

In Reply Refer To: 515/012GR

October 5, 2015

Ms. Sara Dunne, Administrator Grand Rapids Home for Veterans 3000 Monroe Avenue NW Grand Rapids, MI 49505

Dear Ms. Dunne:

The Battle Creek VA Medical Center (VAMC) Michigan Survey Team conducted the Annual Survey of the Grand Rapids State Home for Veterans (GRSHV) on March 24-27, 2015. During the survey, deficiencies were cited and a letter was sent to you on April 24, 2015, listing those deficiencies.

On May 28, 2015, you provided initial responses for the Corrective Action Plan (CAP) which we uploaded to the portal for review by Ascellon team members. On July 13, 2015, we notified you of the need to provide additional information. Upon receipt of your response on July 14, 2015, we submitted the revised CAP to the Ascellon team lead for review. On August 5, 2015, we again contacted you on the missing information needing to be addressed. The final version was submitted to the VA on August 7, 2015, and subsequently reviewed by Ascellon team members. After the survey team reviewed the evidence of implementation of the CAP, it is determined that your facility, Grand Rapids SHV, is in compliance with all VA nursing Home Standards and I have granted the Grand Rapids State Home for Veterans full certification for the year 2015. We regret the delay in providing this notification.

If you have any questions regarding the Grand Rapids SHV certifications or the information provided to you, please contact Lisa Martin, Wyoming Health Care Center Director at (616) 249-5374. Thank you for your continued service to our nation's Veterans.

Skupien, PhD

Sincerely,

MARY BETH SKUPIEN, Ph.D.

Medical Center Director

Corrective Action Plan from VA Survey of March 2015

No.	How corrective action will be accomplished for those residents found to have been affected by the deficient practice.	How facility will identify other residents having the potential to be affected by the same deficient practice.	What measures will be put in place or systematic changes made to ensure deficient practice will not recur.	How facility plans to monitor, has it been implemented, and is it effective? Must be included in QA program	Dates corrective action will be accomplished
1	n/a	n/a	Yearly review of all policies will be conducted by each dept. manager or designee	Administrator or designee will review yearly and report to QA for compliance	9-1-2015 and ongoing
10	n/a	n/a	Licensure from Health Dept. will be sought and food service dept. will receive bi-yearly inspections Kent Community Health Dept. Inspector will schedule inspections as required and Dir. of Nutrition Services will report to QA with inspection results twice a year.	Inspection reports will remain on file Dir. of Nutrition Services will report to QA with inspection results twice a year.	License received on 7-17-2015
12	n/a	n/a	Buyer developed system to monitor all contracts and their expiration dates. Work statement for request for radiology services has been submitted to the State of Michigan (SOM). Awaiting approval. Once approved, the Home must follow the SOM process for bidding out the service, evaluating the bids, and selecting a vendor. A request to fast-track the process has been made.	Buyer will present quarterly to QA all contracts that are due to expire and/or currently in the SOM purchasing process. Will address issue quarterly to QA that contracts are in place and are current. Will inform QA of any issues that have risen with current contracts and seek resolution	8-1-2015 and ongoing
20	n/a	n/a	Buyer developed system to monitor all contracts and their expiration dates. Work statement for request for	Buyer will present quarterly to QA all contracts that are due to expire and/or currently in the SOM purchasing process.	8-1-2015 and ongoing

			radiology services has been submitted to the State of Michigan (SOM). Awaiting approval. Once approved, the Home must follow the SOM process for bidding out the service, evaluating the bids, and selecting a vendor. A request to fast-track the process has been made.	Will address issue quarterly to QA that contracts are in place and are current. Will inform QA of any issues that have risen with current contracts and seek resolution	
27	GRHV will partner with BCVA on Quality Assurance & Management for improving the QA program for all disciplines.	QA Committee has met and will add Infection Control Committee & Wound Committee, and will include monitoring and trending of incidents of member abuse/neglect.	All department leaders are now included in the QA committee. Staff will learn how to do trending of incidents. DON worked with BCVA on RCA and new format used.	All departments will submit annual reports of QA monitoring. Sentinel Events will be included in QA reporting.	8-1-2015 and ongoing
	1. DON suspended CNA and initiated investigation immediately when document presented. Investigation was completed April 2015 and it was determined that all staff will be in-serviced on proper wording, abuse and neglect, and member rights. 2. All depts. will submit annual report 3. DON has updated her QA book 4. n/a 5. n/a 6. n/a 7. n/a 8. Unit Coordinators will	1. ADON will monitor all verbal and written concerns for possible abuse, neglect, exploitation, and will report to Administrator and DON immediately and assist with the investigation. 2. All depts. will submit annual report 3. DON has updated her QA book 4. n/a 5. n/a 6. n/a 7. n/a 8. Will be reviewed annually with Performance Review.	1. All staff have been reinserviced on abuse and neglect, member rights, and proper documentation. Nurse managers will report all concerns to Unit Coordinators immediately for investigation. 2. Administrator will ensure all depts. have annual summary for QA 3. All depts. will receive the QA policy and instructed to keep their QA books up to date. 4. See responses in # 144, 145 5. Implementation of the EMR will result in the ability for staff to collect, monitor and trend specific data on all residents. 6. DON worked with BCVA on	1. The monthly abuse/neglect reports sent to MVAA will be included in QA monitoring and will be trended. 2. Administrator will ensure all depts. have annual summary for QA. 3. Administrator will ensure all depts. maintain QA notebooks and will be addressed yearly at the QA meeting. 4. See responses in # 144, 145 5. QA reports that will be available thru the new EMR will be evaluated by the Infection Prevention nurse and reported at the quarterly QA Meetings. Monitors will be	Investigation completed 4-2015 Inservices completed by 8-1-2015 and ongoing 2. All depts. will be informed of this requirement on 8-12-2015. 3. All depts. will be informed of this requirement on 8-12-2015. 4. See responses in # 144, 145

	complete Nursing Skills checklist annually		RCA and new format used. 7. Administrator will review the POC quarterly. 8. Nurse Educator will monitor and ensure that checklist is completed.	developed as issues are identified 6.Sentinel events will be reported at QA quarterly meetings 7. Administrator will ensure that all depts. are reporting quarterly to QA committee. 8. Nurse Educator will monitor and report to DON and Unit Coordinators they are completed.	5. All depts. will be informed of this requirement on 8-12-2015. 6. 8-12-2015 7. 8-12-2015 8. 8-5-2015.
28	n/a	n/a	GRHV will partner with BCVA on Quality Assurance & Management for improving the QA program for all disciplines. GRHV staff will work together to develop individualized care plans using the Care Conference Schedules to ensure that all care plans are completed/updated with the MDS schedules. Administrator will review the POC quarterly.	Once training is completed, will request BCVA to attend QA meeting to ensure compliance GRHV Nurse Educator worked with staff from BCVA in July and has been presenting training to each individual Treatment Team. Expected completion of training will be August 2015.	9-1-2015 Training completed 8-1-2015
			Toe quarterly.	Sign-in sheets for this training will be reviewed by Nurse Educator to ensure all disciplines attended and will be presented at QA meeting.	8-12-2015
45	The memo was removed from the CENA Orientation Manual immediately 3-25-2015. This document was seen only by the two instructors from J2S who provide orientation, and	n/a	Nurse Educator will review J2S Orientation Manual quarterly to ensure appropriateness of documents	Report provided to QA team yearly	8-12-2015 and ongoing

	was used as a reminder to talk about the specific problem of rinsing soiled clothing.				
	All Nursing units have secure recycle boxes, and staff are instructed to deposit all Cheat Sheets at the end of the shift in this box.	n/a	The DON, Administrator, Unit Coordinators, and Unit Secretaries will continuously monitor for violations of PHI and personal information and will report all violations to the Privacy Officer immediately. The Unit Coordinators will be responsible for informing the DON &/or Administrator of any possible violations, who will ensure that the Privacy Officer is informed.	Yearly report provided to QA by Privacy Officer of violations and outcomes.	Yearly and ongoing
	Ceramic instructor has	Residents have been	Ceramic instructor has received	Activity Supervisor will report	10-10-2014 and
	received a formal	instructed to see activity	a formal counseling for this type	these employee issues to	ongoing
	counseling for this type of	supervisors if/when situations	of behavior. Her behaviors are	Director of Member Services	
	behavior. Residents have	occur	being documented and are	and they will continue to	
	been instructed to see		being addressed thru the Civil	address thru the Civil Service	
	activity supervisors if/when situations occur		Service and Union employee performance process.	and Union employee performance process.	
49	The Mail Delivery policy has	A list of members who desire	All staff who handle the mail has	Privacy Officer will monitor	7-15-2015 and
.5	been updated to instruct	certain types of mail be	been inserviced on the proper	and report quarterly to QA of	ongoing
	staff what to do if mail is	opened is used and updated	procedure and a copy will	violations and outcomes.	3- 0
	accidently opened.	routinely.	remain in the mail room.		
	(attachment 1)				
66	All allegations of	ADON will monitor all verbal	All Nursing staff will be re-	The monthly abuse/neglect	6-1-2015 and
	abuse/neglect will be	and written concerns for	inserviced on member abuse &	reports sent to MVAA will be	ongoing
	investigated and reported	possible abuse, neglect,	neglect and how to complete	included in QA monitoring	
	per GRHV policy (see	exploitation, and will report to	Behavior checklist. The Abuse &	and will be trended by DON.	Inservices
	Attachment 2). LARA	Administrator and DON	Neglect policy has been revised.		completed by
	requested we report all	immediately and assist with			9-1-2015
	Abuse/ Neglect allegations	the investigation.			

	to the VA. The Home will provide the VA Issue Briefs or memo informing them of any potential allegations and the outcomes DON suspended CNA and initiated investigation immediately when document presented. Investigation was completed April 2015 and it was determined that staff will be in-serviced on proper wording, abuse and neglect, and member rights.	ADON will monitor all verbal and written concerns for possible abuse, neglect, exploitation, and will report to Administrator and DON immediately and assist with the investigation.	All staff will be re-inserviced on abuse and neglect, member rights, and proper documentation. Nurse managers will report all concerns to Unit Coordinators immediately for investigation.	The monthly abuse/neglect reports sent to MVAA will be included in QA monitoring and will be trended by DON.	6-1-2015 and ongoing
67	Member 2 had a dignity bag placed over his foley catheter when it was identified by the Surveyor. The information is now included on the member's Cheat Sheet.	Staff in Central Supply has been asked to stock all units with dignity bags weekly to ensure they are available. Unit nursing staff were instructed to review all residents to ensure they have dignity bags.	Nursing staff will be re-educated on the importance of member dignity.	Unit Coordinators will constantly be aware of member dignity concerns and address them immediately with the staff responsible. They will report all violations to the DON/ADON who will work with HR & the contractors as needed to educate staff & correct the concerns.	9-1-2015 and ongoing
	All early tray orders were discontinued.	All early tray orders were discontinued on all units. The Dietary Department will work with staff to place trays in the meal carts to that when they are removed, they will be served to all members at a table at the same time.	Director of Nutrition Services or designee has revised department practice to ensure early trays are not ordered with the exception of providing early meals to those who will be out of the facility for appointments or activity trips. System implemented for meal service	The Director of Nutrition Services will work with the nursing staff to make acceptable, individual arrangements for members meals. She will report any changes in regular meal service quarterly at QA meeting.	6-1-2015 and ongoing

			on units		
69	Contact information has been posted on each Nursing Unit that indicates the two recognized Ombudsman and how to contact him. Also included are contact information for other agencies to report problems and concerns.	n/a	n/a	Social Services will monitor monthly and report to QA that the information is posted on the units and that Issue Identification Forms are available.	3/27/2015, 6-1-2015 and ongoing
	Adult Well-Being Services Ombudsman, who routinely visits the Home and speaks with members, attended the Member Council Meeting. He spoke about how to contact him and the process he follows when receiving a complaint. This was broadcast in-house and was reported in the meeting minutes (see Attachment 3)				5-6-2015
72	Activity staff will be pulled from other areas to ensure activities continue on the Main Courtyard.	Activity staff will be pulled from other areas to ensure posted activities occur on all units.	Biweekly unit observations will occur on the Main Courtyard to ensure programming matches the calendar (see Attachment 4).	This monitor will be reported in the QA meetings.	5-15-2015 and ongoing
88	The Interdisciplinary Team has completed a change of prior assessment as a Significant Change.	All disciplines were instructed to review all MDS assessments for accuracy and to discuss all member conditions/concerns at their weekly Unit Meeting.	All current MDS Nurses have attended the training for MDS certification.	RN Manager 14's to supervise MDS Nurses and complete monthly audits. They will report audit findings to the QA Committee quarterly	6-1-2015 2015 and ongoing
				BCVA has agreed to assist GRHV with Root Cause	9-1-2015

				Analysis investigations and Quality Assurance to help improve monitoring and investigations.	
91	The Interdisciplinary Team has worked with BCS to complete an accurate assessment.	All disciplines have reviewed their residents to determine accuracy of assessments.	The Interdisciplinary Teams have been re-educated on referring to Behavioral Care Solutions (BCS) and follow up. Staff has been re-educated on the importance of accurate assessments documentation and follow up. A policy was developed and staff inserviced on the new system that when members are transferred from one unit to another, the Interdisciplinary Teams will contact the receiving Interdisciplinary Team members and give a report about the member and the status of his current condition, ongoing assessment, and care plan. BCS will monitor residents referred to them and will have the appropriate documentation and follow-up. BCS will monitor residents referred to them will have the appropriate documentation and follow-up.	Copy of the team conference forms are sent to the Dir. Of Social Services with each transfer. Data will be then presented at the quarterly QA meetings by the Dir. Social Services will monitor BCS referrals and report to QA quarterly. This data will be presented at the QA meetings by Social Services and BCS liaison.	8-12-2015 and ongoing 100% compliance was recorded for the month of July with all unit to unit transfers.
92	The Interdisciplinary Team has worked with BCS to complete an accurate care	Interdisciplinary Teams have reviewed their residents to determine accuracy of care	Staff have been re-educated on the policies that address significant changes, care	Nurse Educator will monitor and report quarterly to QA committee regarding	8-12- 2015 and ongoing

		Ι.		Ι	
	plans on the identified	plans.	planning, and interdisciplinary	inservices.	
	members. A significant		team meetings.		
	change assessment was		Social Services and Nursing will	Compliance regarding	8-12- 2015 and
	completed on the identified		be re-educated on the	behavioral care planning and	ongoing
	members and the care		importance of documenting	individualized interventions	
	plans were revised.		identified problems on the Care	will be monitored by BCS and	
			Conference Sheet, on the Care	reported quarterly to QA.	
			Plan, and following up on all		
			issues. The Interdisciplinary		
			Teams will be re-educated		
			concerning Behavioral Care		
			Solutions (BCS) referrals and		
			follow up.		
			· r-		
			A policy was developed and staff	Copy of the team conference	8-12- 2015 and
			inserviced that when members	forms are sent to the Dir. Of	ongoing
			are transferred from one unit to	Social Services with each	0808
			another, the Interdisciplinary	transfer. Data will be then	
			Teams will contact the receiving	presented at the quarterly QA	
			Interdisciplinary Team	meetings by the Dir.	
			members.	incettings by the bir.	
93	The Interdisciplinary Team	Interdisciplinary Team	GRHV has partnered with BCVA	Activities Manger will report	Activity
33	completed an accurate	members have reviewed their	for training on Care Planning	quarterly at the QA	Manager will be
	assessment on identified	residents to determine	and documentation follow up.	committee that care plans are	informed of this
	residents and care plans	accuracy of care plans.	Random monitoring will be	individualized per	requirement on
	I =	accuracy of care plans.	_	documented member	8-12-2015.
	have been updated on identified members		completed by Activity Manager		8-12-2015.
	identified members		to ensure care plans address	preferences.	
94	The member was a	Intendical linear Teams have	member preferences.	Unit Coordinators will monitor	8-1-2015 and
94	The member was re-	Interdisciplinary Teams have	The weekly Interdisciplinary		
	evaluated by PT/OT and the	reviewed their residents to	Team meeting will discuss each	accuracy of services and will	ongoing
	Unit Physician for	determine services are being	member, new orders, changes in	report to DON. DON will	
	appropriate supportive	provided as identified and	condition, and any Quality of	report quarterly in QA	
	equipment and an accurate	ordered	Life concerns weekly.		
	wearing schedule that the				
	member has agreed to.				
	Care Plan was updated and				
	provided to Surveyors prior				

