

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

PRINTED: 03/17/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>4/25</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165161	(X2) MULTIPLE CONSTRUCTION A. BUILDING <i>15</i> 4/23/08 B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2008
NAME OF PROVIDER OR SUPPLIER INDIAN HILLS NURSING & REHAB C		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104		
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F 000	<p>INITIAL COMMENTS</p> <p>Correction date _____</p> <p>The following deficiencies relate to the facility's annual health survey and investigation of complaint # 15320-C conducted 2/25 - 2/29/08. See code of Federal Regulations (42 CFR), Part 483, Subpart B - C.</p> <p>Complaints # 12492-C and # 13066-C were not substantiated.</p> <p>Investigation of facility-reported incidents # 12809-I, # 13209-I, # 14038-I, # 14180-I, # 14371-I, # 14582-I and # 16107-I did not result in facility deficiency.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS AND SERVICES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those</p>	F 000		
F 156 SS=B		F 156		

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.

RDC accepted 4/8/08 VV

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F 156	<p>Continued From page 1</p> <p>other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p> <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a</p>	F 156		

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F 156	<p>Continued From page 2</p> <p>complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the failed to present a resident with an Advance Beneficiary Notice prior to termination from Medicare skilled nursing services for 2 of 4 residents sampled for demand billing (Residents</p>	F 156		

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F 156	<p>Continued From page 3</p> <p>#31 and #32). The facility identified a census of 111.</p> <p>Findings include:</p> <p>1. Review of the Advance Beneficiary Notice (ABN) for Resident #31 revealed the last Skilled Medicare day to be 11/14/07 and the resident's responsible party notified of this on 11/12/07 by telephone call. Further review of the ABN revealed no box checked indicating whether or not the resident's requested his/her bill for continued nursing home stay to be billed to Medicare. A notation on the top of the ABN revealed a copy of the ABN sent to the responsible party on 11/12/07 for a signature.</p> <p>Review of the Nurse's Notes dated 11/12/07 at 12:10 PM revealed staff called the resident's responsible family member regarding Resident #31's pending discharge from Skilled services. The entry documented the plan to mail the ABN to the resident's responsible party for signature, but did not document education on the resident's right to request a demand bill.</p> <p>Interview with the Business Office Manager (BOM) on 2/27/08 at 9:40 AM revealed the facility had not received the signed ABN from the responsible party.</p> <p>2. Review of the ABN for Resident #32 revealed a notification date of 1/4/08 with no last day of Medicare Coverage listed. Further review of the ABN revealed the reason for termination of Medicare Skilled coverage to be "you have no Medicare benefits".</p>	F 156		
	Review of the clinical record for Resident #32			

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F 156	<p>Continued From page 4</p> <p>revealed the resident to have Unicare coverage (a Medicare + Choice Private Fee for Service Plan) which is governed by Medicare guidelines.</p> <p>Interview with the BOM on 2/27/08 at 9:51 AM revealed the facility failed to give the resident the choice to request a demand bill for his/her continued nursing home stay because of a misunderstanding on the part of the facility regarding Unicare.</p>	F 156			
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide a clean, safe and sanitary environment for residents. The facility identified a census of 111.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Environmental tour with the Environmental Services Supervisor on 2/26/08 at 10:10 AM revealed the following areas of concern: <ol style="list-style-type: none"> a. The doors to the rooms A 19, B 22, B 24, C 21, D 5, and F 24 had jagged and splintered edges on the outside surfaces. b. A linen cart on B Hall contained an electric razor with facial hair on the cutting surfaces stored in a cloth bag with rubber gloves and drinking straws with opened paper wrappers. c. The underside of the whirlpool chair in the bathing room between B and C Halls contained a waxy brown substance. 	F 253			

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F 253	Continued From page 5 d. The bathing room between B and C Halls contained 2 foam whirlpool chair pads with cracks in the underside surface and with the foam exposed rendering them unsanitizable e. The safety latch of the whirlpool lift chair in the E Hall bathing room had a caked waxy substance easily moved with a finger. 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to follow physician's orders as written for obtaining laboratory (lab) blood tests, lab tests without a current physician order or proper administration of inhalers for 2 of 20 current residents (Residents #15 and # 16). The facility reported a census of 111 current residents. Findings include: 1. Resident #15 had diagnoses listed on the Face Sheet dated 8/3/07 of aftercare for traumatic hip fracture, mental retardation, personal history of a fall and convulsions. The Minimum Data Set (MDS) assessment dated 12/7/07 listed the resident's cognition as moderately impaired, making poor decisions with cues or supervision required. Clinical record review of the Physician's Telephone Order dated 11/14/07 revealed an order to increase the resident's depakote (seizure	F 253 F 281		

