self Administration of Medications, with a revision date of April 2016, documented that each resident had the right to self-administer medications when deemed safe. The Procedure directed staff to assess the resident quarterly for continued safety, store the drugs in a lock box, and a physician order required for self-medication administration.</p> <p>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and resident and staff interview, the facility failed to ensure 1 of 19 residents (Resident 51) had sufficient clothes to wear. The facility reported a census of 70 residents.</p> <p>Findings included:</p> <p>According to the MDS (Minimum Data Set) assessment dated 1/15/18, Resident 51 had a BIMS (Brief Interview for Mental Status) score of 9 indicating moderate cognitive impairment. The</p> | F 557 | | | |

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| F 557 | <p>Continued From page 3</p> <p>MDS recorded Resident 51 required the assistance of one with bed mobility and setup help with transfers and dressing. The MDS indicated Resident 51 was always continent of bowel and bladder. The assessment documented she had diagnoses that included high blood pressure, gastroesophageal reflux disease, arthritis and Alzheimer's disease.</p> <p>Review of Resident 51's care plan, initiated on 1/10/18, advised staff to monitor for changes in her ability to dress, groom and bathe and that she required supervision while in the shower.</p> <p>During a resident interview on 02/13/18 at 10:38 AM, Resident 51 stated she does not have any clean pants and underwear. During the interview Resident 51 wore a sweater, a white adult brief and a blanket over her lap. She stated she borrowed the adult brief from her roommate so she could have something on her bottom half. She pointed to a pile of clothes on her bed and stated they were are all just tops; she had no pants or underwear. Resident 51 stated she has two bags of clothes in her closet that needed to be labeled. With her permission, observation of the closet revealed two more tops but no other bags of clothes. There was a clear bag of clothes on the floor and when asked what was in there, she stated she hand washed what underwear and bottoms she had in the sink then placed them in the bag. She and her roommate both stated they have talked to staff about this. Resident 51 stated she does not want to be walking in the hallway with no pants on.</p> <p>Review of inventory of personal effects document, listed clothing but nothing specific on what clothing was brought in with the resident.</p> | F 557 | | |
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| F 557 | Continued From page 4 Review of the resident's Admission Checklist, dated 1/10/17 revealed the following: label clothing-bag clothing and take to laundry with name on bag and record valuables. This task is listed as being responsible by the admitting nurse. During interview on 2/13/18 at 10:50 AM the Environmental and Laundry Supervisor stated this was the first time that she has heard of this issue. She was not sure why Resident 51 doesn't have bottoms currently and she planned go talk with the resident to see what is going on. At 11:01 AM the Environmental and Laundry Supervisor came back in and stated she spoke with the resident. The resident told her she was admitted with one set of pants and underwear. The two bags of clothes that were in her closet were clothes that were donated to her since her admission. She stated the facility had a call out to the family to bring in clothes for her and the facility found her 2 pairs of underwear and pants to wear. Record review of progress notes revealed the following entry made on 2/13/18 11:01 AM by the Social Worker: placed a call to Resident 51's son, on 2/13/18 requesting more pants for her. No answer yet, left a voice message. During a findings conference with the facility on 2/14/18 at 3:30 PM, the Administrator stated the resident was admitted from home and came with clothes. | F 557 | | | |
| F 636 SS=D | Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment | F 636 | | | |

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| F 636 | Continued From page 5 The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff | F 636 | | | |

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| F 636 | <p>Continued From page 6 members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, the facility failed to complete accurate assessments using the Resident Assessment Instrument (RAI) specified by the Centers for Medicaid and Medicare services for 2 of 19 residents reviewed (Residents #27 and #54). The facility reported a census of 70 residents at the time of the survey.</p> <p>Findings included:</p> <p>1. Review of the quarterly Minimum Data Set (MDS) assessment tool, dated 9/14/17, revealed Resident#27 with intact cognition and bilateral upper and lower body range of motion impairment. The MDS revealed the resident's diagnoses included quadriplegia and neurogenic bladder.</p> | F 636 | | | |

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| F 636 | Continued From page 7 The quarterly MDS assessment tool, dated 12/14/17, recorded Resident #27 as without upper body range of motion impairment and with lower body range of motion impairment. During an interview 2/12/18 at 4:34 p.m., the MDS nurse verified the 12/14/17 MDS had been coded incorrectly, the resident had bilateral upper body range of motion impairment and she planned to file a correction. 2. Review of the quarterly MDS assessment tool, dated 10/17/17, identified Resident #54 with moderately impaired cognition and the resident had not received a any antipsychotic medications. The MDS revealed the resident's diagnoses included dementia and depression. The quarterly MDS assessment tool, dated 1/17/18, recorded the resident received an antipsychotic medication 7 days of the previous 7 days of the assessment period. Record review revealed the resident had not received any antipsychotic medications in January of 2018. During an interview 2/12/18 at 4:44 p.m., the MDS nurse reviewed the resident's record and stated the resident received a medication for memory called Namzaric and she had accidentally checked the box that documented the resident received an antipsychotic medication. | F 636 | | | |
| F 656 SS=E | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans | F 656 | | | |

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| F 656 | Continued From page 8 §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this | F 656 | | | |