	to exit on March 27, 2015.				
	The Interdisciplinary Teams have met with BCS, PT/OT, and Unit Physicians to ensure appropriate services are being provided.	Interdisciplinary Teams have reviewed their residents to determine services are being provided as identified and ordered	BCS Monitor will be completed with all documentation received from BCS and will be reviewed weekly at Team meeting. Interdisciplinary Team members not in attendance will review the monitor and indicate that they have reviewed the documentation.	This will be monitored by Social Services/BCS liaison and will be reported to the QA Team quarterly.	7-1-2015 and ongoing
			A policy was developed and staff inserviced when members are transferred from one unit to another, the Interdisciplinary Teams will contact the receiving Interdisciplinary Team members and give a report about the member and the status of his Care Plan.	Social Services/BCS liaison will monitor this and report to QA Team quarterly.	6-1-2015
96	n/a	n/a	GRHV Administrator and DON conferred with BCVA concerning reporting of Issue Briefs, Head's Up Notices, and Sentinel Events. Sentinel Event policy rewritten to address timelines (see attachment 5)	DON/Administrator will report yearly to QA on timeliness of documentation	5-15-2015 and ongoing
			BCVA partnered with GRHV to train staff on completing Root Cause Analyses. GRHV will report Issue Briefs within 24 hours (not excluding holidays and weekends) of the event.		7-9-2015
97	n/a	n/a	GRHV Administrator and DON conferred with BCVA concerning	DON/Administrator will report yearly to QA on timeliness of	5-15-2015

			reporting of Issue Briefs, Head's Up Notices, and Sentinel Events. Sentinel Event policy rewritten to address timelines (see attachment 5) BCVA partnered with GRHV to train staff on completing Root Cause Analyses. GRHV will report Issue Briefs within 24 hours (not excluding holidays and weekends) of the event.	documentation	7-9-2015
99	The Interdisciplinary Team completed an accurate assessment and implemented appropriate treatment and services to identified resident	The Interdisciplinary staff responsible for completion of the RAI process has reviewed their residents to determine the accuracy of MDS and that appropriate treatments and services are being provided.	MDS nurses will be supervised by an RN Manager 14.	RN Managers will complete quarterly audits and report to the QA Committee quarterly.	7-1-2015 and ongoing
102	The Interdisciplinary Team completed an accurate assessment and implemented appropriate treatment and services to identified resident	Unit Nurses and staff physicians have reviewed their residents to determine accuracy of assessments and appropriate treatments and services are being provided for wound care.	Wound Committee will review wound reports monthly and address new wounds, make recommendations for treatments or changes in plan of care. Implementation of the new EMR will send alerts to dietitians and other disciplines when a new wound report is completed. Wound Care Nurse will be sent	Monthly reports of new wounds will be reported to the QA Committee at least quarterly. Wound committee member	7-1-2015 and ongoing ongoing
			to seminar on wound care and management when identified.	will report yearly of training attended.	5505
106	Referral to BCS was made 4- 1-2015 and members behaviors are now being managed and monitored	Interdisciplinary staff have reviewed their residents to determine the need for BCS services and made referrals	BCS provides assistance with managing members' difficult behaviors, and will assist GRHV with placement when behaviors	Compliance regarding behavioral care planning and individualized interventions will be monitored by BCS and	8-12-2015 and ongoing

	appropriately.	after physician approval.	become unmanageable. Social	reported quarterly to QA.	
			Services Director will research	BCS will provide quarterly	8-12-2015 and
			other options for placement.	reports to QA on member	ongoing
			The Interdisciplinary Teams will	referrals, prescribed anti-	
			be re-educated concerning	psychotics, and gradual dose	
			Behavioral Care Solutions (BCS)	reductions of medications.	
			referrals and follow up, and Unit		
			Coordinators will follow up with	Nurse Educator will monitor	8-12-2015 and
			the BCS Monitor. Staff will be re-	and report quarterly to QA	ongoing
			educated on the importance of	committee regarding	
			referral, documentation, and	inservices.	
			follow up.		
			A system exists by BCS that		
			reports and monitors all		
			residents that are referred to		
100	March or requiring 1.1	Name have no surining 1.1	them. The Falls Committee reviews all	Departs will be reviewed by	0.4.2045 and
108	Member requiring 1:1 supervision as identified	Members requiring 1:1 supervision will have an	members with falls, restraints,	Reports will be reviewed by the QA committee at least	8-1-2015 and
	had an information sheet	information sheet with the	and seat belts monthly.	quarterly	ongoing
	with the reason for the 1:1,	reason for the 1:1, any	and seat beits monthly.	quarterry	
	any behaviors the staff	behaviors the staff should be			
	should be managing, care	managing, care required for			
	required for that member	that member for each shift,			
	for each shift, and personal	and personal information that			
	information that will help	will help the CNA provide high			
	the CNA provide high	quality care and to prevent			
	quality care. This was	falls.			
	presented to the Surveyors				
	prior to exit conference on				
	3-27-15.				
	Housekeeper responsible	Housekeeping staff were	All staff will be re-educated	DON/Administrator will report	6-1-2015 and
	for allowing member to slip	reeducated about the security	about the security of the locked	quarterly to QA on	ongoing
	out of secured area has	of the locked units and the	units, types or members there,	elopements from all secured	
	received discipline of	type or residents on the units	and the importance of checking	areas.	
	unpaid suspension.	they need to be aware of.	doors when exiting/entering.		
	House Supervisor received		New Security system currently		

	discipline of unpaid suspension regarding issue involving resident 19.		being installed will have a bracelet alarm that will trigger and sound an alarm at all entry/exits and elevators on the secured units. GRHV Administration will report elopements from the Home to		
			BCVA in the form of an Issue Brief within 24 hours of incident.		
118	n/a	n/a	The PPD of nursing staff have always been calculated manually daily with the current census. A weekly and monthly average are calculated and reported to administration. The initiation of an Electronic Medical Records system (EMR) will automatically track member census but the PPD of nursing will continue to be calculated manually by nursing assistant.	Director of Operations or designee will review and confirm the accuracy of the EMR tracking of members, and will report all discrepancies to the Administrator or the DON immediately. Monitor of PPD of nursing will be reported quarterly at the QA committee meeting.	8-12-2015
138	n/a	n/a	GRHV Pharmacy will print all orders with multiple doses in separate boxes on the MAR. Pharmacists identified priority order for splitting orders: 1). Insulin 2). Tablets and capsules 3). Possible additional corrections found on MAR 4). Completed Introduction of EMR and physician order entry resulting in MARs no longer part of the	Director of Pharmacy or designee will review MARs and monitor for compliance. Report quarterly at QA.	4-30- 2015 5-31- 2015 6-30- 2015 7-31- 2015 10-1-2015

			pharmacy work flow.		
141	n/a	n/a	New single-sided med carts will	New med carts were ordered	8-12-2015 and
			be ordered for the EMR system	on 7-17-2015. Mock surveys	ongoing
			resulting in only one stock bottle	by Unit Coordinators will	
			on the cart.	check OTC med bottles for	
				date open and only one per	
				cart. ADON will review	
				monthly and report any issues	
				found to the QA committee.	
144	n/a	n/a	Infection Prevention nurse is	Infection Prevention Nurse/or	8-12-2015 and
			researching computer programs	designee will participate in QA	ongoing
			specific for infection prevention	meetings and report quarterly	
			in long term care. GRHV will	on findings	
			obtain program and/or new		
			EMR that will assist the Infection		
			Prevention nurse with the ability		
			to track and trend infections,		
			community/hospital acquired		
			infections, analyze outbreaks,		
			and assist with response and		
			evaluations.		
			Until then, the Infection		
			Prevention nurse attends daily		
			RN meetings for tracking		
			member illnesses, reviews 24 hr		
			reports, and individual medical		
			records for infections and will		
			monitor for prevalency.		
145	n/a	n/a	GRHV does have a hand washing	Infection Prevention Nurse/or	7-1-2015 and
			policy that was provided to	designee will participate in QA	ongoing
			Surveyors prior to exit	meetings and report quarterly	
			conference. GRHV staff have	on findings	
			been re-inserviced on hand		
			washing policy, and must pass		
			the hand hygiene skills checklist.		
			Staff not passing the hand		
			hygiene check list will be		

		required to view the hand hygiene computer course in Relias Learning. All Nursing Supervisors will randomly select two Nursing employees each month for the next three months and complete the hand hygiene skills checklist and provide reeducation as needed for three months or until consistent hand washing is observed.	Unit Coordinators will monitor and report progress monthly. Data will be presented to QA Team quarterly	8-1-2015 and ongoing
227	DOM	On 3/26/15 information was posted throughout the Home on all nursing and domiciliary care units regarding the contact information of the two recognized ombudsman. One of the ombudsmen is a neutral party from the Adult Well-Being Agency, the other is an appointed Board member from the Board of Managers who have responsibility of oversight of the Home. Town Hall Meetings were held on April 13 and May 18, 2015 (See attached minutes) in order to identify and address any current concerns, problems and/or issues. All 48 members were given a notice indicating the date, time and invitation to	Monitoring will occur monthly to ensure that this identified information is accurate and available for all members and/or families. This will be reported to the QA committee quarterly by the Dir. Of Social Services. . Quarterly meeting times have been selected and DOM members informed. Social Services will report yearly	3-26- 2015, 4-13- 2015 and 5-18-2015

that if anyone wanted the Long Term Care Ombudsman to attend the meeting that they should contact and request his presence.	
attend the meeting that they should contact and request his presence.	
should contact and request his presence.	
presence.	
0 4 343th 1140	
On April 13 th all 48 members	
were provided a Domiciliary	
Care Satisfaction Survey. The	
data from these surveys will be	
used to assess the level of	
satisfaction and to identify	
concerns, problems and/or	
issues which require change.	
During the May 18 th meeting the	
7 issues, problems and/or	
concerns which had been	
identified during the April 13 th	
meeting were addressed and	
the action taken to resolve the	
issues were discussed.	
On May 18 th a vote was taken	
regarding the preference of	
choice for identifying issues and	
concerns. The majority of	
members wanted a Town Hall	
Meeting which could meet every	
three months. Future meetings	
have been scheduled during the	
week of August 17 th &	
November 16 th 2015 and	
February 15, 2016. Members	
were encouraged to continue	
using the Issue Identification	
Forms and attending the	
monthly Member Council	
meetings in order to identify	
their concerns, problems and/or	
issues. Meeting minutes will be	

	reviewed by the Dir. of Social Services and identified issues, tracking, and trending will be reported quarterly in the QA committee.	

Department of Veterans Affairs -

(Standards - Nursing Home Care)

SURVEY CLASS

SURVEY YEAR

COMPLETION DATE

Annual Survey

2015

3/27/2015

NAME OF FACILITY

STREET ADDRESS

<u>CITY</u>

STATE

М

ZIP CODE

Grand RapidsD

3000 Monroe Ave. N.E.

Grand Rapids

49505

505

SURVEYED BY (VHA Field Activity of Jurisdiction)

Caleb.Hart_Gra

Curtis.Bruer_Gra

uer_Gra Debra.Wilcox_Gra

Eric George

Lisa Martin

Michelle, Crawford GraPatricia Steward2

Patricia.Beckmann_Gr&usan Honaker

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
1	§ 51.210 Administration. A facility must be	(P) Provisional Met	S/S; E	<insert cap="" details="" here=""></insert>			
	administered in a manner that enables it to use		Based on review, many of the policies			•	1 1
	its resources effectively and efficiently to		for the management and operation of				
	attain or maintain the highest practical, physical,		the facility were outdated.				
	mental, and psychological well being of each						
	resident.		The Master Index did not accurately				ľ
			reflect and match the policies being				
	A. Governing body:		maintained. Some policies were		i		
			missing or not identified correctly.				
	 The State must have a governing body, or 						
	designated person functioning as a governing						
	body, that is legally responsible for establishing						
	and implementing policies regarding the						
	management and operation of the facility, and						
	The governing body or State official with						
	oversight for the facility appoints the						
	administrator who is:]
	i. Licensed by the State where licensing is required; and						
	ii, Responsible for operations and management of the facility.						

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
2	b. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:	(M) Met					
	The State agency and individual responsible for oversight of a State home facility.						
	2. The State home administrator;						
-	The State employee responsible for oversight of the State home facility if a contractor operates the State home.						
3	C 7. Annual State Fire Marshall's report. c. State official must sign four certificates	(M) Mel					
4	Annual certification from the responsible State agency showing compilance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A set forth at § 51.224);	(M) Met					
5	Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51,225);	(M) Met					
6	10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226);	(M) Mel					
7	11. Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 27-10-0144A located at § 51.227);	(M) Met					
8	d. Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veterans residents must be spouses of veterans or parents all of whose children died while serving in the armed forces of the Unites States.	(M) Met	Eighty percent of residents are Veterans.				
9	e. Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.	(NA) Not Applicable	Facility is not operated by an contracted entity.				

STATE PROPOSED

RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE **ACTION PLAN** DATE **VA FOLLOW UP** (P) Provisional Met <insert CAP details here> f. Licensure. The facility and facility management must comply with applicable State and local licensure laws. Based on review and interview, there is a need to confirm with Kent County Health Inspectors on the requirement for inspections of the food preparation facilities given that the food is not only provided to members but able to be purchased and consumed by members' families, staff and visitors. Documentation of that determination should be kept on file. g. Staffing qualifications; (M) Met 1. The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. 2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. (N) Not Met h. Use of Outside Resources; Based on record review and <insert CAP details here> interviews, there is no radiology 1. If the facility does not employ a qualified service contact or agreement on fite. professional person to furnish a specific service inability to hold company accountable to be provided by the facility, the facility for performing services and/or management must have that service furnished meeting requirements or obligations. to residents by a person or agency outside the facility under a written agreement described in paragraph (h) (2) of this section. 2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for: i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and ii. The timeliness of the service.

FINAL

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
13	i. Medical Director:	(M) Met			[
	The facility management must designate a primary care physician to serve as medical director.			·			
	2. The medical director is responsible for:						
	Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services;						
	ii. Directing and coordinating medical care in the facility;						
	iii. Helping to arrange for continuous physician coverage to handle medial emergencies;			·			***************************************
	iv. Reviewing the credentialing and privileging process;						
	v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and						
	vi. Monitoring employees' health status and advising the administrator on employee health policies.						

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
14	j. Credentialing and privileging. Credentialing is	(M) Met	T	T			
	the process of obtaining, verifying, and	[` '					
1	assessing the qualifications of a health care						
	practitioner, which may include physicians,						
1	podiatrists, dentists, psychologist, physician						
i	assistants, nurse practitioners, licensed nurses						
	to provide patient care services in or for a						
	health care organization. Privileging is the						
	process whereby a specific scope and content			1			
	of patient care services are authorized for a						
	health care practitioner by the facility		İ	}			
	management, based on evaluation of the]
	1 · · · · · · ·						
	individual's credentials and performance.						
	1 The facility management must uniforcely				1		l
	The facility management must uniformly Apply Confection and the facility of the facility						
	apply Credentialing criteria to licensed						
	independent practitioners applying to provide						
1	resident care or treatment under the facility's						
	care.		-				
	The facility management must verify and						i I
	uniformly apply the following core criteria:			1			
1	Current licensures; current certification, if						
	applicable, relevant education, training, and						
	experience; current competence; and a						i
	statement that the individual is able to perform						
	the services he or she is applying to provide.						
	The facility management must decide						[]
	whether to authorize the independent practitioner						
	to provide resident care or treatment, and each						
	credential's file must indicate that these criteria						
	are uniformly and individually applied.						
1	L						
	The facility management must maintain						
	documentation of current credentials for each	1	1	1			
	licensed independent practitioner practicing						
	within the facility.	İ	****				
	- un						
1	5. When reappointing a licensed independent	4					
1	practitioner, the facility management must	1.					
	review the individual's record of experience.						
	6. The facility management systemically						
	must asses whether individuals with clinical	1					
1	privileges act within the scope of privileges				1		
	cranted.						
1	grantod,	1	Ī	I .	1 1		

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOŁLOW UP	FINAL RATING/ DATE
15	k. Required training of nursing aides.	(M) Met					
	Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay.						
	The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless:						
	That individual is competent to provide nursing and nursing related services; and						
	ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by						
16	the State. 3. Registry verification. Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program	(M) Met					
	approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. 4. Multi-State registry verification. Before				1		
	allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.				The state of the s		

FINAL **PROPOSED** RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE **ACTION PLAN** DATE VA FOLLOW UP (M) Met 5. Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monitary compensation. The individual must complete a new training and competency evaluation program. 6. Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the autcome of these reviews. The in-service training must; Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; ii. Address areas of weakness as determined in nurse aide's performance reviews and may address the special needs of residents as determined by the facility staff; and iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. I. Proficiency of nurse aides. The facility (M) Met management must ensure that nurse aides are able to demonstrate competency in skills and

techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
19	m. Level B Requirement Laboratory services.	(M) Met					
	The facility management must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services:					·	
	If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services.						
	ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes and regulations.						
	iii. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialities and subspecialities of services and meet certification standards, statutes, and regulations.						
	lv. The laboratory performing the testing must have a current, valid CLIA number (Clinical Laboratory Improvement Amendments of 1988). The facility management must provide VA surveyors with the CLIA number and a copy of the results of the last CLIA inspection.						
	v. Such services must be available to the resident seven days a week, 24 hours a day.						
	The facility management must:						
	Provide or obtain laboratory services only when ordered by the primary physician;						
	ii. Promptly notify the primary physician of the findings;					 	
	iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and						
	iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.						