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F 281	<p>Continued From page 6</p> <p>medication) to 2,000 mg (milligrams) 2 times a day and repeat lab tests for valproic acid level and ALT and AST levels (liver function tests) in 10 days.</p> <p>Review of the Lab Services report dated 11/23/07 showed the Valproic acid, ALT and AST lab tests were deleted by the lab because the patient was out of the facility. No other lab test results were found in the resident's clinical record for these lab tests.</p> <p>Review of the Nurse's Notes dated 11/22/07 at 1:45 p.m. revealed the resident left the facility for an overnight visit with his/her mother. On 11/23/07 at 5:00 p.m. the resident returned to the facility with his/her mother.</p> <p>An interview on 2/27/08 at 1:48 p.m. with the Director of Nursing (D.O.N.) revealed the facility could not locate the lab test results for the Valproic acid, ALT or AST labs. The facility failed to reschedule the labs when the resident returned to the facility on 11/23/07 from his/her overnight outing.</p> <p>2. Resident # 16 had diagnoses listed on the MDS assessment dated 2/1/08 of diabetes mellitus and depression. The MDS documented the resident's cognition as moderately impaired, making poor decisions and with cues or supervision required.</p> <p>Review of the Physician's Telephone Orders dated 3/8/07 revealed an order for a laboratory (lab) test for lipid and liver functions every 2 months. The lab results were filed in the resident's chart for completed labs on odd months for this physician's order.</p>	F 281		

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F 281 F 282 SS=D	<p>Continued From page 7</p> <p>Review of the Lab Services report dated 12/4/07 revealed lab results for liver and lipid functions. The clinical record failed to contain a physician's order for these lab tests.</p> <p>An interview on 2/28/08 at 8:33 a.m. with the D.O.N. revealed the facility did not have an order for the 12/4/07 lab test for lipid and liver functions.</p> <p>483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and observations the facility failed to always follow the plan of care with alarm usage and heel elevation for 1 of 20 residents reviewed. (Resident #1) The facility identified a census of 111.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. According to the minimum data set (MDS) assessment dated 1/16/08 Resident #1 had diagnoses that included hypertension and depression. The face sheet documented the resident also had a diagnosis of vascular dementia. The review of the MDS in Section P1 n. documented the resident resided in the Alzheimer's/dementia special care unit. The MDS documented the resident had both long and short term memory problems and had moderately impaired cognitive skills for daily decision-making, 	F 281 F 282		

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F 282	<p>Continued From page 8</p> <p>making poor decisions and requiring cues and supervision. The MDS documented the resident required the limited physical assistance of one person for transfers, ambulation, locomotion on the unit. The resident required the extensive physical assistance of one person for dressing, toilet use, and personal hygiene. The MDS documented that the resident had fallen in the past 31-180 days of the assessment period.</p> <p>The review of the nurse's notes dated 9/13/07 at 11:30 p.m. revealed staff heard a noise and found the resident naked and on his/her hands and knees in the bathroom alongside the toilet. The resident appeared alert and had a 3 1/2 inch cut under his/her (right) chin, opened and moderately bleeding.</p> <p>The review of the care plan dated 1/31/08 revealed the care plan directed the staff to ensure the alarms in place and functionally properly. The care plan also directed the staff to encourage the resident to allow bilateral heels to be elevated off of the bed.</p> <p>The review of the note observed in the chart room of the Alzheimer's wing revealed the note directed the staff to ensure the base of all clip alarms need to be attached to something, and anything solid for example: recliner clip to chair next to bed, headboard or night stand</p> <p>The observation made on 2/26/08 at 9:25 a.m. revealed Staff C certified nursing assistant (CNA) and Staff D CNA transferred the resident to bed. The staff turned the alarms on but placed the alarm control box to the personal body alarm at the head of the bed on the right side by the resident's pillow and failed to attach it to anything</p>	F 282		