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| F 656 | <p>Continued From page 9 section. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to update and follow care plans to reflect a resident's current care status to maintain optimum care, based on a resident's health condition, for five of 19 current residents reviewed (Residents #23, #32, #44, #61 and #65) and failed to follow planned interventions for one of two residents involved in a resident to resident altercation (Resident #5). The facility reported a census of 70 residents.</p> <p>Findings included:</p> <p>1. According to the Minimum Data Set (MDS) assessment dated 1/25/18, Resident #65's diagnoses included anemia, Non-Alzheimer's dementia, psychotic disorder, underweight and abnormal glucose (blood sugar levels). The assessment documented the resident had long and short term memory problems and severely impaired cognitive skills for daily decision making. The MDS revealed the resident required supervision with eating, had no difficulty with swallowing and with a significant weight loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>Review of the facility Dietitian Progress Notes revealed the following:</p> <p>7/27/17 at 10:01 A.M. - The Dietitian documented the resident's weight at 107.8 pounds (lbs) and identified a slow trending wight loss. Intakes varied at 25 -100% of meals on a general diet and noted the family brought in food often that the resident ate well. The note revealed a plan to</p> | F 656 | | |
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| F 656 | <p>Continued From page 10</p> <p>start Carnation Instant Breakfast (CIB) 240 cc's every day at breakfast in order to increase calories and protein and prevent further slow trending weight loss.</p> <p>11/2/17 at 12:13 P.M. - The Dietitian documented the resident's weight at 109.3 lbs, identified the resident's weight as up since the CIB had been started on 7/25/17 and the resident received 240 cc of CIB every day at breakfast.</p> <p>1/21/18 at 8:02 A.M. - The Dietitian documented the resident's weight at 101.6 lbs and identified a significant weight loss of 5.8% in the previous 30 days. No further weight loss was desired and the resident's intakes varied between 25- 100% at meals when the resident ate meals served. His family brings in food at night that the resident ate well and he received 240 CC CIB every day at breakfast. The resident's intake is not currently meeting nutritional needs as evidenced by weight loss.</p> <p>A care plan, with an initiated date of 1/12/15, included a Focus for a history of poor meal intakes due to not liking American food and documented the resident's family frequently brought food in for him. The care plan contained no information regarding the provision of CIB.</p> <p>During interview on 2/15/18 at 7:50 A.M., the facility Director of Nursing (DON) stated she expected nursing staff to update care plans as needed.</p> <p>2. According to the MDS assessment dated 12/7/17, Resident 23 had BIMS score of 15 indicating no cognitive or memory impairment. The MDS indicated Resident 23 required the assistance of 2 staff for mobility, transfers,</p> | F 656 | | | |

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| F 656 | <p>Continued From page 11</p> <p>locomotion, dressing, toilet use and personal hygiene. The MDS indicated Resident 23 was always incontinent of urine and frequently incontinent of bowel. The MDS recorded the resident had one unstageable pressure ulcer/suspected deep tissue injury in evolution at the time of the assessment. The MDS listed the following diagnoses: diabetes mellitus, depression, obesity and atherosclerotic heart disease.</p> <p>Review of care plan with a revision date of 2/6/18 revealed Resident 23 required assistance of one staff with dressing, grooming and bathing. Resident 23 had occasional incontinence of urine and staff are to assist with incontinent cares if incontinent. The care plan also instructed Resident 23 is to have her heels floated when in bed and the recliner, wear pressure relieving boots at all times, have a cushion in her wheelchair and a pressure reduction mattress due to her history of pressure ulcers.</p> <p>Observation on 2/12/18 at 11:19 AM revealed Resident 23 in bed, she did not have her heels floated nor did she have her pressure relieving boots on her feet.</p> <p>Observation on 2/13/18 at 11:30 AM revealed Resident 23 in her wheelchair with no pressure relieving boots on her feet.</p> <p>During a resident interview on 2/14/18 at 09:30 AM, Resident 23 stated staff were floating her heels and she was wearing the boots before the blister developed on her left heel on 11/8/17. She stated they currently do not use any kind of boots or float her heels. Resident 23 stated the blister on her left heel has healed.</p> | F 656 | | | |

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| F 656 | Continued From page 12 Observation on 2/15/18 at 9:30 AM revealed Resident 23 seated in her wheelchair and without pressure reducing boots on her lower extremities. 3. According to the MDS assessment dated 12/21/17, Resident 32 had a BIMS score of 7, indicating severe cognitive impairment. The MDS indicated Resident 32 required the assistance of 2 staff for bed mobility and transfers and supervision of one staff for eating. The MDS documented Resident 32 had diagnoses that included hyperlipidemia, Non-Alzheimer's dementia, weakness and cataracts. Review of Resident 32's care plan, revised on 1/28/18, revealed instruction to keep signs posted in her room to remind her to call for assistance with transfers due to the risk of falls. Observation on 2/14/18 at 10:49 AM revealed Resident 32's room had no signs telling her to use the call light for assistance for transfers. 4. According to the MDS assessment dated 1/17/17, Resident 61 had a BIMS score of 13, indicating no memory or cognitive impairment. Resident 61 required the assistance of two staff for bed mobility, transfers, dressing and toilet use and the assistance of one with locomotion. The MDS listed the following diagnoses: diabetic mellitus, hyperlipidemia, stroke, psychotic disorder, schizophrenia, nicotine dependence and insomnia. Review of smoking or E-cigarette assessment with an effective date of 1/18/18, revealed Resident 61 had no cognitive, vision or dexterity problems. Resident 61 liked to smoke 5 to 10 | F 656 | | | |