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
20	n. Radiology and other diagnostic services.	(N) Not Met	S/S; G	<insert cap="" details="" here=""></insert>			
	The facility management must provide or		Barrel and the state of the sta	<u> </u>			
]	obtain radiology and other diagnostic services to		Based on review and interviews, the				
	meet the needs of its residents. The facility is		facility has not had a contract with the				
	responsible for the quality and timeliness of the		company for the past five years.		¢		.
1	services.		Upon request, the company being				·
1	SCIVICCS.		used was able to provide				
1	i. If the facility provides its own diagnostic		documentation of board certified				
ļ			radiologists' licenses. The lack of		1 1		
1	services, the services must meet all applicable		contract could result in failure to have				1
1	certification standards, statutes, and		limely radiology services available 24				
	regulations.		hours a day, seven days a week				
	21 Marie F - 179 d		including the taking of radiology films				
1	ii. If the facility does not provide its own		and providing the results to the				i
	diagnostic services, it must have an agreement		requesting provider.				
İ	to obtain these services. The services must						
	meet all applicable certification standards,		It was documented on the reporting of	1			i I
	statutes, and regulations.		a Sentinel event occurring in February	1			
			2015 that a radiology request was	İ			
]	iii. Radiologic and other diagnostic services		submitted during the early evening				
	must be available 24 hours a day, seven days a		hours, but the x-ray was not taken				- 1
	week.		until sometime the following morning.				
			The company failed to promptly notify				
	2. The facility management must:		the physician of a fracture likely	1	1		
			requiring surgical Intervention.				
	i. Provide or obtain radiology and other		-				
	diagnostic services only when ordered by the			İ			
1	primary physician;				i 1		1 1
	_	ŀ			1 1		
	ii. Promptly notify the primary physician of				1 1		1
	the findings;		İ		1 1		1 1
				i]		
	III. Assist the resident in making			1	1 1		
	transportation arrangements to and from the			1			
	source of service, if the resident needs	1		İ	[
	assistance; and						
							İ
	iv. File in the resident's clinical record signed						
	and dated reports of x-ray and other diagnostic						
	services.		1	1	1 1		1 1

STATE PROPOSED

				STATE CORRECTIVE	PROPOSED COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
21	o. Clinical Records.	(M) Met	A new electronic medical records				
	The facility management must maintain		system is to be implemented in 2015 which will result in records being more				
	clinical records on each resident in accordance	ĺ	readily accessible.				
	with accepted professional standards and practices that are:						
	i. Complete;						
-	ii. Accurately documented;						
	iii. Readily accessible; and						
22	Systematically organized. Clinical records must be retained for:	(M) Met					
1							
	i. The period of time required by State law; or						
1							
	Five years from the date of discharge when there is no requirement in the State law.						
23	The facility management must safeguard	(M) Met			<u> </u>		
	clinical record information against loss, destruction, or unauthorized use;						
24	The facility management must keep	(M) Met					
1	confidential all information contained in the					·	i
	resident's records, regardless of the form or storage method of the records, except when						
	release is required by:						
	i, Transfer to another health care						
	institution;						
	ii. Law;						
	iii. Third party payment contract; or						
	iv. The resident.						
25	5. The Clinical record must contain:	(M) Met					
	Sufficient information to identify the residents;						
	v. Progress notes,			-	***************************************		
	iv. The results of any pre-admission screening conducted by the State; and						
	iii. The plan of care and services provided;						
	ii. A record of the resident's assessments;						

FINAL

110	OTANDA DO DECODIOTION		EVEL ANATORY OTATEMENTS	STATE CORRECTIVE	STATE PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
26	p. Quality assessment and assurance.	(M) Met	,				
	1. Facility management must maintain a				1		
	quality assessment and assurance committee						
	consisting of:						
	i. The director of nursing services;						
	ii. A primary physician designated by the						
	facility; and						
	<u></u>						
	iii. At least three other members of the						
1	facility's staff.	1	1				

NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
Property of the committee: I. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and II. Develops and implements appropriate plans of action to correct identified quality deficiencies; and	RATING (N) Not Mel	S/S: H Through review of documents and interviews, there was a pattern of limited oversight of critical programs and aspects of patient care including, but not limited to: Infection Control, Quality Measures, Pressure Sore monitoring (Item 102), Quality of Life (Item 67), and Staff Treatment of Residents (Item 66). There was no investigation of the documented use of punishment to change residents' behavior (Item 66). All services did not have annual reports. Service quality assurance books were inconsistent. The Director of Nursing book was outdated and tacking continuity. It should be noted that the Social Work quality assurance book was well organized and comprehensive. The committee did not seem to have oversight or provide direction of the infection control program. This critical program's deficiencies and findings are documented in Items 144 and 145. There is no evidence of presentations of data Irends in patient care. As such, it is difficult to identify improvements or concerns in any consistent manner. The committee did not appear to thoroughly review Sentinel Event reporting and subsequent investigations and reporting of findings. The committee did not ensure follow up of deficiencies and issues were resolved or corrected in a timely			VA FOLLOW UP	
		manner (ftem 28) Through interviews and document review, it was discovered that RN IIIs are not required to complete				

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			competencies nor is there any requirement to document competencies. We are unable to determine from the Michigan Civil Service Commission that Nurse Ills are exempt from these reviews. Recommend once confirmation from that agency is received, it should be				
			documented and maintained by the Director of Nursing.				
28	Identified quality deficiencies are corrected within an established time period.	(N) Not Met	S/S: D	<insert cap="" details="" here=""></insert>			
			Based on review of records and interviews, the 2014 VA Survey finding related to Care Planning was brought to the Quality Assurance Committee as noted in the corrective action plan. It was documented in the minutes that an in-service would be completed prior to the next quarterly meeting. The next quarter it was documented that the in-service had not yet happened. There was no further follow up on the finding. It was determined that no Care Planning in-service was completed and the deficiency was not corrected.				
29	q. Disaster and emergency preparedness. 1. The facility management must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.	(M) Met	Recommend the facility develop a process for notifying Battle Creek VA Medical Center and Wyoming Health Care Center leadership in case of emergencies (fire, evacuations, elopements, etc) or items that could potentially garner negative media or congressional attention. The facility recently experienced an electrical fire. Residents were evacuated. Although no injuries, VA leadership learned of the situation on the local news.				
30	The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.	(M) Met					

FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE STANDARD DESCRIPTION RATING **EXPLANATORY STATEMENTS** DATE DATE VA FOLLOW UP **ACTION PLAN** Transfer agreement. (M) Met 1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that: Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions. The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility to make transfer feasible. (M) Met u. Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care. § 51.40 Basic per diem. (M) Met (b) During Fiscal Year 2009 and during each subsequent Fiscal Year, VA will pay a facility recognized as a State home for nursing home care the lesser of the following for nursing home care provided to an eligible veteran in such facility: (1) One-half of the cost of the care for each day the veteran is in the facility; or (2) The basic per diem rate for the Fiscal Year established by VA in accordance with 38 U.S.C. 1741(c).

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
34	§ 51.41 Per diem for certain veterans based on	(M) Met					
	service-connected disabilities.						
1	(a) VA will pay a facility recognized as a State	İ					
	home for nursing home care at the per diem rate						
	determined under paragraph (b) of this section						
1	for nursing home care provided to an eligible				1		
1	veteran in such facility, if the veteran:						
	(1) Is in need of nursing home care for a VA	1		İ			
	adjudicated service-connected disability, or						1
	(2) Has a singular or combined rating of 70						
	percent or more based on one or more						
1	service-connected disabilities or a rating of total						
1	disability based on individual unemployability			*			
	and is in need of nursing home care.						
	(b) For purposes of paragraph (a) of this	1					
1	section, the rate is the lesser of the amount						
ı	calculated under the paragraph (b)(1) or (b)(2) of						
	this section.						ŀ
	(1) For each of the 53 case-mix levels, the						
	daily rate for each State home will be				1 . [
	determined by multiplying the labor component	Ĭ					l
1	by the nursing home wage index and then adding			ł			
	to such amount the non-labor component and an						
	amount based on the CMS payment schedule						
	for physician services. The amount for						
	physician services, based on information						
1	published by CMS, is the average hourly rate				1		
ĺ	for all physicians, with the rate modified by the						
1	applicable urban or rural geographic index for			1			
	physician work, and then with the modified rate		İ				
	multiplied by 12 and then divided by the number						
	of days in the year.						
	Note to paragraph(b)(1): The amount calculated						
	under this formula reflects the applicable or						
	prevailing rate payable in the geographic area in				1 1		
	which the State home is located for nursing						
1	home care furnished in a non-Department nursing home (a public or private institution not				1 . [
1	under the direct jurisdiction of VA which						
	furnishes nursing home care). Further, the			İ			
	formula for establishing these rates includes						
1 1	CMS information that is published in theFederal	i					
	Registerevery summer and is effective						
	beginning October 1 for the entire fiscal year.					l	
	Accordingly, VA will adjust the rates annually.					l	
	(2) A rate not to exceed the daily cost of care					,	
	for the month in the State home facility, as						
	determined by the Chief Consultant, Office of						
	Geriatrics and Extended Care, following a report				j		
	to the Chief Consultant, Office of Geriatrics and						
	Extended Care under the provisions of §51.43(b)						

N	D. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
1	of this part by the director of the State home.			ACTION PLAN		VA I OLLOW OF	I I
	(c) Payment under this section to a State home for nursing home care provided to a veteran constitutes payment in full to the State home by VA for such care furnished to that veteran. Also, as a condition of receiving payments under this section, the State home must agree not to accept drugs and medicines from VA on behalf of veterans provided under 38 U.S.C. 1712(d) and corresponding VA regulations (payment under this section includes payment for drugs and medicines).						
l							
			·		•		
					-		
					-		
***************************************					***************************************		
٠	•	=	Page 16 of	145	-		4/24/2015

					PROPOSED		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	DATE
35	(a) As a condition for receipt of per diem under	(M) Met		1			
ı	this part, the State home must submit to the VA						
1	medical center of jurisdiction for each veteran						
1	completed VA Forms 10-10EZ or VA Form						
	10-10EZR, VA Form 10-10SH, and must be						
	submitted at the time of admission, with any						
	request for a change in the level of care				1		
	(domiciliary, or adult day health care), and any						
	time the contact information has changed.						
	(b) VA pays per diem on a monthly basis. To						1
	receive payment, the State must submit to the]				
1	VA medical center of jurisdiction a completed VA						1 1
	Form 10-5588. This form is set forth in full at						l
	§58.11 of this chapter.		444 444				
	(c) Per diem will be paid under §§51.40 and						
	51.41 for each day that the veteran is receiving						1
1	care and has an overnight stay. Per diem also						1
	will be paid when there is no overnight stay if						
1	the facility has an occupancy rate of 90 percent						
	or greater. However, these payments will be						
1	made only for the first 10 consecutive days during which the veteran is admitted as a patient	"					
	for any stay in a VA or other hospital (a hospital			1			i i
1	stay could occur more than once in a calendar						
1	year) and only for the first 12 days in a						
	calendar year during which the veteran is absent			ĺ			
	for purposes other than receiving hospital care,			,			
	(d) Initial per diem payments will not be made						
1	until the Under Secretary for Health recognizes	İ					
	the State home. However, per diem payments	•					
	will be made retroactively for care that was						l 1
	provided on and after the date of the completion		•	1			ĺ
1	of the VA survey of the facility that provided						
	the basis for determining that the facility met						
	the standards of this part.						
	(e) The daily cost of care for an eligible						
	veteran's nursing home care for purposes of §						
	§51.40(a)(1) and 51.41(b)(2) consists of those]				••	
	direct and indirect costs attributable to nursing						
	home care at the facility divided by the total						
	number of residents at the nursing home.						
	(f) As a condition for receiving drugs and		STATE OF THE PROPERTY OF THE P	·			_
	medicines under this part, the State must submit						
	to the VA medical center of jurisdiction a						
	completed VA Form 10-0460 for each eligible						
	veteran. The corresponding prescriptions						
1	described in §51.42 also should be submitted to]		
	the VA medical center of jurisdiction.			1	1		

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
36	§ 51.70 Resident Rights	(M) Met					
	The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote						
	the rights of each resident, including each of the following rights.						
-	a. Exercise of rights.						
	The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.						
	The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights.					:	
	The resident has the right to freedom from chemical or physical restraint.						
***************************************	In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.						
***************************************	5. In the case of a resident who has not been determined incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.						

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
37	b. Notice of rights and services.	(M) Met					
	The facility management 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. Such notifications must be made prior to or upon admission and periodically during the resident's stay.	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1					
	The resident or his or her legal representative has the right:						
	i, Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and						
	ii. After receipt of his or her records for review, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management.				The state of the s		The state of the s
	The resident has the right to be fully informed in language that he or she can understand of his or her total health status;						·
	4. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (b) (7) of this section; and						The Brown of the Control of the Cont
	5. The facility management 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 to be billed to the resident.				TO THE STATE OF TH		
	The facility management must furnish a written description of legal rights which includes:						
designation designation designation designation of the control of	A description of the manner of protecting personal funds, under paragraph (c) of this section;			,			
	ii. A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of					777	

				STATE CORRECTIVE	STATE PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
	resident property in the facility, and non-compliance with the advance directives requirements.			,			
	7. The facility management must have written policies and procedures regarding advance directives (e.g., living wills). These requirements include provisions to inform and provide written information to all 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. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. 8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her						
	care.			·			

					PROPOSED		FINAL
110	OTANDA CO OFFICE VICE			STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
38	Notification of changes:	(M) Met					
	i. Facility management must immediately						
	inform the resident; consult with the primary						
	physician; and if known, notify the resident's						
	legal representative or an interested family	ŀ					
	member when there is:						
	A. An accident involving the resident which						
	results in injury and has the potential for						-
	requiring physician intervention;						
	A significant change in the resident's						
	physical, mental, or psychosocial status (i.e., a						
1	deterioration in health, mental, or psychosocial						
1	status in either life-threatening conditions or						
1	clinical complications);						
1	C. A need to after treatment significantly						
	(i.e., a need to discontinue an existing form of					***	l
	treatment due to adverse consequences, or to				·		
	commence a new form of treatment);						
1	D. A decision to transfer or discharge the						
	resident from the facility as specified in §						
	51.80(a) of this part.						
	ii. The facility management must also						
	promptly notify the resident and, if known, the						
	resident's legal representative or interested						
	family member when there is:						
	A. A change in room or roommate						
	assignment as specified in § 51.100 (f)(2); or						İ
	A change in resident rights under Federal			·			
	A change in resident rights under Federal or State law or regulations as specified in						
	paragraph (b)(1) of this section.						l
	iii. The facility management must record and						
	periodically update the address and phone number of the resident's legal representative or						
	Interested family member.						1
\blacksquare	инстолов ванну взепцен.	L					

FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE STANDARD DESCRIPTION **EXPLANATORY STATEMENTS** RATING DATE DATE VA FOLLOW UP **ACTION PLAN** c. Protection of resident funds. (M) Met The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility. 2. Management of personal funds. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section. 3. Deposit of funds, (M) Mel Funds in excess of \$100. The facility management must deposit any resident's personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on residents funds to that account. (In pooled accounts, there must be a separate accounting for each residents share.) ii. Funds less than \$100. The facility management must maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (M) Met 4. Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. i. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

STATE FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION RATING **EXPLANATORY STATEMENTS** DATE DATE **VA FOLLOW UP ACTION PLAN** 42 § 51.70 Resident rights. (M) Met (C) (5) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 90 calendar days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate; or other appropriate individual or entity, if State law allows. 6. Assurance of financial security. The facility (M) Met management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility. d. Free Choice. The resident has the right (M) Met to: 1. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and 2. Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care

and treatment or changes in care and treatment.