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F 282	<p>Continued From page 9</p> <p>and it could be accessible to the resident. The staff also failed to elevate the resident's feet off the bed. The observation revealed the resident also had a sensory bed alarm on the bed.</p> <p>The observation of the resident on 2/26/08 at 10:20 a.m., 10:55 a.m., and 11:55 a.m. revealed the resident in bed with the alarm control box remaining at the head of the bed not attached to anything and to be accessible to the resident. The observation also revealed the resident's bed contained a bed sensory alarm.</p> <p>The observation made on 2/26/08 at 11:55 a.m. revealed the resident asleep in the bed and the resident's feet remained on the bed and not elevated. The observation also revealed the resident in bed with a bed sensor alarm in place. Staff C and Staff D took the resident to the bathroom.</p> <p>The observation of the resident on 2/26/08 at 2:20 p.m. revealed the resident in bed with the alarm control box curled up in his/her right arm. The observation also revealed a bed sensor alarm in place.</p> <p>The observation of the resident on 2/26/08 at 2:35 p.m. revealed the resident in bed without his/her feet elevated off the bed. The observation of the alarm control box revealed the alarm control box in bed with the resident. The observation continued to reveal Staff B CNA and Staff E CNA walked the resident to the bathroom and gave cares. Staff B and Staff E returned the resident to bed and placed the alarm control box next to the pillow on the bed and failed to attach the alarm box and left it accessible to the resident.</p> <p>The staff also failed to elevate the resident's feet</p>	F 282		

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F 282 F 329 SS=D	<p>Continued From page 10</p> <p>off the bed. The observation also revealed the resident's bed had a bed sensor alarm on the bed.</p> <p>483.25(I) UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Relates to # 15320-C:</p> <p>Based on clinical record review, the facility failed to provide non- pharmacological interventions, including direct care and activities, to reduce the use of sedative medications for 1 of 20 sampled</p>	F 282 F 329		

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F 329	<p>Continued From page 11</p> <p>residents (Resident # 20). The facility reported a census of 111.</p> <p>Findings include:</p> <p>1. Clinical Record review of the Minimum Data Set (MDS) assessment dated 2/22/08 for Resident # 20 revealed Resident # 20 with short term memory problems and moderately impaired cognitive skills for daily decision-making, with poor decisions and cues or supervision required. The MDS documented the resident displayed verbally abusive and socially inappropriate behavioral symptoms for 1 - 3 days during the assessment period. The MDS also documented the resident as resistant to cares which included taking medications, injections, activities of daily living assistance, or eating.</p> <p>Clinical record review of the Physician history and physical dated 2/12/08 revealed diagnosis for Resident # 20 of sacral ulcer, intertrigo, diabetes, hypertension, and hyperlipidemia.</p> <p>Review of the Nurses Notes dated 2/19/08 at 4:00 a.m. revealed the resident became anxious and verbally aggressive toward the staff. At 10:20 p.m. documentation revealed the resident called out frequently and as easily (re)directed. On 2/20/08 at 9:30 a.m. staff called the physician regarding the resident's behavior and complaints.</p> <p>Clinical record review of the Physician Telephone Order dated 2/20/08 a telephone order for Ativan 1 mg (milligram) every 8 hour as needed (PRN).</p> <p>Nurses Notes dated 2/20/08 at 12:30 p.m. revealed the resident received Ativan 1 tablet (tab) for increased anxiety. At 8:00 p.m. the</p>	F 329		

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F 329	<p>Continued From page 12</p> <p>resident complained of increased anxiety with relief obtained from PRN medication. Staff documented attempting no other interventions other than medication administration.</p> <p>The Nurses Notes of 2/21/08 at 9:00 a.m. recorded the resident complained of increased anxiety with relief obtained from PRN medication. Staff documented attempting no other interventions other than medication administration.</p> <p>The Nurses Notes of 2/23/08 at 2 p.m. revealed the resident exhibited increased anxiety. Staff gave PRN Ativan and documented the medication as effective. Staff documented attempting no other interventions other than medication administration.</p> <p>The Nurses Notes of 2/24/08 at 8:30 a.m. Resident # 20 showed increased anxiety with relief obtained from PRN medication. Staff documented attempting no other interventions other than medication administration.</p> <p>The Nurses Notes of 2/26/08 at 9:30 p.m. revealed the resident showed increased anxiety. Staff administered 1 tab of Ativan and the resident received relief. Staff documented attempting no other interventions other than medication administration.</p> <p>483.30(e) NURSE STAFFING</p>	F 329		
F 356 SS=B	<p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and 	F 356		