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| F 656 | <p>Continued From page 13</p> <p>times a day: morning, afternoon, evenings; and could light his own cigarette. Staff documented a plan of care is used to assure resident is safe while smoking. The resident did not need the facility to store lighter and cigarettes.</p> <p>Review of Resident 61's care plan with a revision date of 2/2/18 revealed no information about the resident smoking.</p> <p>5. The MDS assessment dated 11/16/17 documented Resident #5 had diagnoses that included schizophrenia and obesity. The assessment documented the resident had short and long term memory problems and severely impaired cognitive skills for daily decision-making. The resident required the assistance of two staff with transfers, the assistance of one staff with locomotion and she did not walk during the assessment period.</p> <p>The Incident Report dated 2/9/18 recorded another resident struck Resident #5 with a magazine. The Incident Report instructed to place Resident #5 on the other side of the lounge area in front of a pole so the second resident couldn't be directly behind Resident #5. However, the resident's Care Plan lacked any direction to staff in regard to placement of her wheelchair in the lounge area. .</p> <p>During observation on 2/13/18 at 9:39 Resident #5 sat in a high backed wheel chair in the lounge area. Staff had positioned Resident #5's wheelchair near a post, but not in front of it to prevent the aggressive resident from approaching from behind.</p> <p>During interview on 2/13/18 at 12:12 p.m. the</p> | F 656 | | | |

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| F 656 | <p>Continued From page 14</p> <p>Director of Nursing (DON) confirmed the intervention had not been added to the care plan.</p> <p>6. The MDS assessment dated 2/1/18 identified Resident #44 with long and short term memory impairment and severely impaired cognitive skills for daily decision making. The resident required the assistance of two staff with bed mobility and transfers. The MDS diagnoses included urinary tract infections, diabetes and Alzheimer's Disease. The MDS identified the resident at risk for pressure ulcer development, with two unstagable pressure ulcers, skin tears, and moisture associated skin damage. The MDS lacked a check mark in the turning and repositioning box.</p> <p>A hospital History and Physical, dated 1/2/18 documented the resident admitted to the hospital with pneumonia.</p> <p>A 1/2/18 care plan entry identified the resident admitted to Hospice and directed staff to follow the Hospice care plan in addition to the facility care plan. A Hospice IDT (Interdisciplinary Team) conference dated 2/7/18, page 2, documented the resident as totally bed bound and unable to perform any activities. The care plan lacked any interventions for a turning and repositioning program.</p> <p>A Skin Condition Report (Non-Decub), dated 12/24/17, recorded the resident's left buttock had a 6 centimeter (cm) x 1 cm open red area with 7 cm x 2 cm of redness surrounding the open area on the left buttock. The staff identified the cause due to sheering and incontinence and they used Calmoseptine twice daily for a treatment.</p> | F 656 | | | |

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| F 656 | <p>Continued From page 15</p> <p>A Skin Condition Report (Non-Decub), dated 12/24/17 revealed the resident's right buttock had a 4 cm x 3 cm red and chapped area with pin point open areas. The staff identified the cause due to sheering and incontinence and staff used Calmoseptine twice daily for a treatment.</p> <p>Observations on 2/12/18 at 11:13 a.m., 2:30 p.m. and 4:30 p.m. revealed the resident in bed, an air over lay mattress on the bed and positioned on her back with her eyes closed.</p> <p>Observations on 2/13/18 at 9:00 a.m., 9:40 a.m. and 1:50 p.m. revealed the resident lay in bed positioned on her back with her eyes closed.</p> <p>Observations on 2/14/18 at 7:00 a.m., 8:45 a.m. and 10:20 a.m. revealed the resident lay in bed, positioned on her back and with her eyes closed.</p> <p>During an interview 2/14/18 at 7:30 a.m., Staff O, CNA (Certified Nursing Assessment) stated he had not turned the resident because the resident needed her heels floated on a wedge cushion.</p> <p>During an interview 2/14/18 at 8:45 a.m., the resident's family member stated she visits Resident 44 every morning and had not observed the resident positioned on either side.</p> <p>During an observation 2/14/18 at 10:20 a.m., Staff O provided catheter care and Staff O and C, CNAs, turned the resident to the side. The resident's left buttock had red pin point areas below the coccyx in the soft tissue and the right side had a 2 cm (centimeter) to 3 cm open area in the soft tissue below the coccyx. The CNAs used a full body lift and transferred the resident from the bed to a shower chair to take the</p> | F 656 | | | |