				STATE CORRECTIVE	STATE PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
45	e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. 2. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; 3. The resident's right to refuse release of personal and clinical records does not apply when: i. The resident is transferred to another health care institution; or ii. Record release is required by law.	(N) Not Met	S/S; G Based on document review and interviews. During the Survey, an email identifying a resident by name and retated to fecal matter being discovered by family on the resident's clothing that was being washed, was discovered in the CENA Orientation Manual and being used to educate staff on the need to rinse garments thoroughly before placing in laundry bags. It could not be determined how many staff learned of this resident's name and issue. The email has be removed from the manual. The Privacy Officer was made aware of this issue by the Survey Team. A nursing care "cheat sheet" as defined as a document used to note resident and nursing service concerns was discovered in a public place. These forms contained identification information and potentially embarrassing personal information related to medical and social concerns. Although a new process for collecting all forms at the end of shift was implemented, the Privacy Officer was not made aware of this privacy violation and not involved in the resolution of the problem. A Ceramics instructor "teased" a resident in front of a visitor related to the resident's potential for fainting and	ACTION PLAN sinsert CAP details here>	DAIE	VA FULLOW UP	DATE
10			the resident's potential for fainting and stated they hoped the member does not "fall out." The member was embarrassed and no longer wants to participate due to this incident.				
46	Grievances. A resident has the right to: Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	(M) Met					

					PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
47	g. Examination of survey results. A resident has the right to:	(M) Met					
	Examine the results of the most recent						
	VA survey with respect to the facility. The facility management must make the results						
	available for examination in a place readily						
	accessible to residents, and must post a notice of their availability; and						
	2. Receive information from agencies	-					
	acting as clinical advocales, and be afforded the opportunity to contact these agencies.						
48	h. Work. The resident has the right to;	(M) Met					
	Refuse to perform services for the						
	facility;						
	Perform services for the facility, if he or she chooses, when:						
	i. The facility has documented the need or desire for work in the plan of care;						
	il. The plan specifies the nature of the						
	services performed and whether the services are voluntary or paid;						
	iii. Compensation for paid services is at or above prevailing rates; and						
	iv. The resident agrees to the work						
	arrangement described in the plan of care,						
49	Mail. The resident has the right to privacy in written communications, including the right to:	(P) Provisional Met	S/S; D	<insert cap="" details="" here=""></insert>			
		***************************************	Based on document review and				
	Send and promptly receive mail that is unopened; and	-	interview, it was reported that a letter addressed to a member was opened				
			by someone other than the member				
1	Have access to stationary, postage, and writing implements at the resident's own		and the word "OOPS" was written on the opened envelop and given to the				
1	expense.		member. It is unknown who opened				
1		•	the envelop. A list of members who				
1			desire certain types of mail be opened				
Щ.	l .	L	is used and updated routinely.	<u> </u>			_{WL}

Page 25 of 145 4/24/2015

FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE STANDARD DESCRIPTION **EXPLANATORY STATEMENTS** RATING VA FOLLOW UP DATE DATE **ACTION PLAN** Access and visitation rights, (M) Met 1. The resident has the right and the facility management must provide immediate access to any resident by the following: Any representative of the Under Secretary for Health; Any representative of the State; Physicians of the resident's choice; iv. The State long-term care ombudsman; Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time .2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law. (M) Met Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard. Personal property. The resident has the (M) Met right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other resident (M) Met m. Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

STATE PROPOSED

RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION RATING **EXPLANATORY STATEMENTS VA FOLLOW UP** DATE DATE **ACTION PLAN** Self-Administration of drugs. An (M) Met individual resident may self-administer drugs if the interdisciplinary team, as defines by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe. (M) Met § 51.80 Admission, transfer and discharge rights. Transfer and discharge: Definition. Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same facility. Transfer and discharge requirements. The facility management must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home; ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; iii. The safety of individuals in the facility is endangered; iv. The health of individuals in the facility would otherwise be endangered; v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or The nursing home ceases to operate. Documentation. When the facility (M) Met transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2) (i) through (a)(2)(vi) of this section, the primary physician must document in the resident's clinical record.

FINAL

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
57	Notice before transfer. Before a facility transfers or discharges a resident, the facility must:	(M) Met					
	i. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.						
	ii. Record the reasons in the resident's clinical record; and						
	iii. Include in the notice the items described in paragraph (a)(6) of this section.			·			
58	i. The notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged, except when specified in paragraph (a)(5)(ii) of this section;	(M) Met					
	ii. Notice may be made as soon as practicable before transfer or discharge when:						
	The safety of individuals in the facility would be endangered;						
	The health of individuals in the facility would be otherwise endangered;		Table Control of the				
	C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home;						
	D. The resident's needs cannot be met in the nursing home.						

DATE
1
-
ŀ
ŀ

					PROPOSED		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	DATE
61	b. Notice of bed-hold policy and	(M) Met					
	readmission,	l					1
	A National Action Control of California						
	Notice before transfer. Before a facility transfers a resident to a hospital or allows a						
]	resident to go on therapeutic leave, the facility						
	management must provide written information to			1			1
1	the resident and a family member or legal			ì			
	representative that specifies:	:				4	
l		ŀ	•	·			
1	i. The duration of the facility's bed-hold						
	policy, if any, during which the resident is						
	permitted to return and resume residence in the						
	facility; and						
	ii. The facility's policies regarding bed-hold						
	periods, which must be consistent with						
	paragraph (b)(3) of this section permitting a						
	resident to return.						
	Bed-hold notice upon transfer. At the						
	time of transfer of a resident for hospitalization						
1	or therapeutic leave, facility management must						
1	provide to the resident and a family member or						
1	legal representative written notice which						
1	specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.						İ
1	described in paragraph (b)(1) of this section.			1			
1	Permitting resident to return to facility.						
	A nursing facility must establish and follow a						
1	written policy under which a resident, whose]				
1	hospitalization or therapeutic leave exceeds the			ł ·			
	bed-hold period is readmitted to the facility						
	immediately upon the first availability of a bed						
	in a semi-private room. If the resident required		44				
62	the services provided by the facility.	3.X.1.1.1	*				
است	c. Equal access to quality care. The facility management must establish and	(M) Met	***************************************				
1	maintain identical policies and practices		Table 1				
	regarding transfer, discharge, and the provision						
	of services for all individuals regardless of						
	source of payment.						
63	d. Admissions policy. The facility	(M) Met					
	management must not require a third party						
	guarantee of payment to the facility as a						
	condition of admission or expedited admission,						
	or continued stay in the facility.						
	However, the facility may require an individual		[
1	who has legal access to a resident's income or		•				
	resources available to pay for facility care to sign a contract to pay the facility from the					,	
1	resident's income or resources.					ŕ	i
Ь	Locidoura (licouse of leadules).		<u> </u>	<u>L</u>	I		

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
64	§ 51.90 Resident behavior and facility	(M) Met					
	practices.						
	a. Restraints.						
	The resident has a right to be free from						
	any chemical or physical restraints imposed for			544			
1	purposes of discipline or convenience. When a			1			
1	restraint is applied or used, the purpose of the			İ			
1	restraint is reviewed and is justified as a therapeutic intervention.						
1	avapount morronion.						
1	i. Chemical restraint is the inappropriate						
1	use of a sedating psychotropic drug to manage						
1	or control behavior.						
	ii. Physical restraint is any method of						
1	physically restricting a person's freedom of						
	movement, physical activity or normal access						
	to his or her body. Bed rails and vest restraints						
	are examples of physical restraints.		1				
	The facility management uses a system						
	to achieve a restraint-free environment.			***			
	to donave a restablin-nee coverence.						
1	The facility management collects data						
Ì	about the use of restraints,						
	A 18/1				[
	When alternatives to the use of restraint are ineffective, restraint is safely and						
	appropriately used.	1	1				

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
65	Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary sectusion.	(M) Mel					
	Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.		~				
	Physical abuse includes hitting, stapping, pinching or kicking. Also includes controlling behavior through corporal punishment.						
	Sexual abuse includes sexual harassment, sexual coercion, and sexual assault.						
	4. Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include placing the individual in unsafe or unsupervised conditions.						
	Involuntary sectusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.						

					PROPOSED		FINAL
				CTATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE		VA FOLLOW UP	DATE
66	To Claff trade at a facility of the Control			ACTION PLAN	DATE	VA FOLLOW UP	TOATE TO
100	c. Staff treatment of residents. The facility	(P) Provisional Met	S/S - D	<insert cap="" details="" here=""></insert>			
	management must develop and implement		Based on observation, interview,				
	written policies and procedures that prohibit		record review, and review of facility				
	mistreatment, neglect, and abuse of residents		policy, it was determined the facility				
	and misappropriation of resident property. The		staff failed to investigate an alleged				
	facility management must:	ļ	incident of punishment for one (1) of		t l		
1	I		33 sampled residents (Resident #22).				
Ì	i. Not employ individuals who:		Findings included:				
			The Behavior Management:				
	A. Have been found guilty of abusing,		Management Untoward Behavior of a				
	neglecting, or mistreating individuals by a court		Member Policy (Review Date -				
	of law; or		October 30, 2014) includes the		l l		1
			following:	İ			
1	B. Have had a finding entered into an		Inappropriate or disruptive	İ	1		
1	applicable State registry or with the applicable		behaviors of members will be handled		i		l i
1	licensing authority concerning abuse, neglect,		through an interdisciplinary approach				
1	mistreatment of individuals or misappropriation		using the principles of least restrictive				
	of their property; and		interventions.	1			
1			 When a behavior is observed, 				F
	ii. Report any knowledge it has of actions		the caregiver or nurse will pull the		1		
	by a court of law against an employee, which		Behavior Monitoring/Intervention Flow				
1	would indicate unfitness for service as a nurse		Record sheet (Behavior Sheet). Start a				
1	aide or other facility staff to the State nurse		new one each time for each behavior.		J I		
İ	aide registry or licensing authorities.		In column one, check off all		1 1		
		<u> </u>	"Behavior/Events" and initial; In				
1	The facility management must ensure		column two, check off "Factors Prior				
1	that all alleged violations involving		to Event* and initial; In column three,				
1	mistreatment, neglect, or abuse, including		check off "Staff Interventions" and				
1	injuries of unknown source, and misappropriation		initial.		1		
	of resident property are reported immediately to		 At the end of the month, the 		1		
	the administrator of the facility and to other		case manager will pull all of the	***	1		
i	officials in accordance with state law through		behavior sheets (from their case load)		1		
	established procedures.		out of the BCS book, tally up all the		1		
			behaviors on a new behavior sheet	[[]		
	The facility management must have	1	and summarize the information on the	İ	[
	evidence that all alleged violations are		monthly summary.		i l		
	thoroughly investigated, and must prevent		The Abuse/Neglect - Member Policy		1 1		
	further potential abuse while the investigation is		(Review Date - April 4, 2014) policy		1 1		
1	in progress.		statement is - To promptly investigate	1	1 1		
1			alleged abuse/neglect/exploitation and	1	1		
ı	 The results of all investigations must be 		take appropriate administrative action.	į	l i		
	reported to the administrator or the designated		The policy includes the following:	**			
	representative and to other officials in		Purpose Statement - To provide		1		
	accordance with State law within		a process for administrative response		1		
	5 working days of the incident, and appropriate		to allegations of		1		
	corrective action must be taken if the alleged		abuse/neglect/exploitation of members		1		
	violation is verified.		and to promote the prevention of		1		
			abuse/neglect/exploitation of				· [
1			members.				
1			 Staff shall not humiliate, harass, 				
			or threaten any members with				1
			punishment or deprivation.				1
			House Supervisor, Unit				
I	l .			l			
			Dana 00 .				110 110016

					PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS			VA FOLLOW UP	DATE
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS Coordinator, or Charge Nurse — Notifies Director of Nursing (DON) immediately; Assesses member and assures appropriate care and a safe environment is provided; Collaborates with reporting employee to complete the incident report. The DON — Immediately notifies Administrator (or designee), Human Resources (or designee), Social Worker Director (or designee) and member's family or guardian; Forwards incident report to Administrator (or designee). Human Resources (or designee) Provides written investigation report and recommendations to Administrator (or designee) and Director of Nursing	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
			(or designee) within five (5) working days of the incident. The Administrator – Reviews Incident Report; Collaborates with Director of Nursing (or designee) and Human Resources (or designee) in planning investigation, reviewing report. The J2S Group (Contracted Staffing Group) Abuse and Neglect Procedure (September 19, 2011) includes: If there is suspension or an allegation of abuse and/or neglect, J2S Group immediately suspends the staff member in question without pay pending investigation.				
	7		from the Grand Rapids Home for Veterans (GRHV) Director of Nursing (DON) or designee. J2S Group submits their portion of the investigation to GRHV DON or designee. Resident #22 was admitted to the facility on March 17, 2005 with diagnoses of Schizophrenia, Seizure Disorder, History of Hepatitis C and Osteoarthritis. According to the resident's Quarterly Minimum Data Set (MDS) Assessment dated March 13, 2015, Resident #22's cognitive skills were severely impaired. Resident #22 was independent with bed mobility, transfers, walking in room and in corridor and locomotion on unit and				
,	•	•	Page 34 of	145	'	•	4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			independent with set up for locomotion				
			off unit. The resident was coded for				
			verbal and other behavior symptoms.				
			Resident #22's Impaired				
			Communication Care Plan (June 14,				
			2014) includes the following Behavior				
			Related Interventions:				
			Member is redirectable but not at				
			all time, if he/she refuses please				·
			revisit in five (5) minutes or get				
			Charge Nurse for direction (8-1-14).				
			Member is to go to Care Giver				
			who is assigned to him/her on the				
			shift. This Care Giver is to answer all				
			questions and meet his/her needs.				
			Other staff are to direct him/her to				
			assigned Care Giver (12-3-14).				
			During outburst redirect in a firm				
			voice (12-4-14).				
	·		• Give snacks on time (12-4-14).		1		
	•		Care Giver Cheat Sheets (no dates) Miscellaneous (Include Behaviors)				
		1	indicate:				
			11- 7 Shift – Redirect to care				
			giver. No extras.	1			
			7-3 and 3-11 Shifts – No]			
			interventions listed.		1		
			3-11 Shift - Redirect to care	1	1		
			giver. No extras.				
			Nurses Progress Notes dated				
			February 26, 2015 at 0700 note - On				
			11-7 it was reported that member was				
			taking other's clothes. RCA caught				
			member and made him change out of				
			them and the clothes were returned to				
		1	the rightful members.]		
			Sehavior Monitoring/Intervention Flow				
		1	Record February Summary				
		1	documentation notes: 2/16/15 - Went				
		1	to another members room to get	-			
		1	clothes that were not his/her; Staff				
		1	Intervention (Per Care Giver)				1
		1	Made him/her change, take them back,				1
			lay down then take trash and PJ to	The state of the s			
			Soited Utility for punishment.				
			In an interview on March 25, 2015 at	-			
1			3:05 p.m., the Director of Nursing (DON) stated he/she was not made				
			aware of the documentation related to				
			Resident #22's punishment, it had not				
			been reported and this was the first				
			he/she had heard of it. The DON	-			j
			proceeded to make a telephone call				
			1	1	1		1
			Page 35 of	445			A/2A/2015

N	I O ,	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
and the state of t		-		instructing the care giver involved immediately be removed from the nursing unit. On March 26, 2015 at 9:05 a.m., the DON presented a March 6, 2015 Grand Rapids Home for Veterans Report Form, completed by licensed staff, indicating care giver's intervention on Resident # 22's February 26, 2015 Behavior/Intervention Flow Record is borderline abuse. Notation on the form indicates it was logged on March 15, 2015. The DON stated at this time licensed staff did report the incident of the Care Giver documenting punishment; however an investigation was not conducted.				
A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-				Page 36 of	145			4/24/2015

					PROPOSED		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION		
NO.	31ANDARD DESCRIPTION	RATING	EXPLANATORT STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
67	§ 51.100 Quality of Life.	(P) Provisional Met	S/S - E	<insert cap="" details="" here=""></insert>			
			Based on observation and interview it				
	A facility management must care for its		was determined that care was not				
	residents in a manner and in an environment		promoted for residents in a manner				
	that promotes maintenance or enhancement of		and in an environment that maintained		<u> </u>		
	each resident's quality of life.		or enhanced each resident's dignity				
			and respect during meals.		1		
	a. Dignity. The facility management		Resident #2 was observed to be				
- 1	must promote care for residents in a manner		sitting in a wheelchair outside the		1 1		
	and in an environment that maintains or		dining room during the noon meal with				
	enhances each resident's dignity and respect in		a urine filled Foley catheter bag				
	full recognition of his or her individuality.		hanging from the wheelchair. The		1 1		
			Foley catheter bag was not covered				
	 Self-determination and participation. 		and in view for other residents,				
	The resident has the right to:		visitors and staff.				
			2. Nine (9) un-sampled residents on		i i		
1.	1. Choose activities, schedules, and health		one unit (unit census was 29 residents)		İ	•	
	care consistent with his or her interests,		were observed to be seated in the				
	assessments, and plans for care;		dining room during the lunch meal	. . .			
1			service for one (1) hour and 20				
	2. Interact with members of the community		minutes before being served their				
	both inside and outside the facility; and		meal. During that time frame the nine				
	· ·		(9) residents watched the remaining				
	3. Make choices about aspects of his or her		residents being served and eating their				
	life in the facility that are significant to the		meal. The nine (9) residents voiced				
	resident.		being frustrated and hungry white	1			
			watching the other residents eat their	1			
			meals. One (1) of the nine (9)	1			
			residents left the dining room before				
			being served the meal.				1
			Observation of One Rankin Unit				1
			lunch meal on March 25, 2015 at 12:05				1 1
			p.m. noted five (5) residents sitting		1 1		
-			and watching four (4) other residents				
			being served and eating their meal.				
			Observation of Main Courtyard				
			dining room on March 27, 2015 at				
			12:00 p.m. noted six (6) residents				
			sitting and watching three (3)				
	•		residents being served and eating their	· •			
			meal.				
1							
1			Findings included:	ļ			
-			Record review of the clinical record				
			of Resident #2 revealed the resident	ŀ			
-			to have diagnoses to include:	1			
	·		Debility, Dementia, Emphysema,	1			
1			Chronic Obstructive Pulmonary	}			
1			Disease, and Anemia. Resident #2	}			
			has severe cognition impairment and				
1			requires total care.				
-			Observation on 3/25/15 at 12:15 pm				1 1
1			revealed the resident sitting in a	1			
	5						