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F 356	<p>Continued From page 13</p> <p>unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to post the total number and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift and to post the correct census per shift on a daily basis. The facility identified a census of 111.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation of the Nurse Staff Posting on 2/25/08 at 7:53 AM revealed no staff posting for 2/26/08. The Nurse Staff Posting for 2/25/08 	F 356		

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F 356	<p>Continued From page 14</p> <p>observed to be posted at the South Nursing Desk at this time revealed no total number of actual hours worked by licensed and unlicensed staff for any shift.</p> <p>Review of the Nurse Staff Postings for 2/14 through 2/25/08 revealed no total number of actual hours worked tallied for any shift for licensed and unlicensed staff.</p> <p>Interview with the Medical Records Clerk on 2/26/08 at 8:13 AM revealed the Nurse Manager posts the daily Nurse Staff Posting with the hours projected from the posted nursing schedule. The Medical Records Clerk reconciles the posting to show the correct census and actual number of licensed and unlicensed staff and the actual hours worked on the following day. The reconciled posting with the correct information is not posted for viewing.</p>	F 356		
F 363 SS=E	<p>483.35(c) MENUS AND NUTRITIONAL ADEQUACY</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Relates to complaint # 15320-C:</p> <p>Based on record review, observations and interviews the facility failed to always follow the menu as signed by the dietician for 2 of 2 meals observed and for 1 of 4 residents with mechanical</p>	F 363		

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F 363	<p>Continued From page 15</p> <p>soft diets in the CCDI (Chronically Confused and Dementing Illness) Unit. (Resident #34). Additionally, the facility failed to always follow the menu as signed by the dietician for 2 of 2 meals observed for 4 residents. (Resident # 12, 36, 37, 14) who received a mechanical soft diet. The facility identified a census of 111 resident with 18 of those residents residing in the CCDI Unit.</p> <p>Findings include:</p> <p>1. The review of the menu spread sheet of the noon meal on 2/26/08 revealed the spread sheet directed staff to provide the mechanical soft diets wax beans instead of the steamed cabbage given to those receiving a regular diet. The observation of the noon meal service in the CCDI Unit revealed Staff F dietary aide served Resident #34 wax beans.</p> <p>The review of the noon meal spread sheet on 2/27/08 revealed the spread sheet directed the staff to provide the mechanical soft diets carrots instead of the carrots and peas as served to the regular diets. The observation of the noon meal service in the CCDI Unit revealed Staff G dietary aide served Resident #34 peas and carrots instead of the plain carrots as directed on the menu spread sheet.</p> <p>The review of Resident #34's diet card revealed staff direction to serve a mechanical soft diet with pureed meat.</p> <p>Staff G stated on 2/27/08 at approximately 11:55 a.m. that she "screwed up" and served Resident #34 the peas and carrots instead of just the carrots.</p>	F 363		

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F 363	<p>Continued From page 16</p> <p>2. The review of the menu spread sheet of the noon meal on 2/26/08 revealed the spread sheet directed staff to provide the mechanical soft diets wax beans instead of the steamed cabbage to be given to residents with regular diets. The observation of the noon meal in the main dining room revealed the Dietary Services Manager (DSM) to serve the following:</p> <p>a. Review of the diet card for Resident # 12 directed the staff to serve a mechanical soft diet. Observation of the noon meal on 2/26/08 revealed Resident # 12 to be served carrots.</p> <p>b. Review of the diet card for Resident #36 directed the staff to serve a mechanical soft diet. Observation of the noon meal on 2/26/08 revealed Resident # 36 to be served cabbage.</p> <p>c. Review of the diet card for Resident # 37 directed the staff to serve a mechanical soft diet. Observation of the noon meal on 2/26/08 revealed Resident #37 to be served cabbage.</p> <p>d. Review of the diet card for Resident #14 directed the staff to serve a mechanical soft diet. Observation of the noon meal on 2/26/08 revealed Resident #14 to be served cabbage.</p> <p>The review of the noon meal spread sheet on 2/27/08 revealed the spread sheet directed the staff to provide the mechanical soft diets carrots instead of the carrots and peas as served to the regular diets. The observation of the noon meal in the main dining room revealed the Dietary Serviced Manager to serve Resident #14 peas and carrots. Review of the diet card for Resident #14 directed the staff to serve a mechanical soft diet.</p>	F 363		