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| F 656 | Continued From page 16 resident to the shower room. At 10:30 a.m., Staff C stated she had not turned the resident because she had an air mattress to lay on. | F 656 | | | |
| F 658 SS=D | <p>During an interview 2/14/18 at 10:40 a.m., Staff A, Unit Manager, stated the areas on the resident's buttocks looked like an extension of the resident's excoriation and the treatment may need to be changed now. Staff A stated the resident's family had requested she stay in bed and had declined transfers when present. Staff A offered no other comments on why the resident had no turning and repositioning program.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and resident and staff interviews, the facility failed to ensure staff with the appropriate competency and skills provided care for one resident with a pressure sore and a suprapubic catheter out of 19 current residents reviewed (Resident #27). The staff reported a census of 70 residents.</p> <p>Findings included:</p> <p>Review of the Minimum Data Set (MDS) assessment dated 12/14/17 revealed Resident #27 had a Brief Interview for Mental Status score of 15, indicating intact memory and cognition. The resident required the assistance of two staff</p> | F 658 | | | |

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| F 658 | <p>Continued From page 17</p> <p>with bed mobility, transfers and toilet use and the assistance of one to maintain his personal hygiene. The assessment recorded he had an indwelling catheter (suprapubic) for urinary elimination. The MDS documented the resident's diagnoses included neurogenic bladder, quadriplegia and a Stage 2 left heel pressure ulcer.</p> <p>a. The resident's February 2018 Medication Administration Record (MAR) directed staff to apply Triple Antibiotic Ointment to his left heel pressure ulcer daily on the evening shift, cover with a 2 inch by 2 inch dressing and use paper tape to adhere the dressing. The MAR revealed the resident currently received Doxycycline 100 milligrams (MG) twice daily for a urinary tract infection.</p> <p>The resident's February 2018 Treatment Administration Record (TAR) directed staff to provide suprapubic catheter care twice daily and when needed.</p> <p>During an interview 2/13/18 at 8:53 a.m., the resident stated Staff O, CNA (Certified Nurse's Aide) frequently changed his left heel dressing and to find him to perform the dressing change.</p> <p>During an interview 2/13/18 at 8:55 a.m., with Staff F, LPN (Licensed Practical Nurse) present, Staff O verified he had performed the resident's heel treatment before because it was just a bandage and the resident wanted him to do the treatment. Staff O verified he obtained the TAO and bandage from the resident's dresser drawer in the room to perform the treatment. Staff F stated that CNAs had not been allowed to perform treatments with TAO and a nurse</p> | F 658 | | | |

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| F 658 | Continued From page 18 provided the treatment daily on the evening shift. During an observation 2/13/18 at 4:50 p.m., Staff A, Unit Manager, provided the left heel treatment and verified the TAO had been removed from the resident's room. b. During an interview 2/14/18 at 8:05 a.m., the resident stated a CNA provided suprapubic site care during morning cares before getting up. Staff O, present for the interview, stated he had cleaned the site with gauze and a wound cleanser, applied TAO to the site and covered it the site with 4 inch by 4 inch gauze. The resident stated the TAO had been available in a dresser drawer and the staff removed the ointment yesterday. During an interview 2/14/18 at 8:15 a.m., Staff F stated the CNAs provided suprapubic site care and the nurse signs off the treatment done on the TAR. Staff F did not know CNA's had been applying TAO to the site and verified there was no order to apply the TAO to the site. | F 658 | | | |
| F 692 SS=G | Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte | F 692 | | | |

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| F 692 | <p>Continued From page 19</p> <p>balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to monitor, plan for and/or modify interventions in order to meet a resident's needs with a significant weight loss for 1 of 2 residents reviewed (Resident # 65). The facility reported a census of 70 residents.</p> <p>Findings included:</p> <p>According to a Minimum Data Set (MDS) with an assessment reference date of 1/25/18, Resident #65's diagnoses included: anemia, Non-Alzheimer's Dementia, psychotic disorder, underweight and abnormal glucose (blood sugar). The same MDS identified the resident had difficulty with short and long term memory and severely impaired decision making skills. The MDS revealed the resident required supervision with eating, had no difficulty with swallowing and had a significant weight loss of 5% or more in the last month or 10% or more in the last 6 months.</p> <p>A Medication Review Report dated 1/4/18 included an order for a regular diet.</p> <p>Review of the facility Dietitian Progress Notes revealed the following:</p> | F 692 | | | |

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| F 692 | <p>Continued From page 20</p> <p>7/27/17 at 10:01 A.M. - The Dietitian documented the resident's weight at 107.8 pounds (lbs) and identified a slow trending wight loss. Intakes varied at 25 -100% of meals on a general diet and noted the family brought in food often that the resident ate well. The note revealed a plan to start Carnation Instant Breakfast (CB) 240 cc's every day at breakfast in order to increase calories and protein and prevent further slow trending weight loss.</p> <p>11/2/17 at 12:13 P.M. - The Dietitian documented the resident's weight at 109.3 lbs, identified the resident's weight as up since the CIB had been started on 7/25/17 and reported the resident received 240 cc of CIB every day at breakfast.</p> <p>1/21/18 at 8:02 A.M. - The Dietitian documented the resident's weight at 101.6 lbs and identified a significant weight loss of 5.8% in the previous 30 days. No further weight loss had been desired and intakes varied between 25- 100% at meals when the resident ate meals served. His family brings in food at night that the resident ate well and received 240 CC CIB every day at breakfast. Intake is not currently meeting nutritional needs as evidenced by weight loss.</p> <p>A care plan, with an initiated date of 1/12/2015, included a Focus for a history of poor meal intakes due to not liking American food and documented the resident's family frequently brought food in for him. The care plan revealed a goal for the resident to not have any significant weight loss and documented the following interventions: Ensure blood sugar is checked one time a day (date initiated 9/3/17 and date revised 11/9/17)</p> | F 692 | | | |