PROPOSED

FINAL

NO. STANDARD DESCRIPTION RATING EXPLANATORY STATEMENTS whoseblank by the disting room whose repositions and staff and visitions will grant whose notifying the disting room. In but unconcent of Seyler, exclusive style and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was yell and light to the final read was well and the dishing room at 1120 an. A food cent was observed and was yell and the dishing room at 1120 an. A food cent was observed a manner on the waste of the final read was readed used in the dishing room at 1120 an. A food cent was observed to arm two in the waste of the dishing room at 1120 an. A food cent was observed to arm two in the waste of the dishing room at 1120 an. A food cent was observed to arm two in the waste of the dishing room waste of the final read waste waste for the waste of the final read waste waste for the waste of the final read waste waste for the final read waste waste for the final read waste waste for the final read waste waste for the final read waste waste for the final read waste waste for the final read waste waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste for the final read waste fo	
Interestination by the disting room, where residence and self and velotices walk paid in different to the floor and velotices walk paid failten to the floor and velotice years. The floor of the disting room, the floor and the	
residence and staff and visidens walk, past when entering the diring room. The surcevered Follys cathlers to the fact of the f	
past when entering the diverge proom. The ouncervand Folloy catheter bug had fadims to the floor and was pling halfer on the floor and was pling halfered to the floor and side of urine. During an interview with the Name Assistant on SORS/95 and 12:30 pm, the Name Assistant sides of the Tolay bag should always be covered and not an embardary and the standard ways be covered and not an embardary and the standard ways be covered and not an embardary and the standard ways be standard the standard the standard ways be standard the standard was standard the standard was standard the standard was standard the standard was standard the standard was standard the standard was standard the standard was standard in the dining room of the standard was standard w	1
The unconversel Polary catherir bog had fallon to the floor and was lighting that floor and was lighting hatility or the floor and fall of utrine. Duling an interflow with the Neture Assistant on 03/28/15 at 12:30 pm, the Nume Assistant stated the Follow here Assistant and 03/28/15 at 12:30 pm, the Nume Assistant stated the Follow here should always be covered and not an embiatrassurant concern for the a resident. The title Nume stated the facility would make a use all disect care stalling the resident. The title Nume stated the facility would make a use all disect care stalling the properties of the state	1
facilities to the filtor and Main juring halfway on the fibor and fall of urtime. During an interview with the Narries Assistant on 2003/29/15 at 12.30 pm, the Narries Assistant sileaded the Folly Issig should always be covered and not an embarrassment concern for the realders). The Unit Narries stated the facility would make sure and differed came staff would be responsible for making axre Folly Tagley were covered in justice arries. 2. Media starylice observations were concluded an 03/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 a.m. to 12/25/20/15 feem 1120 b. to 1	
hallway on the floor and full of urtine. Duling an interview with the Nurse Assistant on 03/26/15 at 12/30 pm, the Nurse Assistant astated the Toby bag should always be covered and not an ombarassement concern for the resistent. The Unit Nurse stated the far-filly would reake sure all effect core staff weed to a regionalist for making uses Rey Stage uses covered in public 2. Media Sen/co observations were conducted an 03/26/20/15 from 11/20 a.m. to 12/58 pm. Media sen/co observations of the units were sealed in the diring room at 11/20 a.m. A food can't was observations on the Main Courtyard Uniter weeder are resided on the units were sealed in the diring room at 11/20 a.m. A food can't was observed to arrive on the unit at 11/30 a.m. and staff began serving most trys to residents sealed in the diring room. Nine (0) un-sampled residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were noted to not be served third residents were observed to a relief on the file of the residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residents were observed to not be served third residen	
During an interview with the Nurse Assistant on 0 05/25/5 at 12.50 pm, the Nurse Assistant stated the Folly bag should always be covered and not an embarrassment concerns for the rosidons. The Unit Nurse stated the feelily would make see and elifortic core staff would be reaponable for making save Folly happe were convered in public areas. 2. Medi sorvice observations were conducted on 05/25/2016 from 11:20 a.m. to 12:56 pm. Medi service otherwized on the feeling to	
Assistant con 02/82/54/5 at 12:30 pm, the Nume Assistant stated the 7 flow plosg alrouid always be covered and not an omburansement concern for the resident. The furth Nume stated the facility would make aure all direct care staff would be responsible for making auve Folay bags were covered in public ands. 2. Meal service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:56 pm. Meal service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:56 pm. Meal service observations on the Melan Courtyard Unit revealed residents who resided on the unit were seated in the diring room at 11:20 a.m. A food card was observed to arrive on the unit at 11:30 a.m. and staff began serving meal tarys to residents and the diring room at 11:20 a.m. A food card was observed to arrive on the unit at 11:30 a.m. and staff began serving meal tarys to residents seaded in the diring room. Nine (6) un-sampled residents were noted to not be served their most within the remaining residents began to ant. The nine (9) unserved their most while the remaining residents began to att. The nine (9) unserved residents were noted to not be served residents began to not. The nine (9) unserved residents was observed to at lat various tables in the diring room washing the other residents at their meals, at times vicining feedings of frestration and hunger. One (1) un-sampled resident was observed to at lat various tables in the diring room washing the other residents at their meals, at times vicining feedings of frestration and hunger. One (1) un-sampled resident was observed to proposil the their heal staff intervend residents the the meal but was still hunger. Staff reminded the the meal but was still hunger, Staff reminded the the meal but was still hunger, Staff reminded the the direct the deal of the first the direct the deal of the first the direct the deal of the first the direct the deal of the first the direct the direct the direct the direct the direct the direct the direct that the direct the direct the direct the	
Nurse Assistant stated the Foliop bag should always be covered and not an embarassement concern for the realderd. The Unit Nurse stated the facility would make sure alliefs core staff would be reaponable for making aure Foliop bags were covered in public areas. 2. Meal service observations were conducted an observation sure of conducted an 032/50/16 from 1:20 a.m. to 12:56 p.m. Meal service observations on the Main Countysed Unit revealed realders where resident on the number of the countysed Unit revealed on the number of the service observations on the Main Countysed Unit revealed on the number of the service observations on the Main Countysed Unit revealed realders where resident on the number of the service observed to service on the unit at 1:30 a.m. and saff began service meal service on the unit at 1:30 a.m. and saff began service meal frays to residents exerved to arrive on the unit at 1:30 a.m. and saff began service meal service on the unit at 1:30 a.m. and saff began service meal service observed to arrive on the unit at 1:30 a.m. and saff began service meal was observed to make the remaining residents were noted to not be service with birrivals were observed to a third on the service residents were noted to not be service residents were observed to all at victorus tables in the direct residents were observed to all at victorus tables in the direct residents were observed to tall at victorus tables in the direct resident was observed to propel thisher whealchair toward the door and the natification thank to a table. The resident attack facility to the meal but was saft humany. Staff reminded to the the fine the the the meal but was saft humany. Staff reminded to the	
should always be covered and not an embrareasment conners for the resident. The Unit Nurse stated the facility would make sure all direct care staff would be responsible for making aure Foley bags were covered in public areas. 2. Meal service observations were conducted on 30/25/05/16 from 1:20 a.m. to 12:58 p.m. Meal service observations on the Melin Courtyard Unit reveated residents who resided on the unit were seated in the dining room at 11:20 a.m. A foot cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents swing in the dining room and staff began serving meal trays to residents were meal with the meal while the remaining residents were meal while the remaining residents were meal while the remaining residents were media to not be sarred their meal while the remaining residents were only the facility of the residents were observed to did not be sarred their meal while the remaining residents were observed to sill at various tables in the dining room. The facility of the residents and the remaining residents based to the sarrive residents were observed to group the little were observed to group the little were residents and their meals while the remaining residents bales in the dining room watching the other residents and their ments, at times voicing feedings of frestration and hunger. One (1) un-sampled resident was observed to propel histher whealchair toward the door and the staff intervened redicenting the resident shaled the facility to the there had a the facility to the facility the trainer of the history of the facility to the resident baled to the facility the there had a facility to the facility the there had a facility to the facility the the resident baled to the facility the there had a facility the facility that the facility the the resident baled to the facility that the facility the the resident baled to the facility that the facility that the facility that the facility that the facility that the facility that the facility that the facility	
embarrassmal concern for the recidient. The Unit Nurse stated the facility would make sure all direct care staff would be responsible for making sure Foley bega were covered in public areas. 2. Med sovice observations were conducted on G925/2016 from 11:20 a.m. to 12:58 p.m. Meal service observations on the Main Courtyand Unit revealed residents who resided on the unit were seated in the diring room at 11:20 a.m. A foot card was observed to a review of the seated try, to resident such a review of the seated try, to residents were residents were residents were residents were residents were residents were resident in the diring room. All 12:20 a.m. and staff began serving meal trys, to residents are seated in the diring room. Nine (9) un esimpled residents were recided to not be served staff meal while the remaining residents were recided to not be served staff meal while the remaining residents began to eat. The rine (9) unserved residents were recided to all all vanious labies in the diring room washing the other residents while the remaining residents began to serve the served residents were to desire the served residents were residents and the diring room washing the other residents while the remaining residents began to serve the pulse of the residents while the remaining residents began to the residents and the staff interview of recident back to a table. The resident stated helps he direction the helps he direction and the staff interview of recident the helps he direction and the staff interview of recident the helps he direction and the staff interview of recident the helps he direction the helps he direction and the staff interview of recident the helps he direction the helps he direction the helps he direction the helps he direction the helps he direction and the staff interview of recident the helps he direction the helps he direction the helps he direction the helps he direction and helps he direction the helps he direction the helps helps and the helps helps are staff the helps helps are staff the	
resident. The Unit Nurse stated the facility would make sure all direct one staff would be responsible for making sure Folsy bags were covered in public areas. 2. Meal service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:55 p.m. Meal service observations on the Main Courtyard Unit reveated residents who resided on the unit were seated in the diring room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the diring room. Nine (9) un-sampled residents were noted to not be served their meal value the remaining residents began to a.T. The rine (9) unserved residents in the diring room watching the other residents seath of the direct wore observed to arrive and the remaining remains to the remaining residents began to a.T. The rine (9) unserved residents were noted to not be served their meal value the remaining remisents and the remaining remisents began to a.T. The rine (9) unserved residents in the diring room watching the other residents and their meals, at times vicing feelings of frustration and tunger. One (1) un-sampled resident value the remaining remisent, at times vicing feelings of frustration and tunger. One (1) un-sampled resident value there was the funder value that the their direction the staff intervened reflection the resident back to a table. The resident stated the had alternated yet the meal but was still humpry. Staff reminded the resident that heafthe	
The Unit Nurse stated the facility would make sure all direct care staff would be responsible for making sure Floly togs were covered in public areas. 2. Mest service observations were conducted on 0825/2015 from 11:20 a.m. to 12:56 p.m. Meat service observations on the Mein Courtyard Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff bagan sorving meat trays to residents seated in the dining room. Winc (9) un-sampled residents were noted to not be served their meat while the remaining residents began to eat. The nine (8) unserved residents were noted to not be served their meat while the remaining residents began to eat. The nine (8) unserved residents were observed to air the side was the service of instration and hunger. One (1) un-sampled residents voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propol his/her wheelchair toward the door and the staff instration and hunger. One (1) un-sampled resident was observed to propol his/her wheelchair toward the door and the staff instration and lated the staff interval the door and the staff instration and staff mentioned the resident staff mentioned the resident staff mentioned the resident that he/she had for the staff reminded the resident that he/she had	
would be responsible for making sure Foley tags were covered in public areas. 2. Mall service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:56 p.m. Meal service observations on the Main Countysard Unit revealed residents who resided on the unit were seated in the drining room at 11:20 a.m. All cod cart was observed to arrive on the unit all 11:30 a.m. and staff began serving meal trays to residents seated in the drining room. Nine (9) un-ampled residents were noted to not be served their meal while the remaining residents began to eat. The rine (9) unscrowd residents were noted to not be served their meal while the remaining residents began to eat. The rine (9) unscrowd residents in the drining room watching the other residents set their meals, at lines in the drining room watching the other residents set their meals, at lines residents set their meals, at lines residents set their meals, at lines residents set their meals, at lines residents set their meals, at lines residents set their meals, at lines residents set their resident was observed to propol hisher whealchair toward the door and the staff intervolocy desident that he/she had all at leads the set of the resident staff arminded the resident that he/she had	
would be responsible for making sure Foley bags were covered in public areas. 2. Meal service observations were conducted on 03/25/20/16 from 11:20 a.m. to 12:56 p.m. Meal service observations on the Main Courtyard Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff begen serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The rine (9) unserved residents were observed to air in stables in the dring room watching the other residents set their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propet his/her wheolchaft (rowed the dared on and the staff intorwond redirecting the resident back to a table. The resident stated make had already as to the meal but was still hunger. Staff reminded the resident that hele the	
Folly bags were covered in public areas. 2. Meal service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:58 p.m. Meal service observations on the Main Courtyard Unit revealed residents who resided on the unit were sealed in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents ested in the dining room. Nine (9) un-sampled residents were residents were noted to not be served that meal while the remaining residents began to eat. The nine (9) unserved residents were observed to all the various tables in the dining the observed to all the various tables in the dining room watching the other residents estated in the various tables in the dining room watching the other residents estated their residents were observed to sit at various tables in the dining room watching the other residents est their meals, at times voicing feelings of frustration and hungar. One (1) un-sampled resident was observed to propel his/her wheelshair toward the door and the staff intervened redirecting the resident sated he/she had already at the meal but was still rungary. Staff reminded the resident had be the staff intervened redirecting the resident had but was still rungary. Staff reminded the resident had he/she had already at the meal but was still rungary. Staff reminded the resident had he/she had already at the meal but was still rungary. Staff reminded the resident had he/she had	
areas. 2. Meal service observations were conducted on 03/25/2016 from 11:20 a.m. to 12:58 p.m. Meal service observations on the Main Courtyard Unit reveated residents who resided on the unit were seated in the ding mom at 11:20 a.m. A food cart was observed to arrive on the unit were seated in the ding mom at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and self begin serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents begin to eat. The nine (9) unserved residents were observed to all at various tables in the dining room watching from watching the other residents eat their meals, at times voting feelings of mustration and hunger. One (1) un-sampled resident was observed to propel his/her whetchair toward the door and the staff intervened redirecting the resident was observed to propel his/her whetchair toward the door and the staff intervened redirecting the resident as all thurger. Staff means all thurger. The resident staff intervened redirecting the readed the table he ad already at the meal but was staff turgery. Staff reminded for residents he table he delines and the food of the resident had the helps he ad already at the meal but was staff turgery. Staff reminded for residents he table he delines he ad already at the meal but was staff turgery. Staff reminded for residents he table he delines he delines he delines he ad already at the meal but was staff turgery. Staff reminded for residents the table he delines he delin	
2. Meal service observations were conducted on 03/25/2015 from 11:20 a.m. to 12:58 p.m. Meal service observations on the Main Courtyard Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and stiff began serving meal trays to residents seated in the dining room. Nine (9) un-sempled residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to all at various tables in the dining room walching the other residents eat their meals, at times violing feelings of instration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the residents was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident was suit integry. Staff remixed for the resident had already at the meal but was still fungry. Staff remixed for the resident had the fische had already at the meal but was still fungry. Staff remixed for the resident had before head already at the meal but was still fungry. Staff remixed for the resident had before head already at the meal but was still fungry. Staff remixed for the resident had before head already at the	
conducted on 03/25/2016 from 11:20 a.m. to 12:56 p.m. Meal service observations on the Main Courtyard Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (3) un-amplied residents were noted to not be served their meal while the remaining resident began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of rustafelion and hunger. One (1) un-sampted resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
a.m. to 12:58 p.m. Meal service observations on the Main Courtyard Unit reveated residents who resided on the unit were seated in the dining room at 11:20 a.m. A food card was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were onserved to sit at values in the dining room watching the other residents eat their meals, at times vicing feelings of furstration and hunger. One (1) un-sampted resident was observed to give their sellent was observed to give their sellent vicing feelings of furstration and hunger. One (1) un-sampted resident was observed to propel hisher wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated heighe had already sle the meal but was still rungry. Staff reminded the resident back she had	
observations on the Main Courtyard Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on thui at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining reflects began to eat. The nine (9) unserved residents were observed to sift a various tables in the dining room watching the other residents eat their meals, at times volving feelings of frustation and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident staff intervened redirecting the resident back to a table. The resident stated he/she had already alst the meal but was still hungry. Staff reminded the resident that he/she had	
Unit revealed residents who resided on the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be revealed that the served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents at the first and the served their meals while the remaining residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to prish his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated the/she had alroady ate the meal but was still hungry. Staff raminded the resident that he stall hungry. Staff	
the unit were seated in the dining room at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat with reasts, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated hets/she had already at the meal but was all hungys. Staff reminded the resident that hets/she had	
at 11:20 a.m. A food cart was observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The remaining residents began to eat. The remaining residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervend erdirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
observed to arrive on the unit at 11:30 a.m. and staff began serving meal trays to residents seated in the driing room. Nine (9) un-sampled residents were noticed to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the driing how one watching the other residents eat their meals, at times violing feelings of frustration and hunger. One watching the resident was observed to propel his/her wheelchair toward the door and the staff intervent redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
a.m. and staff began serving meal trays to residents seated in the dining room. Nive (3 un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The nine (8) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ale the meal but was still hungry. Staff reminded the resident that he/she had	
trays to residents seated in the dining room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident satted he/she had already at the meal but was still hungry. Staff reminded the resident that he/she had	
room. Nine (9) un-sampled residents were noted to not be served their meal while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already at the meal but was still hungry. Staff reminded the resident that he/she had	
while the remaining residents began to eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident lhat he/she had	1
eat. The nine (9) unserved residents were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	1
were observed to sit at various tables in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	1
in the dining room watching the other residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	1
residents eat their meals, at times voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	1
voicing feelings of frustration and hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
hunger. One (1) un-sampled resident was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
was observed to propel his/her wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	1
wheelchair toward the door and the staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
staff intervened redirecting the resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
resident back to a table. The resident stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
stated he/she had already ate the meal but was still hungry. Staff reminded the resident that he/she had	
meal but was still hungry. Staff reminded the resident that he/she had	1
reminded the resident that he/she had	
I I I I I I I I I I I I I I I I I I I	
encouraged the resident to remain at	
the table until the meal arrived. The	
resident complied. A second	
un-sampled resident was observed to	1
make comments regarding the long	1
wait for a meat and exit the dining	1
room. Staff encouraged the resident	
to remain in the dining room, however,	1
the resident did not comply and	1
	1