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F 363	Continued From page 17 Interview with the DSM on 2/27/08 at 2:27 PM revealed that each resident in the main dining room orders their meal from a printed menu. Residents with a mechanical soft diet order are given a menu with vegetable choices that may not be the vegetable that is listed on the spread sheet signed by the Registered Dietician. The DSM related that the menus are prepared by the Corporate Dietician and that there is no separate menu for residents on a mechanical soft diet that would allow them to choose between the vegetables recommended by the Registered Dietician.	F 363		
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide sanitary equipment for preparing food. The facility identified a census of 111. Findings include: 1. Observation of the microwave oven in the Chronic Confusion and Dementing Illness Unit on 2/26/08 at 2:18 PM revealed food debris to be stuck to the top interior portion. The Environmental Services Supervisor confirmed this finding. 2. Environmental tour of the kitchen with the	F 371		

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F 371	Continued From page 18 Dietary Services Manager (DSM) on 2/26/08 at 3:02 PM revealed the following: a. Four 18 x 24 inch pans stored as clean with carbon buildup in all 4 interior corners. b. Two of 3 cutting boards stored as clean with rough cuts in both surfaces of each board, making the boards unsanitizable. c. Eight rubber spatulas stored as clean with cracked surfaces. Three of the 8 spatulas had a gummy substance on the handles. The DSM confirmed the substance to be adhesive labels not completely removed during washing. The DSM discarded the spatulas after inspection d. A 14-inch fry pan stored as clean with missing non-stick surface on the cooking surface and the cooking surface as sticky to touch. The DSM discarded the pan after inspection. e. An 8 inch fry pan stored as clean with thick carbon buildup on the cooking surface as well as missing non-stick finish. The DSM discarded the pan after inspection.	F 371		
F 431 SS=D	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 431		

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F 431	<p>Continued From page 19</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation of 1 of 3 the medication storage areas, 1 of 6 medication carts and review of drug manufacturer's guidelines, the facility failed to discard medications in accordance with accepted professional standards for 2 resident medications and 2 facility multi-dose influenza vaccine vials. (Resident # 33 and Resident #35). The facility identified a census of 111.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the Medication Cart for B Hall on 2/26/08 at 8:31 AM revealed the following areas of concern: <ol style="list-style-type: none"> a. An open vial of Levemir insulin for Resident # 33. The vial had an opening date of 1/13/08 indicated. The manufacturer (Novo-Nordisk, 	F 431		

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F 431	<p>Continued From page 20</p> <p>Inc.) guidelines for Levemir insulin indicate the vial is to be discarded 42 days after opening.</p> <p>b. An open vial of Humalog insulin for Resident #35. Observation of the vial revealed no opening date indicated, but indicated a delivery date of 1/7/08. Review of the manufacturer (Eli Lilly) guidelines for Humalog insulin indicate the vial is to be discarded 28 days after opening.</p> <p>2. Observation of the medication refrigerator in the Chronic Confusion and Dementing Illness Unit on 2/26/08 at 2:18 PM revealed 2 open multi-dose vials of Fluvacal vaccine dated as opened on 11/3/07 and 11/8/07. Review of the manufacturer's (GlaxoSmithKline) guidelines indicates a multi-dose vial of Fluvacal to be discarded 28 days after opening.</p>	F 431		

F156

The facility will continue to provide the resident with an Advanced Beneficiary Notice at least two days prior to termination from Medicare Skilled Nursing Services.

Social Service Coordinator and Business Office staff were re-educated on March 31, 2008 on providing Advance Beneficiary Notice prior to termination from Medicare Skilled Nursing Services.

The Business Office Manager or their Designee will monitor the residents being terminated from Medicare Skilled Nursing Services, and receive a signed Advanced Beneficiary Notice two days prior to termination of Medicare benefits. Advance Beneficiary Notices will be monitored by the Business Office Manager for 4 weeks. Ongoing monitoring will then become part of the facility's QA process.

Completion Date – April 8, 2008

F253

The facility will continue to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

Doors to rooms A19, B22, B24, C21, D5, and F24 have been repaired with an overlay, covering the jagged and splintered edges on the outside surfaces.