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| F 692 | <p>Continued From page 21</p> <p>I have had esophageal dilatation in the past due to dysphagia (date initiated 1/8/16)</p> <p>I like to eat in my room or in the South Side TV common area (date initiated 1/8/16, date revised 9/8/17).</p> <p>I like watermelon. If that is served, please bring me extra (date initiated 1/8/16)</p> <p>I receive a general diet and I can feed myself (date initiated 1/7/16, date revised 9/12/17).</p> <p>Monitor and evaluate any weight loss (date initiated 1/12/15, date revised 11/9/17).</p> <p>I do not speak English but communicate by gestures and head nods. I have a history of anorexia (date initiated 11/11/2011).</p> <p>Even though the Dietitian identified a weight loss trend beginning 7/27/17 and a significant weight loss as documented on 1/21/18, nursing staff failed to update the resident's care plan to accommodate the resident's needs in regards to his weight loss. The care plan lacked an entry for the Dietitians recommendation for CIB.</p> <p>Review of dietary records and nursing records revealed no documentation or entries in regards to staff offering CIB to the resident and/or the resident's consumption or declination of the CIB since the Dietitian recommendation 7/27/17.</p> <p>Review of Resident #65's menu choices for 2/13/18, revealed a notation at the top of the menu in regards to the resident's family providing the resident with food per his culture and to provide RT (room tray). The facility menu choices for the resident included all American food such as scrambled eggs, oatmeal, swiss steak, steamed rice, parsley carrots. pineapple tidbits, chicken breast, oven roasted potatoes, zucchini etc. Even though the resident's care plan</p> | F 692 | | | |

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| F 692 | <p>Continued From page 22</p> <p>revealed the resident disliked American food, the facility continued to offer him choices from an American food menu.</p> <p>Review of Multidisciplinary Care Conference Summary forms revealed the following:</p> <p>8/10/17 - The form lacked documentation that the resident and/or his family attended the meeting. The Nursing section had been left blank and addressed no concerns for the resident in that area. Dietary staff documented the resident did not eat in- house foods at the time. Staff documented the resident had a language barrier and a translator would be contacted as needed.</p> <p>11/9/18 - The form lacked documentation the resident and/or his family attended the meeting. The Dietary and Nursing summary section had been left blank and addressed no concerns for the resident in those areas.</p> <p>2/1/18- Staff documented the resident's family had been invited, but did not attend the meeting. The Dietary and Nursing summary section had been left blank and addressed no concerns for the resident in those areas.</p> <p>During interview on 2/14/18 at 2:35 P.M., Staff A, Registered Nurse Manager, named herself and/or the MDS Coordinator as responsible to attend the Multidisciplinary Care Conference meetings. Staff A stated she had no explanation why neither she or the MDS Coordinator had not been in attendance at the above 3 meetings.</p> <p>A Dietary Profile form with an effective date of 7/25/17, revealed staff documented the resident as on a regular diet. The profile revealed the</p> | F 692 | | |

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| F 692 | <p>Continued From page 23</p> <p>resident and/or the family had no concerns about the diet order, but documented the resident mostly disliked American foods and preferred food his family brought into the facility.</p> <p>Review of Resident #65's food intake records revealed staff documented the resident ate on an average between 76 - 100% at every meal during the month of December 2017, January 2018 and February 1- 13, 2018.</p> <p>During interview on 02/13/18 01:53 P.M., the facility Dietitian stated she worked at the facility for 1 1/2 years and hadn't known if anyone had been in charge of keeping track of what food the resident's family brought in for him to eat. The Dietitian stated dietary had not kept track and Dietary staff had not documented anything in regards to the resident CIB. The dietitian stated the past 30 days his intakes had been nearly 75-100% and could not explain why the resident would still have weight loss if he had been eating 75- 100%, other than if there had been a medical condition.</p> <p>During interview on 2/13/18 at 1:30 P.M., the facility Social Worked confirmed one of Resident #65's daughters spoke English and she had no problem communicating with her.</p> <p>During interview on 02/13/18 at 02:03 P.M., Staff B, Certified Nurse Aid (CNA) state she worked Resident #65's hall on 2/13/18 and had not known what the resident ate for breakfast.</p> <p>During interview on 02/13/18 at 02:15 P.M., Staff C, CNA confirmed she had been employed at the facility for approximately 3 years. Staff C stated she usually worked resident #65's hall and had</p> | F 692 | | |
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| F 692 | <p>Continued From page 24</p> <p>not been sure what the resident had ate for breakfast on 2/13/18, but stated she had been sure he had some food around 12:00 P.M. She stated the resident's daughter had brought the resident soup for lunch, but she had not seen how much the resident ate of the soup. Staff C reported Dietary staff usually picks up room trays after residents finished eating and Dietary staff documented in the electronic record how much a resident consumed. (Note- observation of the resident eating his soup on 2/13/18 at 12:10 PM revealed the resident ate soup his daughter brought to the facility in Tupperware type bowl) Staff C stated most of the time the resident ate approximately 20 % of his breakfast meal and then may go and find some fruit to eat. (Note even though Staff C stated the resident ate approximately 20% of his breakfast meal, staff documented the resident ate, on average 76-100% of breakfast in December, January and through February 12, 2018). Staff C stated the resident's daughter usually brought the resident's food at lunch time. Staff C stated she had not been aware the resident was to receive CIB.</p> <p>During interview on 02/13/18 at 2:30 P.M., Staff D, Dietary Aide stated she worked at the facility for approximately 2 1/2 years. She stated the resident's family brings his breakfast to the facility about 50% of the time each week and they usually bring in his lunch and supper. Staff D stated dietary staff pass food out and nursing staff is responsible to document the intakes for residents. She stated Dietary staff had not kept track of what the family brings into the facility for his meals.</p> <p>During interview on 2/13/18 at 3:20 P.M., the Dietary Manager stated the resident had not liked</p> | F 692 | | |