					STATE		FINAL
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NC	. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	1	continued to exit the room. A second	1	1 1		1
			meal cart was observed to arrive on				
			the unit at 12:44 p.m. and staff began				
			to serve the remaining eight (8)				
			residents their meals at 12:50 p.m.				
		1	The nine (9) un-sampled residents had				
			waited and watched the remaining				
			residents consume their meals for one				
	· ·		hour and twenty minutes before being	1			
			served.]			
			Interview was conducted on				
- 1			03/25/2015 at 12:40 p.m. with the Unit	***			
			Nurse. The Nurse stated the meal				
1			service was divided into two (2)	[
			settings to accommodate the residents				
			who are slower and needed more time				
			to complete the meal. The nurse				
		"	indicated being aware the residents				
			who did not get served first would				
			become restless while watching others				
			eat. The nurse stated this was the				
			facility's procedure for serving the				
			meal each day.				
		1	3. Observation with Licensed Staff of	1			
- 1			One Rankin lunch meal on March 25,				
		İ	2015 at 12:05 p.m. , noted nine (9)				
			residents sitting in the Dining Room.				
			Unsampled Residents # 40 and #41				
		ł	were sitting at table near the right				
			entrance door. After 20 minutes,				
	i		Resident #40 received and finished				
			lunch while Resident #41 still had not				
			received a tray, Unsampled Residents				1
			#42, #43, and #44 were seated at a				
			table across from Resident's # 40 and				
			1				
			#41. Resident #42's' tray was served at 12:05 p.m., At 12:25 p.m.,				
			Residents #43 and #44 had not been		1		
			served. Resident # 43 stood up and				
			yelled "Where's my food?" Unsampled				
	,		Residents #45 and #46 were seated at				
-			a table in the middle of the Dining				
		i	Room. Resident #45's tray was				
-			served Iwenty minutes before				
			Resident # 46. Unsampled Resident's				
ļ			#47 and #48 were sealed at a long	,	j		
			table in the middle of the Dining				
			1				
	·		Room. Resident #47's tray was served twenty minutes before				
			Resident # 48.				
			l l				
- 1			In an interview on March 25, 2015 at	1			
- 1			12:25 p.m., the Licensed Staff	1			
- 1			confirmed the observations and stated				
	1	•	1				

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS			VA FOLLOW UP	DATE
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS that is how it always is. The Licensed Staff stated trays are delivered to the unit by halls and not where he residents sit in the Dining Room. The Licensed Staff further stated the residents always sit in the same place in the Dining Room. 4. Observation of Main Courtyard on March 27, 2015 at 12:00 p.m. noted seven (7) residents sitting at the Dining Room center table. Two (2) of the seven (7) residents had trays and were eating their lunch meal, the other five (5) residents had not been served and were not eating. Two (2) residents were seated at a table near the television. One (1) of the two (2) residents had a tray and was eating while the other resident watched. During an interview with the resident who did not have a tray, the resident stated he/she did not mind the other resident eating, he/she was used to it. In an interview on March 27, 2015 at 12:15 p.m., the Licensed Staff confirmed the observations. The Administrative Staff were informed in an exit conference on March 25, 2015, at approximately 4:30 p.m. of the concerns identified during the noon meal service regarding residents not being cared for in an environment that maintained or enhanced their dignity and respect during the meal service. Observations of the noon meal service on March 27, 2015 (two days later) revealed no changes were made to the environment and manner in	STATE CORRECTIVE ACTION PLAN	PROPOSED COMPLETION DATE	VA FOLLOW UP	
			which residents were served. The observations on March 27, 2015 identified residents continued to wait to eat for extended periods of time while watching other residents being served				***************************************
20		ANALOS	and eating their meals.		 		
68	c. Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the	(M) Met					
	management of the facility by the council.				<u> </u>		

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
69	d. Participation in resident and family	(N) Not Met	S/S - F	<insert cap="" details="" here=""></insert>			
	groups.		Based on observation, resident group		1		
			interview, resident council minutes and				
	1. A resident has the right to organize and		staff interview, the facility failed to		1		
	participate in resident groups in the facility;		act upon the concerns of residents		1		·
			and the resident council regarding				
1	2. A resident's family has the right to meet		affecting resident care and life in the		1		
1	in the facility with the families of other residents		facility by providing access to an				
1	in the facility;		effective Ombudsman program.				
			The findings include:		i I		
1	3. The facility management must provide		A review of the Resident Council	- 1	1 1		
1	the council and any resident or family group that		minutes revealed the residents	1	1 1		
1	exists with private space;		repeatedly expressed concern in 2014,		1 1		
1			that they did not have an embudsman	1			
	Staff or visitors may attend meetings at		to act as an advocate for them.	1			
	the group's invitation;		According to the minutes, in June		1		
			2014, a new ombudsman was present]			
	5. The facility management must provide a		at the meeting and introduced,		1		
	designated staff person responsible for		however the aforementioned	1			
	providing assistance and responding to written		ombudsman did not stay long in the	1			
	requests that result from group meetings;		position. Further review of the minutes	1	1 1		
			for the year 2014, revealed that	1	1 1		
	6. The facility management must listen to		residents expressed concerns		1 1		
	the views of any resident or family group,		regarding staffing, mail delivery,				
	including the council established under paragraph		medication and security of the facility		1 1		
]	(c) of this section, and act upon the concerns of		related to theft.		1 1		
i	residents, families, and the council regarding		A resident group interview was		1 1		
	policy and operational decisions affecting		conducted on March 24th 2013 at				
	resident care and life in the facility.		approximately to 2:00 PM. Resident	7			
			#24 was present in the meeting and		1 1		
		•	posed a question regarding the course		1 1		
1			of action to take when residents had	VAN			
1			issues and didn't know who they		1 1		
			should turn to fer help. This surveyor	54			
			made an inquiry regarding the current		1 1		
			ombudsman. Several residents	w -			•
			laughed and voiced the facility's		1 1		
1			ombudsman program was ineffective		1 1		
1			and they were receiving no feedback	•			
1			when they attempted to contact an				
1			ombudsman. Other residents felt as		1 1		
1			though there was no active		1		
			ombudsman/advocate and there was		1 1		
			no posting of information to identify		[]		
1			who the current ombudsman was.	34			
1			Several residents added that one (1)				
1			of the people serving as an				
1			ombudsman was from the Board of				·
1			Managers, which was a conflict of				
1		1	interest. Residents in the meeting				
1			stated this was an ongoing issue that				
1			had existed for years. Several residents expressed the resident				
1			residents expressed the resident				1

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			council itself is a joke. Residents explained there is no accountability for the Administration and several residents are afraid to speak up for fear of retaliation. Tours of the residents' living areas on 3/25/15 at 9:45 AM confirmed that ombudsman information was not posted for residents to see. An interview was conducted on 3/24/15 at approximately 4:15 pm with the Administrator and Social Worker (SW), who confirmed the ombudsman information was not posted in the facility. The SW stated there were forms on the resident living areas where residents could communicate their issues to an ombudsman. The SW confirmed that the residents of the facility and domiciliary had pre-existing concerns regarding the ombudsman. An interview with the Nursing Supervisor on "2 Biue" on 3/25/15 at 9:59 AM revealed there were only internal complaint forms and no ombudsman forms for resident use.				
70	e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religi	(M) Met					
71	f. Accommodation of needs. A resident has the right to: 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and 2. Receive notice before the resident's room or roommate in the facility is changed.	(M) Met					

					PROPOSED		FINAL
	OTANDADD DECORPTION			STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
72	g. Patient activities.	(P) Provisional Met	S/S - D	<insert cap="" details="" here=""></insert>			
			Based on observation and interview it				
	 The facility management must provide 		was determined facility staff failed to		1 1		
١.	for an ongoing program of activities designed to		provide activities to meet all resident's		1 [
	meet, in accordance with the comprehensive		needs on one (1) of 12 nursing units		1		
	assessment, the interests and the physical,		(Main Courtyard).		1		
	mental, and psychosocial well-being of each		Findings Included:		1		
	resident.		Review of the Main Courtyard March		1		
			27, 2015 Activities Schedule listed		1		
			9:30 a.m. Greelings/Music, 10.00 a.m.		1		
			Unit Bowling and 11:30 a.m. Daily		1		
1			Chronicle.		1		
1			Observation of Main Courtyard on		1		
1			March 27, 2015 at 9:35 a.m. noted		1 1	-	
			five (5) residents sitting on chairs in				
			the hallway outside of their rooms;	į			
1			nine (9) residents in various types of		1 1		ŀ
			wheel chairs in the Television Room				
1			and six (6) residents in the Dining		1 1		
			Room watching television. One (1)				
ŀ	'		resident was observed sitting in his/her				
	İ		room with a winter coat on. The				
			resident stated he/she had the coat on		1		
			in preparation for the next smoke		1 1		
			break because smoking was all there was to do.				
			I .				
			Additional observations on March 27, 2015 at 10:35 a.m. and 11:35 a.m.				
			revealed the same residents sitting in				
			the hallways, in the Television room		I I		
			and Dining room. There were no				
			activities occurring on the unit as				
1			indicated on the posted activities	l	i 1		
1			schedule.	1	1 1		
1			Observation of Main Courtyard on		1		
1			March 27, 2015 at 12:00 p.m., noted a				
			resident come to the Nurses Station,		1		
			tap on the window and ask, "Where is		1		
	1		Jen?" When this surveyor asked,				
1			"Who is Jen?" the resident responded				
1			"She is the activity girl and I have	1	ĺ		
1			been looking for her because there has	•			
1			not been one thing going on here all		1 1		
		1	day."	1			[
1		1	In an interview on March 27, 2015 at	1			[
1		1	11:35 a.m., Main Courtyard Licensed	1			1
		1	Staff confirmed the units scheduled	1			[
	1		morning activities had not taken place	'			
1		1	and the unit had not received	1			
	1	1	notification the activities were	1			
			cancelled.	1			
			During a telephone interview on March				}
1			27, 2015 at 11:37 a.m., the Activities	1	1		
•	•	3	Dogo 49 s		, ,		A10A1004E

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1			Department Manager stated the Main				
1			Courtyard morning scheduled				
1			activities had not been provided				
			because the units assigned activities				
I			staff was off and the Activity				
1		Ī	Department was short staffed. The				
1			Activities Department Manager further				
			stated the department was in a tight				
ł			pinch because of staff scheduled time				
			off for education and vacation and three (3) scheduled bus trips for the				
			day. The locked units were the				1
			priorities. The Activities Department				
			Manager stated although the staff time				1
			off and bus trips were scheduled in				1
			advance, the Main Courtyard March				1
			27, 2015 Calendar of scheduled				1
			activities had not been changed and				1
			the units assigned activities staff				
			should have informed the units staff				
			the activities would not take place.				
73	The activities program must be directed	(M) Met					
	by a qualified professional who is a qualified			I			
	therapeutic recreation specialist or an activities			1			
	professional who:			•			
	- is licensed or registered, if applicable, by the						
	State in which practicing; and						
	- Is certified as a therapeutic recreation						
	specialist or as an activities professional by a						
	recognized accrediting body.						
74	h. Social Services,	(M) Met		- wa			
1	II. Codal Col floor.	(,					
1	The facility management must provide						
1	medically related social services to attain or						
	maintain the highest practicable mental and						
L	psychosocial well being of each resident;						
75	2. For each 120 beds, a nursing home must	(M) Met					
	employ one or more qualified social workers who						
	work for a total period that equals at least the						
	work time of one full-time employee (FTE). A						
	State home that has more or less than 120 beds						
	must provide qualified social worker services on	ł					
	a proportionate basis (for example, a nursing						
	home with 60 beds must employ one or more						
	qualified social workers who work for a total						
	period equating at least one-half FTE and a nursing home with 180 beds must employ						
1	qualified social workers who work for a total			1] [
	period equaling at least one and one-half FTE).		t .				
<u> </u>	Level - decent as order one and one-light Light	1	<u>l</u>	<u> </u>			<u> </u>

STATE PROPOSED

FINAL

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
76	3. Qualifications of social worker. A qualified social worker is an individual with: i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and Note: A master's degree social worker with experience in long-term care is preferred. ii. A social work license from the State in which the State home is located, if offered by the State; and iii. A minimum of one year of supervised social work experience, in a health care setting	(M) Met					
77	working directly with individuals. 4. The facility management must have sufficient support staff to meet patient's social services needs.	(M) Met					
78	Facilities for social services must ensure privacy for interviews.	(M) Met					
79	i. Environment. The facility management must provide: 1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;	(M) Met				-	
80	Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) Met					
81	Clean bed and bath linens that are in good condition;	(M) Met					
82	Private closet space in each resident room, as specified in § 51.200 (d)(2)(iv) of this part;	(M) Met					
83	5. Adequate and comfortable lighting tevels in all areas;	(M) Met					
84	Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	(M) Met					
85	7. For the maintenance of comfortable sound levels,	(M) MeI					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
86	§ 51.110 Resident assessment.	(M) Met		- 1000			
	The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.						·
l	a. Admission orders. At the time each						
	resident is admitted, the facility management						
	must have physician orders for the resident's immediate care and a mediat assessment,						
	including a medical history and physical						
	examination, within a time frame appropriate to						
	the resident's condition, not to exceed 72 hours		,		-	ļ	
	after admission, except when an examination						
	was performed within five days before					•	
	admission and the findings were recorded in the						
87	medical record on admission. b. Comprehensive assessments. (1) The facility	(M) Met					
	management must make a comprehensive	finit mer					
	assessment of a resident's needs:						
	i. Using the Centers for Medicare and Medicaid						
	Services (CMS) Resident Assessment	_					
	instrument Minimum Data Set, Version 3.0				l l		
					Ì		
	d. Submission of assessments. Each					`	1
1	assessment (initial, annual, change in condition, and quarterly) using the Centers for Medicare						
1	and quarterly) using the Centers for Medicale and Medicald Services (CMS) Resident						
1	Assessment Instrument Minimum Data Set,	1					
	Version 2.0 must be submitted electronically to	-					1
Ì	VA at the IP address provided by VA to the]			
	State within 30 days after completion of the					ŀ	
	assessment document.						