Maintenance staff was re-educated on March 31, 2008 on keeping door surfaces smooth.

The Maintenance Supervisor or their Designee will monitor door for smooth surfaces for four weeks. Ongoing monitoring will then become part of the facility's QA process.

Razors have been cleaned.

Certified Nurse Aides were re-educated on March 31, 2008 on cleaning of razors.

The Maintenance Supervisor or their Designee will monitor cleanliness of razors for four weeks. Ongoing monitoring will then become part of the facility's QA process.

Whirlpool chairs were cleaned.

Certified Nurse Aides were re-educated on March 31, 2008 on cleaning of whirlpool chairs.

The Maintenance Supervisor or their Designee will monitor cleanliness of whirlpool chairs for four weeks. Ongoing monitoring will then become part of the facility's QA process.

The safety latch of the whirlpool lift chair was cleaned.

Certified Nurse Aides were re-educated on March 31, 2008 on cleaning of safety latch of whirlpool.

The Maintenance Supervisor or their Designee will monitor cleanliness of whirlpool safety latches for four weeks. Ongoing monitoring will then become part of the facility's QA process.

Completion Date – April 8, 2008

F281 The facility will continue to follow physician's orders as written.
Nurses were re-educated on 3/18/08 on proper inhaler techniques. A mandatory inhalation skills fair was held on 3/20/08 for nurses and CMAs.
Ongoing monitoring will become part of the facility's QA process.
Nurses and Medical Secretary were re-educated on procedures to follow when a physician's order is attained to draw lab on 3/18/08.
DON/Designee will monitor lab orders for completion weekly for the next 4 weeks. Ongoing monitoring will them become part of the facilities QA process.

Completion Date – April 8, 2008

F282 The facility will continue to follow care plans with alarm usage and heel floatation.

Nursing staff was re-educated on following care plans regarding alarms usage and heel flotation.

Resident #1 care plan was reviewed and revised. Heel floatation was discontinued due to resident being able to move independently in bed.

QA team will check alarm placement and heel floatation to ensure it is being done in accordance to the care plan weekly times 4 weeks. Ongoing monitoring will then become part of the facility's QA process.

Completion Date – April 8, 2008

F329 - The facility will continue to provide non-pharmaceutical interventions to reduce use of sedative medications. Staff was re-educated on 3/18/08 regarding documentation of all alternative methods attempted prior to administration of medications. DON/or designee will randomly audit residents taking PRN medications for behavior to assure proper interventions and documentation for 4 weeks. Ongoing monitoring will then become part of the facility's QA process.

Completion Date – April 8, 2008

F356 - The facility will continue to post the total numbers and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift and also post the correct census per shift on a daily basis. Nurse Manager has been re-educated on the correct way to post nurse staffing hours on 3/18/08. The nurse staffing was corrected immediately upon identification by the surveyor. DON or designee will randomly audit the staffing posting for the next 4 weeks. Ongoing monitoring will then become part of the facilities QA process.

Completion Date – April 8, 2008

F363

The facility will continue to follow menus signed by the dietitian. All dietary staff will be in-serviced on modified diets and how to read and follow the menu spreadsheet.

The Dietary Services Manager or their Designee will monitor diets being served weekly for four weeks. Monitoring will then become part of the facility's QA Process.

Completion Date – April 8, 2008

F371

The facility will continue to store, prepare, distribute, and serve food under sanitary conditions.

All dietary staff will be in-serviced on the proper utilization of carbon remover and the need to inspect all utensils and equipment for non-sanitizable surfaces before and after each use.

Any equipment found to be non-sanitizable will be removed from service and replaced. The Dietary Service Manager or their Designee will check weekly for four weeks and then on-going monitoring will become part of the facility's QA Process.

All CCDI Unit Staff will be in-serviced on sanitary cleaning of the microwave and a cleaning schedule was created for the department to follow.

The Dietary Service Manager or their Designee will check the microwave cleaning schedule weekly for four weeks and then on-going monitoring will become part of the QA Process.

Completion Date – April 8, 2008

F431 – The facility will continue to discard medications in accordance with the accepted professional standards.

Nurses were re-educated on 3/18/08 on proper discarding of medications.

DON/designee will randomly audit insulin and influenza vaccines for being properly discarded for the next 4 weeks. Ongoing audits will then become part of the facility's QA process.

Completion Date – April 8, 2008