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| F 692 | <p>Continued From page 25</p> <p>American food and only ate sandwiches or pizza, only if he requested it. The Dietary Manager confirmed Resident #65 could not communicate with staff due to a language barrier and stated the resident had not cared for the CIB. The Dietary Manager stated he had not been aware there was a translator available and stated he had never spoken with the resident's daughter (who speaks English), in regards to the resident's food preferences. The Dietary Manager stated the facility staff had discussed a possibility of preparing Asian food for the resident, but his family brings in food in the morning for the day. He stated he had not seen the family bring in the resident's food, but he received that information from the Nurse Manager. He stated the dietary staff are not responsible to document a resident's acceptance or refusals of CIB and identified nursing staff as responsible.</p> <p>During interview on 2/14/18 at 8:30 A.M., Staff F, Licensed Practical Nurse (LPN) stated family brings food in for the resident at various times throughout the day at no certain time.</p> <p>During interview on 2/14/18 at 09:53 A.M., the Dietary Manager stated he is not not aware of any documentation or anyone speaking to the family about what the family brings in for food for the resident's consumption.</p> <p>During interview on 2/14/18 at 10:01 A.M., Staff A, identified herself as responsible for the resident's care. She stated she had never seen the food the resident's family brought into the facility or spoke to the resident's family in regards to food brought into the facility. She stated the resident had been at the facility for a very long time and she had never addressed the resident's</p> | F 692 | | | |

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| F 692 | Continued From page 26 food issues as she felt it was already covered on the care plan. Review of a Dietitian progress note dated 2/13/18 at 1:39 P.M. - The Dietitian documented the resident's weight at 99.8 lbs.(further weight loss), received 240 cc's of CIB every day at breakfast and intake of the CIB varied at 0 -100%. She documented she would not increase the CIB as the resident had not routinely drank the CIB well. The Physician had been notified of the resident's weight loss on 1/21/18 with recommendations for a supplement and the Physician declined. Dietary Staff will provide meals per the resident's request. Review of the resident's record revealed the facility failed to monitor how much or what food the resident's family brought into the facility for nutrition purposes, had no system in place to monitor how much the resident consumed of the food brought into the facility by the family, had not documented the resident's CIB consumption, had not spoke to the resident's daughter in regards to the resident's food preferences and failed to adjust the facility menu to the resident's preferred ethnic taste. | F 692 | | | |
| F 803 SS=D | Menu Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; | F 803 | | | |

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| F 803 | <p>Continued From page 27</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and resident and staff interview, the facility failed to serve a planned meal to one of 19 current residents reviewed (Resident #48). The facility reported a census of 70 residents.</p> <p>Findings include:</p> <p>According to a Minimum Data Set (MDS) assessment dated 1/11/18, Resident #48's diagnoses included gastroesophageal reflux disease, diabetes mellitus and anxiety. The same MDS identified the resident's Brief Interview for Mental Status (BIMS) score as 14 (a score of 13- 15 indicates intact memory and cognition). The assessment documented she ate independently with supervision from staff.</p> <p>The facility's undated Dining Room Hours form</p> | F 803 | | | |

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| F 803 | Continued From page 28 documented the noon meal was scheduled to be served at 12:00 P.M. Observation on 2/12/18 at 12:37 P.M., revealed Resident #48 sat in her room in a recliner. The resident stated she had a migraine and told staff she wanted to eat lunch in her room. Observation on 2/12/18 at 1:12 P.M. revealed Resident #48 continued to sit in the recliner in her room. The resident stated she told staff she wanted soup and a sandwich and had not yet received her food. During interview on 2/13/18 at 8:58 A.M., Resident #48 stated she did not receive her noon meal on 2/12/18 until 2:00 P.M. after she requested her food three times. During interview on 2/13/18 9:38 A.M., the Dietary Manager stated he did not know why the resident had not received her room tray until 2:00 P.M. on 2/12/18. During interview on 2/13/18 9:39 A.M., Staff E, Dietary Aide, confirmed she passed noon meal room trays on 2/12/18. Staff E stated she was not sure why Resident #48 had not received her noon meal tray until 2:00 P.M., but stated it probably occurred because no one told her the resident wanted to eat in her room. | F 803 | | | |
| F 810 SS=D | Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident | F 810 | | | |