	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
T	2. Frequency. Assessments must be	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
١	conducted:		Based on observation, record review,				
-			interview, and review of facility policy		1 1		
- [i. No later than 14 days after the date of		it was determined that for one (1) of				
	admission;		33 sampled residents a significant		l i		
İ			change assessment was not				
1	ii. Promptly after a significant change in		conducted when the resident's				
1	the resident's physical, mental, or social		physical status demonstrated a				
1	condition; and		decline had occurred.				İ
1			Resident #5 sustained a left humerus				
1	iii. In no case less often than once every 12		fracture and following the incident		-		
1	months.		experienced a significant decline in				
1			activities of daily living (ADLs), to				
1			include the ability to ambulate. A				
1			quarterly minimum data set (MDS)	1			
1			assessment identified a decline for the				
1			resident since the previous	i			
1			assessment, however, a significant				
1			change assessment was not				
1			completed with a correlated care plan				1
1			review and revision to direct care for	İ			1
-1			the resident based on the resident's				
- 1			recent decline.				İ
1			Findings included:				
1			Review of the Resident Assessment				
1			Policy (review date 10/29/14) revealed		1		
١			the purpose for the policy was to				
-			ensure a comprehensive, accurate,				
-			standardized, reproducible assessment				
-			of each member's functional	1			
-			capabilities and to help staff meet	1	1 1		
-			member needs. The policy specified a		1 1		
- 1			significant change in status	1			
-			reassessment was to be completed				
- 1	-		within seven (7) days of the	•			
-			Interdisciplinary Team's determination				
- 1			of a significant change (either				
- 1			improvement or decline). The policy	Í			
- 1		, the state of the	further indicated the CAA summary				
- [would include the decisions made				
- [during the CAA process regarding				
- [İ	whether or not to proceed to the care		1		1
- [plan.				
-			E'				
- [Resident #5 was admitted to the facility on 05/20/04 with diagnoses to				
-							
- [include Dementia, Alcoholic Brain				
-			Disorder, Psycholic Disorder, and		[
-			Hypertension. The resident sustained		Į		
- [a fall on 04/21/14 that resulted in a				
			fractured left humarus. A significant				
- [change minimum data set (MDS) was		[[
- [conducted on 05/07/14. The resident				
- 1		was identified to be severely impaired	I	1			

				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
		in cognition. Review of the	1			1 1
1		assessment revealed the resident was				1
		independent in bed mobility, and				
		required the limited assistance of one	1			
 		(1) person with transfers, ambulation,				1
		toilet use, and hygiene. The resident				1
		required supervision and set up help				
	ŀ	only with dressing and extensive				
		assistance of one (1) person with				
		bathing. An assessment of the				
		resident's balance during transitions				
		and walking revealed the resident was				1
		not steady but was able to stabilize				
1 1	1	without staff assistance.				
		A Care Area Assessment (CAA)				
		summary associated with the				
		assessment indicated the activities of			•	
		daily living (ADL)				
		functional/rehabilitation potential had				
		not triggered for further review,				
		however, due to the resident requiring				
		limited assist with ADLs as a result of			·	
		the left humerus fracture a review	Į			
		would be conducted. The CAA				
		summary specified Resident #5 could not use his/her left arm for ADLs. The			e .	
		CAA summary does not specify that a				
		care plan would or would not be				
		completed related to ADL status.				
		A quarterly MDS assessment was				
		completed on 08/07/14 and identified	1			
		the resident's cognilive status to	1			
		continue to be severely impaired. The				
		assessment Identified Resident #5 to				
		have experienced a decline in ADL				
		status, requiring extensive assistance				
		of one (1) person with bed mobility,				
		transfers, ambulation, and toilet use.				
		The resident was now totally				
1		dependent on one (1) person for				
		dressing, personal hygiene, and				
		bathing. Additionally, the quarterly				
		MDS assessment identified Resident	!			
		#5 to be unsteady and only be able to				
		stabilize with staff assistance when				
		balancing during transitions and				
		walking. The facility was unable to	W-1			
		provide documentation that a				1
		significant change MDS assessment was completed to reflect the resident's	1			
		continued decline.				
		Observations of Resident #5 on	1			1
		03/24/15 at 9:45 a.m. and 03/25/15 at				
		VOIC INTO AL OUTO ALIE. GITO OUTZON TO AL				I
• •	-	Page 48	of 145			4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	ĺ	11:38 a.m. revealed the resident was	`	1		
			seated in a wheel chair being propelled				
			forward by a staff person during each				
			observation. Continued observations				
			of the resident revealed the resident				
			did not attempt to ambulate or propel				
			the wheel chair without staff				
			assistance.				
			Interview with the Unit Nurse Manager				
			on 03/24/15 at 10:00 a.m. revealed				
			Resident #5 had been ambulatory at				
			the time of a fall that resulted in his				
			arm fracture in April 2014. Since the				
			incident the resident had slowly				
			declined in ambulation and now				
			required the use of a wheel chair for				
			ambulation. Additionally, Resident #5				
			required more assistance with ADL				
			performance.				
			Interview was conducted on 03/24/15				
	1		at 3:15 p.m. with the unit Licensed				
			1		1 1		
	· · · · · · · · · · · · · · · · · · ·		Practical Nurse (LPN). The LPN		1		
			stated when Resident #5 sustained a		1		
			fractured left humerus in April 2014				
- 1			the resident had experienced a		1		
-			continuous decline in status. The LPN				
1		1	indicated the resident had been self				
		1	-ambulatory prior to the fall, however,				
			was now wheel chair bound.				
			Interview was conducted on 03/27/15				
			with the MDS Coordinator on the unit				
			where Resident #5 resided. The				
- 1			Coordinator stated the 05/07/14 MDS				
			Assessment had been completed by a				
1			previously employed nurse. The				
l	}		coordinator felt the difference in the				
I			documented assessment criteria could				
1			relate more to a different perception of				
1			each coordinator rather than an actual				
- 1			change in the resident's condition.				
			When Information obtained from staff				
			on the unit regarding the resident's				
			decline were presented to the				
			Coordinator, the Coordinator stated				
			staff had not informed him/her of the				
			resident's declined status. The				
			Coordinator had just assumed the				
			resident was sustaining a gradual				
			decline and had not recognized that a				
			significant change assessment could			,	
			be warranted. When questioned			•	
			regarding training the MDS Coordinator				
			stated he/she had trained for two (2)				
ı	1	I	Face 40 of a	<u> </u>	1	•	A/2A/2046

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			days at the facility prior to taking on				
		1	the duties.			·	
89	Review of Assessments. The nursing facility management must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.	(M) Met					
90	Use. The results of the assessment are used to develop, review, and revise the resident's individualized comprehensive plan of care, under paragraph (d) of this section.	(M) Met					

Page 50 of 145 4/24/2015

					STATE		FINIAL
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
91	c. Accuracy of Assessments	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
1	o. Modrady of Modelantonia	(, , , , , , , , , , , , , , , , , , ,	Based on observation, interview,				
	1. Coordination.		record review, and review of facility				
1	T. Sostandish		policy it was determined, for one (1) of				
1	i. Each assessment must be conducted or		thirty 33 sampled residents, a				
	coordinated with the appropriate participation of		comprehensive and accurate				
	health professionals.		assessment of the resident's				
1			functional capabilities was not				
	ii. Each assessment must be conducted or		completed.				
	coordinated by a registered nurse that signs and		Resident #15 experienced significant	1			
	certifies the completion of the assessment.		behavioral symptoms and the	+			
	· ·		assessment did not include all other				
	2. Certification. Each person who		evaluations and assessments,				
	completes a portion of the assessment must		including the CAA process and care				
	sign and certify the accuracy of that portion of		planning, completed by health				
-	the assessment.		professionals, to attain or maintain the				
1			resident's highest practicable physical,				
			mental and psychosocial well-being.				1
			Findings Included:			*	
-			Resident #15 was admitted to the	· ·			
			facility's Dementia Unit on 01/14/15				1
			with diagnoses of Vascular Dementia,				
			Status Post Heart Transplant, End				
			Stage Renal Disease, Hypertension,				
			Gastro-esophageal Reflux Disease,				
			Other Fracture (Rib Fracture) and				
			Vitamin B Deficiency per the				
			Admission MDS completed on				
			01/26/2015, A Brief Interview for				
			Mental Status (BIMS) was completed				
			that identified the resident's cognitive				
			status to be scored at 8, on a scale of				
			1-15, reflecting moderate impairment,				ŀ
			(scale range 8-12). The Resident Mood Interview identified a total				
			severity score of 20 on a scale				
			between 0 and 27 indicating severe				
			depression. Symptoms present	-			'
			included feeling down, depressed or				
			hopeless, trouble falling or staying	}			
			asleep, or sleeping too much, feeling				
			tired or having little energy, poor				
			appetite or over eating, feeling bad				
			about yourself- or that you are a				
1			failure or have let yourself or family				
1			down, moving or speaking so slowly	•			
1			that other people could have noticed.				
			Or, the opposite, being so fidgety or				
1			restless that you have been moving				
1			around a lot more than usual nearly]
1			every day, thoughts that you would be				
1			better off dead, or of hurling yourself				
1			in some way with a frequency of half				[
1	1	1	I	1	1		1/04/004/5

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	ī	or more of the days assessed. The	I	I	,	1
			MDS assessment identified resident				
			l .				
		1	#15 had physical and verbal		1		
			behavioral symptoms directed toward		l I		
			others occurring 1 to 3 days. The				
	1	1	impact on others reflected the				
			identified symptoms put others at				
			significant risk for physical injury,				
			significantly intruded on the privacy or		1		
			activity of others and significantly		1 1		
			disrupted care or the living		1 1		
			environment. Further behavior was		1 1		1
			the presence of rejection of care		1 1		-
		1	occurring 1 to 3 days. Wandering		1 1		ŀ
	1		behavior was scored at 0 or not				
			exhibited. The interview for daily	4			
- 1	1	1	preferences identified it was very		1 1		
	1		important for this resident to choose				
- 1	1		what clothes to wear, take care of his				1 1
		1	personal belongings or things, choose				
- 1			his own bedtime, have his family or a				
		1					
- 1		1	close friend involved in discussions				
			about his care and to have a place to				1
1			lock his things to keep them safe.				1 1
-	1		Activity preferences identified it was				
1			very important to have books,				
1			newspapers and magazines to read, to	ı			
		1	keep up with the news, to do things		1		
1			with groups of people, to do his				
ı			favorite activities, and to go outside to				
1		- 1	get fresh air when the weather was				
			good. The MDS assessment identified				i l
			resident # 15's functional status as				
] -	independent with activities of daily				
			living with supervision of one person				
-		1	with locomotion off the unit and				
1			oversight with eating and personal				
ı			hygiene. A fall with a fracture was				
-			coded prior to admission. A fall				
1			assessment, completed on 1/14/15				
-			identified a history of falls, was		1 1		
1			oriented sometimes, had a steady gait				
1			and never had agitated behavior in the		1 1		
1			past 90 days, or since admission.				
1			Review of the Interdisciplinary				
1			Progress Record reflects resident #15				
-			was admitted to the Dementia unit 1		1		
- 1			Blue at 9:30 AM on 1/14/15	1			
1			unaccompanied by family via transfer	1			[
			from an acute care facility. An entry	1			j
1			time of 2130 states, out with daughter				
- 1			for supper and went to the store.				
	-		Returned at 6:46 PM. At 7 PM a CNA				
- 1			Transport of the Art of the Golden	1			
•	•	•	Page 52 r	of 1/15	•		4/24/2015

						PROPOSED		FINAL
					STATE CORRECTIVE	COMPLETION		RATING/
N	IO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	ı	1		heard resident yelling for help related			····	1
				to another resident who wandered into		1		
- 1	J			his room. Told the wandering member				
- 1	- 1			he "will kick his a-ss". CNA removed				
- 1	- 1			1				
- [Į			the other resident and a stop mesh				
1	- 1			gate was applied to his room. An				
- 1	- 1			entry for 1/15/15 states the resident				
- [told staff that someone stole his pants				1
				and if he found out who stole them or				
	- 1			If he saw them on someone he would				
	- 1		*	take them from him. He was angry				1
				and confused and looking for his	· ·			
				clothes. A note of 1/16/15 states he				ŀ
				was out with his daughter at 2 PM and				
				came back at 5:30 PM and told staff		1		
				he would rather be homeless than				
				living here. He said the VA is going to				
				be investigated because they are				
				taking \$7,000 a month from these		l i		1
				guys. On 1/17/15 an entry at 8:10 AM				
				states "this member is stating that he				
- 1				"popped" another member in the face		1		1
- 1				twice. He was in my room by my		1		
- 1				bed, messing with my stuff".		i		l i
-				Resident had stated this to other				
				caregivers as well. He was up at the				1
				desk requesting to speak with his				
ı				daughter and left a phone message for				
				her to "come and get me, I don't				
				belong here". At 11:00 AM was moved				
- 1				to another Dementia Unit, 1 Red. At		1		
- 1				6:00 PM came out of the dining room		1		
ı				upset saying he "can't eat that				
	-			garbage". Walked down to his room				
				angry. Offered a sandwich and an				1
	- 1			alternative meal, which he refused,] [
				saying "I'm never going to eat here				
	- 1			again". "It's no wonder you are under				
	- 1			investigation when all you feed people				ļ .
				is garbage". Up to the desk and talked				
	- 1			with daughter on the phone, saying				
				"I'm going to have a breakdown". "i				1
	- 1			thought it would be OK when they		1		
	- 1			moved me to a different room until the		1		
	- 1			food came". He called his brother		1		l
	I			saying he was going to have a				
	I			breakdown and "so is Sam" (his				
	1			daughter). "We need some help". On				1 . l
	I			1/18/15 an entry documents 9 bottles				
	I			of medication were removed from his				
	ı			room. 1/20/15 an entry reflects he				
	I			told staff he does not have dementia				
	ı			and his daughter thinks she is the				
	I			}	<u></u>	1		
				Dogo 53 of	1/15			A/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	İ	Ì	guardian of him. 1/22/15 entry states,]	· · · ·	1
-		1	another member approached this				
			member. He became upset and raised	i			
- 1			•	i			
			his fist. Members were separated.	i			
- 1			Interdisciplinary Progress Record				
			dated 1/27/15 states Care Conference				ĺ
ı			held. We discussed. Resident to be				
			transferred to an open unit. He is				
1			doing well with directions. Dr				
- 1			informed. Resident states he cannot	1			
ı			stay on a restricted unit for much				
- 1			longer. "I need my freedom".				
- 1			Message left for daughter, who is the				
			legal guardian. 1/29/15 note says		l i		
- 1			resident moved to floor, 2 South.				
			1/30/15 note states 3 South LPN				
1			guides member back to 2 South. He				
			is walked back to unit by a 2 Red				
			caregiver after he thought 2 Red was				
1			his unit. Yesterday at 6 PM he went				
1			out the South hall door setting off that	İ			
			alarm. He's found by security out				
	·		front after he thought "it's too cold" out				
			in front of facility. His facial				
			expression slightly blank like. Today				l
			he states "I'm getting all screwed up				
			now". No aggression noted yet.				
			2/2/15 complains about room- mate				•
			masturbating and that he has to leave.				
			Told by RN per note that it would not		l i		
			be a rational decision to leave. Room		1		
			change planned. He declined stating "I				
			don't want to change rooms and do all				
			this moving around right now".				
			Reassured he does not have to move				
			rooms right now. It is suggested to				
			him to "hang out and relax" for now				
			and perhaps he can see social worker				1
			tomorrow and go over concerns.		l f		1
	· ·		2/3/15 progress note says today he is				Ī
			claiming somebody has been in his				
			stuff and his debit card and glasses				-
			are gone. 2/10/15 note reflects quick				
İ			to anger, foul language and behaviors				
l			to anger, rour ranguage and perjayiors toward med nurse. 2/14/15 note	1			
			1	1			
			reflects in past few days has been				
- 1			more confused on basic needs/ADL's.				
1			Was found in another room using the				
			sink to wash up. States "I really do				
			not know where I am at". 3/4/15				
	<u> </u>		states he I going to leave and is not				
			productive and wants a job. Explained				
			staff would work on finding him some				
ı	1	ı	Broo Ed of	i 445	ı J		A/94/9015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	1	1	type of work. A note dated 3/20/15	1	1 1		
			states resident in dining room arguing				
			with another resident when different				
			resident starts coughing, he starts				
			yelling at the member saying he]] .
			cannot be around coughing since he's				
			susceptible from his heart issues. He				
			is given rationale for others rights by				1
			RN and stands up and starts yelling				
	·		"Are you disrespecting me?!" and flips				1
			a chair over violently, then abruptly				1
			leaves. He then goes out on a trip				1
			with activities at the last minute.				
			3/22/15 note states member suddenly				
		1	starts yelling verbally threatening		1		
			toward other members driving by in	•			1
			their motorized chairs, accusing them		1		
			of "racing around him and trying to				
			bother him". Med nurse intervenes		1		
			between member and another member.				1
			This resident motions as though he'll		<u> </u>		
			get up and be violent while stating		!		1
			"you can f-off!" He is overheard				1
			stating "I'll put tacks under their tires				
			and give them flats". Accuses				
			another resident of walking in on him				
			during a shower and the RN				
			documents the resident was simply				1
			just sitting there watching TV. RN				
	i		documents, e-mail sent to 7-3 RN and				
			Coordinator re: discussion about				
			possible placement on MCY				1 1
			(Courtyard, Secure unit) due to				
			continued threatening unprovoked				
			aggression toward staff and other				
			members. 3/25/15 RN progress note				
			entered (after surveyor intervention):		1		
			Late note. This member was admitted				1
			in Jan 2015 and he has had				
			documented behavior like aggression]]
			since he came to the facility and this				1
-			behavior has followed him through his				1
- 1			transfer to 2 South Unit.				1
l			The first Social Service note dated				1
I			1/28/15 states, had care conference				į l
1			yesterday and he is a good candidate	1]
-	1		for an open unit. Admission packet				
ı			was sent in the mail to the daughter.				
1			Social services notes dated, 2/2, 2/3,				·
1			2/5, 3/4, 3/12, 3/16/, 3/20, 3/23 and]
1			3/24/15 note his desire to leave and				
-			attempts to arrange placement	-	1		
				1			
			elsewhere. A Social service note	1	1		
,	1		Page 55 of	445			AI2AI2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			dated 3/25/15 (after surveyor		1		
			intervention) states member continues				
- 1	· ·		to exhibit verbal aggressive behaviors.				
			Chart reviewed. Address his issues				
			with the doctor. He will be referred to		[1
- 1			BCS (Behavior Care Services, a		·		
			contract service) for an evaluation. At		i I		
- 1			this time there is a need for medical		i l		
			intervention. Member is not		1		
- 1			therapeutically engaging due to feeling		l i		
- 1			he has no problems. It is documented				
			that he became physically and				
			verbally aggressive this weekend.				
- 1			Care plan reviewed. Will have to				
			modify accordingly. 3/26/15 note				
			message left for guardian/daughter to				
			please contact the staff for verbal				
			approval for psychiatric services due				
- 1			to behavioral problems. Will monitor.				
			CAA Notes dated 1/20/15 notes: 2.				i I
- 1			Cognitive Loss/Dementia, The				
			member is high functioning and it will	1			
			be discussed if he could be				
- 1			transitioned to a less secure unit. The				
			care plan will address monitoring for				
- 1			change in cognition. 7. Psychosocial Well-Being, Member struck his				
- 1			roommate on 1 Blue and that				
- 1			necessitated his transfer to 1 Red and				
- 1			so far there has been no serious				
- 1			problems. It is hoped that he can		.		
			successively transition to an open				
			unit, Care planning will address that.				
- 1			CAA 8. Mood State, He is in the				
			severely depressed range. He has				
-			had previous psychiatric treatment.				
-			He is not on any psychotropic or				
-			antidepressant medications. He				
1	1		mentioned some feelings of wanting to				
			die, but did not voice a suicide plan.]
			He has a roommate who is loud, but it				
			is not too overbearing. This social				
1			worker will be discussing a referral to		1		
			BCS to evaluate him for depression.				
			CAA 9, Behavioral Symptoms note				
			the member has had some behavioral				1
			issues, which are showing				1
			improvement. Behavioral monitoring				1
			is being done and there will be	[
			discussion with the member's]
			daughter/guardian regarding a BCS	İ			
			referral.				
			A Care Plan dated 2/2/15 lists a				
,	I .	•	Dana 50 of	1.5			1 1/04/0045