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| F 810 | <p>Continued From page 29</p> <p>can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and staff and family interviews, the facility failed to provide one of 19 residents their adaptive equipment during meal times (Resident #32). The facility reported a census of 70 residents.</p> <p>Findings include:</p> <p>According to the MDS (minimum data set) assessment dated 12/21/17, Resident 32 had a BIMS (brief interview of mental status) score of 7, indicating severe cognitive impairment. The MDS indicated Resident 32 required the assistance of one staff with eating. The MDS listed the resident had diagnoses that included hyperlipidemia, Non-Alzheimer's dementia, cataracts and weakness.</p> <p>Observation on 2/12/18 at 12:08 PM revealed Resident 32 sitting at dining room table feeding herself and using a regular plate with regular utensils.</p> <p>During an interview on 2/12/18 at 4:55 PM, Resident 32's family member stated she needed a bowl-like plate for her meals. When she was there for lunch today, staff did not serve Resident 32's lunch on a bowl-like plate.</p> <p>Review of the list of adaptive equipment provided by the Dietary Manager revealed Resident 32 was on a trial for the use of a rimmed plate.</p> <p>Observation on 2/13/18 at 12:10 PM revealed Resident 32 sitting at the dining room table with a</p> | F 810 | | | |

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| F 810 | Continued From page 30 regular plate. A pile of rice and carrots sat on the table to the left of the plate, with the remaining carrots in a pile on the right side of her plate. During interview on 2/14/18 at 2:40 PM the Assistant Nurse Consultant stated they could not find any documentation of when they started the trial of Resident 32 use of a rimmed plate. During interview on 2/13/18 at 3:14 PM, when asked about use of a rimmed plate, the Dietary Manager stated the resident's son made the request and the information was passed to the kitchen staff. He also stated that it is the cook's responsibility to ensure a resident receives their adaptive equipment. | F 810 | | | |
| 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. | F 812 | | | |

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| F 812 | <p>Continued From page 31</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility document review, observation and staff interview, the facility failed to always ensure staff prepared and served food under sanitary conditions. The facility identified a census of 70 current residents.</p> <p>Findings include:</p> <p>1. Review of the Diet Guide Sheet for week 3 Tuesday lunch revealed the following menu items planned for the noon meal:</p> <p>Swiss Steak - 3 ounces (oz) and brown gravy- 2 oz or Chicken tenders - 3 each with 1 Honey Mustard Parsley carrots - 1/2 cup or green peas - 1/2 cup Steamed rice -1/2 cup or macaroni and cheese -1/2 cup Dinner roll/bread - 1 with margarine Pineapple tidbits - 1/2 cup</p> <p>Observation on 2/13/18 beginning 10:42 AM revealed Staff I (Cook) pureed food for lunch. Staff I measured out six 1/2 cup servings of steamed rice into clean blender and added 4 slices of buttered bread by tearing the bread into small portions. The cook removed his gloves, washed his hands and re-gloved. He blended rice and bread, adding chicken broth. Staff I then touched the spatula to his gloved left hand and pinched pureed rice between his fingers to check if there were any grains of rice not blended. Staff I left the same gloves on and added more broth and blended. Staff I then measured out 10 patties of Swiss steak, blended the food and then placed the mixture in a pan. Staff I could not find a spot in the steam table for the mechanical meat</p> | F 812 | | | |

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| F 812 | <p>Continued From page 32</p> <p>pan, so he then scraped the rice to the front of shallow pan and placed the bottom of the mechanical meat pan directly on top the rice in the pan. The cook then measured out 8 Swiss steak patties and added 4 slices of buttered bread, blended the food with beef broth and then pinched a portion the pureed meat between his gloved thumb and forefinger to test the texture. Staff J, dietary aide, then removed rice from the long shallow pan and placed it in a deeper smaller pan after removing the ground meat pan from on top of the rice.</p> <p>On 2/13/18 at 12:35 PM Staff I and the dietary service manager (DSM) pushed the steam table to C hall to get ready to serve room trays. Staff I served food from the steam table. As he served pizza, the cheese fell down from the plate and Staff I used his gloves he'd worn to push the cart, remove lids, handle plates, utensils and warming lids to flip the cheese hanging off the plate back onto the plate.</p> <p>Observation revealed Staff I and Activity director wore white aprons with dark hands prints and food debris over much of the surface in the kitchen while serving food.</p> <p>On 2/13/18 at 2:24 PM, Staff D, dietary aide (DA) stated that the dietary staff take their aprons home to wash and then return with them to the facility.</p> <p>During an interview on 2/13/18 at 02:24 PM with the DSM, he stated the facility utilized white aprons for the cooks and black waiter aprons for the the dietary aides. The facility washed the white aprons and the aprons are part of the dietary uniform. He stated they are hard to keep unstained but they are clean and he planned to</p> | F 812 | | | |

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| F 812 | <p>Continued From page 33</p> <p>order additional aprons for the staff. The staff have the option to get a clean apron if their apron became dirty or stained. The DSM stated he would expect the cook to change his gloves before using them to touch food items. He acknowledged observing the cook place the bottom of the ground meat pan in on top of the rice in the steam table and flip the cheese on the pizza back onto the plate with the same gloves he used to serve and handle utensils.</p> <p>Review of a facility policy entitled Food Preparation dated May 2014, revealed that it is the center's policy that all foods are prepared, in accordance with the guidelines of the USDA (United States Department of Agriculture). The Food Services Director insured that all staff practice proper handwashing technique and practice proper glove use. The Food Services Director is responsible for food preparation procedures that avoid contamination by potentially harmful, physical, biological and chemical contamination.</p> <p>2. According to the MDS (Minimum Data Set) with a reference date 12/14/17, Resident 26 had BIMS (Brief Interview for Mental Status) score of 13, indicating no cognitive impairment. The MDS indicated Resident 25 required setup help only for eating. The MDS listed the follow diagnoses: hypertension, diabetes mellitus, hyperlipidemia, Non-Alzheimer's disease, and manic depression.</p> <p>Observation on 2/12/18 at 12:12 PM revealed Resident 26 in the main dining room with staff assisting with the meal. Staff D, Dietary Aide picked up Resident 26's bread with her left hand, spread the butter using a knife and her right hand and then placed the bread back on Resident 26's plate.</p> | F 812 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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: 165161 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/15/2018 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER TOUCHSTONE HEALTHCARE COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104 | | |
| (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 812 | Continued From page 34 During interview on 2/13/18 at 2:23 PM, when asked how one should butter a slice of bread for a resident, Staff D stated they are to use tongs or gloves and are never to touch food with their bare hands. During interview on 2/13/18 at 3:14 PM, the DSM stated staff should not touch ready to eat food items with their bare hands. Staff should use a fork and knife to spread butter on a slice of bread. | F 812 | | | |

F 554

Immediate corrective action:

Resident #3's assessment for self-administration of medications was updated, care planned, and physician order obtained.

Action as it applies to others:

All residents who self-administer medications have been assessed, care plans updated and physician orders obtained.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly audits of assessment, care plan and physician orders for residents who self-administer medication will be completed x30 days and brought to the QAPI committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F557

Immediate Corrective Action:

Resident #51 has sufficient clothes to wear.

Action as it applies to others:

Nursing staff were educated to monitor for residents needing clothing so that families may be contacted, or clothing may be obtained by other means for residents who need them.

Date of completion: 2/16/18

Recurrence will be prevented by:

Weekly interview audits will be completed with residents to ensure they have sufficient clothes to wear x30 days and brought to QAPI Committee for review and recommendation.

The correction will be monitored by:

Administrator/Designee

F636

Immediate Corrective Action:

Assessments for residents #27 and #54 have been modified and resubmitted to CMS.

Action as it applies to others:

MDS Coordinator was educated regarding MDS completion policy and use of RAI Manual 2/27/18.

Date of completion: 3/2/2018

Recurrence will be prevented by:

Weekly audits of MDS assessments will be completed for accuracy x 30 days and brought to QAPI Committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F656

Immediate Corrective Action:

Care plans for residents #23, #32, #44, #61 and #65 have been updated to reflected current care status and followed.

Care planned interventions for resident #5 are followed.

Action as it applies to others:

Staff education was completed regarding care planning and following care plans.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly observations and audits will be completed to ensure care plans are accurate and being followed x 30 days and brought to QAPI committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F658

Immediate Corrective Action:

Resident #27 is receiving cares from staff with the appropriate competencies.

Staff O was provided education regarding his scope of practice.

Action as it applies to others:

Nursing Staff were educated regarding scope of practice and not completing cares outside of their competencies.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly observations and audits will be completed to ensure care is being provided by staff with appropriate competencies x 30 days and brought to QAPI committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F692

Immediate Corrective Action:

Resident #65 has nutritional interventions which are being monitored to meet his needs.

Action as it applies to others:

Nursing Staff were educated regarding Nutrition unplanned weight loss clinical protocol as well as intake monitoring and documentation and person-centered care, equality and diversity.

Date of completion: 2/26/18

Recurrence will be prevented by:

Weekly audits of resident weights will be x 30 days to ensure nutrition clinical protocols are being followed. The results of these audits will be brought to QAPI committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F803

Immediate Corrective Action:

Resident #48 is being served meals at scheduled times or her preference.

Action as it applies to others:

Dietary staff have been educated regarding room tray service procedure and timeliness of meal service.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly audits of room tray meal service will be completed x 30 days and brought to QAPI committee for review and recommendation.

The correction will be monitored by:

Administrator/DON

F810

Immediate Corrective Action:

Resident #32 is being provided her adaptive equipment at meal times as ordered.

Action as it applies to others:

All residents who use adaptive equipment are provided that equipment per their care plan.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly audits of meal service will be completed x 30 days and brought to QAPI committee for review and recommendation.

The correction will be monitored by:

DON/Designee

F812

Immediate Corrective Action:

Food is prepared and served under sanitary conditions.

Action as it applies to others:

Dietary staff were educated regarding sanitation and safe food handling 2/23/18.

Date of completion: 3/2/18

Recurrence will be prevented by:

Weekly audits of sanitary food preparation and serving will be completed x 30 days. The results of these audits will be brought to the QAPI Committee for review and recommendation.

The correction will be monitored by:

Admin/Designee