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	i .	ı	problem with an onset date of 1/30/15	1,0110111 EM1			1 1
			and states he was originally admitted				
1			· ·			•	
			to the dementia unit. He has some				
- 1			difficulties with his transition that has				
- 1			resulted in some impulse control	*			
			behaviors. Due to his higher level of				
			cognition, he has been moved to a				
			skilled unit. Goal: will adjust to the				
			nursing home environment. Approach:				
			begin date 1/30/15. #1, Social worker				
	į		to provide 1:1 time as needed. #2,				
			Contact with guardian as needed. #3,				
			Staff to encourage daily rouline. Allow				
- 1			member to make decisions about his			-	
-			routine. #4 Social worker to monitor for				
-			changes with mood, behavior and				
-			cognition. Staff should inform her of				
			any changes/concerns and do				
		1	appropriate behavior documentation.				
		· ·	#5 The member has not been referred				
			to BCS yet due to his several changes			•	
			with units. The unit social worker will			•	
			refer if depressive and behavioral				
			issues persist and if he is not				
			responding to other treatment options.				
			#6 Allow member to reminisce. He				
			enjoys interactions with others. #7				
- 1	1		Give the member praise and		1		
- 1			affirmation, #8 Encourage the				
-			member to discuss feelings, thoughts				i i
1			and concerns, Keep the social worker				
1			informed of serious issues to enable				
- 1			her to address them in an appropriate				
- 1			and timely manner. Handwritten entry				
- 1			dated 3/22: #9 During aggression				
- 1			remove from others to a quiet place				
- 1			and have member sit down, then staff	<u> </u>	*		
- 1			can sit and have a Q & A period with				
- 1			rationale for consequences provided to				
- 1			suit member's ability to process				
			information. Handwritten entry dated				
1			3/24 BCS consuit order, refer to		1		
			disability advocates for other	1			
		İ	community placement, provide				
		- 1	reassurance as to reduce his verbal				
			aggression. Allow as much				
		1	independence in ADL's as possible.				
		1	A Care Conference Form dated				
		1	1/27/15 listed the attendance of 2				
		1	Social Workers, an RN, RD, Activity				
-			Aide and MDS Nurse. The list of 4				
			issues identified at the care				
			conference was blank. The plan to				
i	1	1	Page 57 o	f 145	, 1		4/24/2015

				STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
!	1	address issues was also blank.	1			1
		A monthly summary, MDS				
i I		assessment dated 1/27/15, Area				
	İ	cognition: short term and long term			-	
		memory problems Okay. Decisions				
		consistent/reasonable and decisions	· 1			
·		poor/requires supervision. No	1			
		behaviors present. MDS Assessment				
		Area E. Mood and Behavior: None.				
		Problem: #1 Self-care deficit related				
		•	1			
		to cognitive impairment. Goal:				
		participate in self-care activities. Goal				
		met. Member is up daily and dressed	1			
		nicely. Will converse with other				
		members and staff. #2 High risk for	i			
		falls related to poor safety awareness				
	1	secondary to cognitive deficit. (Fall		1 1		1 1
		risk assessment was 8 denoting low				
		risk.) #3 Involuntary weight gain				
		related to presence of edema.		<u> </u>		
		The second monthly MDS assessment		i l		
		summary dated 2/12/15 noted no				
		behaviors present and under MDS	•			
		Code E: Mood and Behavior:				
		Delusions, has odd ideas about this				
1 i		płace, physical and verbal behavioral				
		symptoms directed toward others. CP				
		#2 Depression related to need for		1 1		
		placement, #4 shows little if any				
		interest in activities.		1 1		
		The third monthly MDS assessment	1			
		summary dated 3/14/15 noted				
		difficulty making decisions, and was		i l		
		otherwise the same as the previous				
		summary.				
		No Behavior Monitoring Forms were in				
		the medical record nor could they be				
		produced upon request.				
		After surveyor intervention a behavior	1			
		monitoring sheet dated 3/25/15 was	1			
	1	presented. Under Where did this	1			
		occur? Jan. Time of event: All shifts.				
		Incomplete.				
		A Care plan dated 3/25/15 was	1			
		developed after surveyor intervention				
		with onset date 3/25/15 vascular	· ·			
	1	•	1			
	1	dementia with behavior disturbance.			•	
]]		Goal: resident will learn to control his				
		behaviors. Approach: same				
		interventions with addition of refer to	F	•		
	I	BCS if necessary for possible				1
	1	medication intervention. If medication				
• •	1	is provided, monitor for effectiveness				
I I	I .	Dogo F9 o	1	1		4/04/0045

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1		1	and side effects.]		
			Physician orders dated 3/25/15 (after				
			surveyor intervention) reflect order				
			entered by Physician for BCS referral				
			re: Dementia and Aggression.				
			Observations were completed 3/24/15				
			on the 2 South Unit where this resident				
			repeatedly approached the nursing	<u> </u>			
			station in an agitated/aggressive state,				
			wanting to leave the facility and				
			insisting his daughter be called. His				
			daughter was called from the desk and				
			the resident spoke with her after the				
			social worker gave him the phone.				
			The social worker stated that would				
			calm him down, however, after				
		1	hanging up he continued to pace back				
			and forth and loudly proclaiming his				
			displeasure. The RN Coordinator	***			
			informed the Social Worker of his	3			
			behaviors to date and she said she did				
			not know he had any of these			· ·	
			behaviors, but, had been working on		ŀ		
			finding him placement in the				
- 1			community. The consent for the BSC				
			evaluation and treatment was not				
- 1			obtained, but a message was left for				
			the daughter to contact the facility.				
- 1			Interviews with the RN Unit		1		
-			Coordinator, Unit Social Worker and				
			Director of Social Work on 3/24/15]	
- 1			reflected that BCS consents for				
			evaluation and treatment are obtained				
			on admission to the Dementia Unit				
			with the consent for treatment and		1		
	•		other admission paperwork. The				
			Director of Social Work stated "we				
			dropped the ball here; it should have				
			been obtained in the Dementia Unit				
1			and a referral made for evaluation and				
1			treatment." The Unit Social Worker				1
			stated "I didn't know he hit someone				
			downstairs", "Nobody told me".				ŀ
		1	Interview with this resident on 3/24/15		·		
		1	was attempted and he replied in an				
		1	agitated manner "I don't know what is				
		1	going on here".				
			Another resident, in a wheelchair, on 2				- 1
		1	South, approached myself on 3/24/15				1
		1	and whispered, "he is a TM". When				l
		1	asked what TM stood for he replied				ĺ
		1	"Trouble Maker", then said, "he				
		}	(identified resident #15) picked up a		***************************************		
ı	•	ŧ	Page 59 of 1	1 145	·		4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1		chair and threw it at another resident in	1	1 1		1
	1		the dining room this weekend because		1 1		1
			he was coughing and yelled at him to				
			stop coughing". "The nurse told him		1		
			not to do that but he doesn't listen".				1
			"No, it didn't hit him".		1		
			Interview with the DON on 3/25/15				
			revealed she was not familiar with this				
			resident. Upon record review, the				
			DON stated "he should not have been	1			
			moved from the Dementia Unit". "He				
			needed to be assessed by BCS				
			(Behavioral Care Services) for		ł		
			evaluation and treatment when he was	İ			
			admitted to the unit with behaviors".				
			"The physician and daughter needed to	•	1		1
			be notified and a consent obtained for				1
			BCS". "There were plenty of				l .
		·	opportunities for the consent to be				1
			obtained from the daughter (legal				
			guardian) and we still do not have the				
			consent". "I am going to be reviewing				
			this chart with the staff because this				
			is a good example that shows these				
			resident assessments and care plans				
			are not accurate. "The care plans are				l
			both not developed or complete". "The				l I
			care plan was not followed and we				i
			need re-education here". "No, this		1		
	Ì		does not meet the professional				
			standards of quality". "Mrdid not	i			1
			receive appropriate treatment and				
	}		services for his mental and				
	}		psychosocial adjustment difficulty".				1
			"We need to do better".		1 1		
			Review of Interdisciplinary Team				1
			progress notes and social service				
			notes associated with the admission				1
			assessment revealed the significant				
			behaviors were not noted and changes]
			to the care plan specific to the		1		
			resident's current status were not	İ			
			planned.		1		
- 1			A review of the facility's Resident	İ			Į į
			Assessment Policy (effective	1]		
			10/29/14) revealed the purpose of the	1			
			policy was to provide a	1			
			comprehensive, accurate,				
			standardized, reproducible assessment	1]
	*		of each member's functional	1			
			capabilities and to help staff member	1			
- [1 -				
	1		needs. The comprehensive assessment will include all information				
- [assessment will include all information				
'	ı	•	Dans 60 of	1			1 4/04/2016

No	STANDARD DESCRIPTION	DATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	specified in the State approved Resident Assessment Instrument and all other evaluations and assessments completed by health care professionals treating the member. This includes the CAA process and care planning. The assessments were neither complete nor accurate	ACTION PLAN	DATE	VA FOLLOW UP	DATE

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO	D. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
9;	or comprehensive care plants: (1) The lacking	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
	management must develop an individualized		Based on observation, interview,	İ			
	comprehensive care plan for each resident that		record review, and review of facility	1			
	includes measurable objectives and timetables		policy it was determined for two (2) of				
	to meet a resident's physical, mental, and		33 sampled residents (Resident #5 and				
	psychosocial needs that are identified in the		#15) a care plan was not developed				
	comprehensive assessment. The care plan must		based on criteria identified in a				
	describe the following—		comprehensive assessment that				1
	(i) The services that are to be furnished to attain		included measurable objectives and				
	or maintain the resident's highest practicable		timetables to meet each resident's needs,				
	physical, mental, and psychosocial well-being as required under §51.120; and		Resident #5 experienced a				
	(ii) Any services that would otherwise be		significant decline in status, however,				
	required under §51,120 of this part but are not		a MDS significant change in status				
	provided due to the resident's exercise of rights		assessment was not completed and	i			1
	under §51.70, including the right to refuse		the care plan was not revised/updated				
	treatment under §51.70(b)(4) of this part.		to include interventions planned that				
	accument and a 30 (1.7 of the part.		were based on the resident's declined				
			physical status.				
			Resident #15 experienced				
			significant behavioral symptoms and	***************************************			
			the care plan did not describe the				
			services that were to be furnished to				1
			attain or maintain the resident's	1			1 1
			highest practicable physical, mental	1			1
			and psychosocial well-being.		•		1 1
			1				
			Findings Included:				
			A review of the facility's				
			Interdisciplinary Care Plan policy				
			(effective 04/21/14) revealed the				
			purpose of the policy was to ensure				
			the provision of residents with				
			consistent, coordinated, and comprehensive multi-disciplinary care				
			designed to help each resident reach				
			and maintain his/her optimal level of				
			functioning. The policy stated a				
		,	comprehensive assessment should be				
			completed promptly after a significant				
			change in the resident's physical or				
		,	mental status and a care plan based				
			on the assessment completed by the				
			seventh day after the assessment.	1			
			1. Resident #5 was admitted to the				
			facility on 05/20/04 with diagnoses to				
			include Dementia, Alcoholic Brain	1			1
			Disorder, Psychotic Disorder, and				
			Hypertension. The resident sustained	1			1
		1	a fall on 04/21/14 that resulted in a				
	·		fractured left humerus. A significant				
			change minimum data set (MDS) was	***************************************			
			conducted on 05/07/14. The resident				
ı	_ I	1	i .	1	- 1		1 L

					STATE		P75.1.6.1
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	1	was identified to be severely impaired	1	1 1		1 1
	1		in cognition. Review of the				
			assessment revealed the resident was		i i		
ļ			independent in bed mobility, and				
-			required the limited assistance of one				
			(1) person with transfers, ambulation,				
i		1	toilet use, and hygiene. The resident				
			required supervision and set up help				
		1					
			only with dressing and extensive	1			i
			assistance of one (1) person with				
- 1		1	bathing. An assessment of the				
- 1			resident's balance during transitions				1 1
ı			and walking revealed the resident was	1			
- 1			not steady but was able to stabilize				
- 1			without staff assistance.				1
- 1			A Care Area Assessment (CAA)				
- 1			summary associated with the	İ			i
-			assessment indicated the activities of	1			
			daily living (ADL)				
- 1			functional/rehabilitation potential had				
i			not triggered for further review,				
		i	however, due to the resident requiring				
			fimited assist with ADLs as a result of				1
			the left humerus fracture a review				į l
			would be conducted. The CAA				
			summary specified Resident #5 could				
			not use his/her left arm for ADLs. The				
1			CAA summary does not specify that a				
			care plan would or would not be				
	İ		completed related to ADL status,				
			A quarterly MDS assessment was				
			completed on 08/07/14 and identified				
			the resident's cognitive status to				
- 1			continue to be severely impaired. The				
			assessment identified Resident #5 to				
ı	ļ		have experienced a decline in ADL				
- 1			status, requiring extensive assistance	i			
- 1			of one (1) person with bed mobility,		i i	•	
- 1			transfers, ambulation, and tollet use.				Ĭ I
- 1			The resident was now totally				
- 1			dependent on one (1) person for				
- 1			dressing, personal hygiene, and				1
			bathing. Additionally, the quarterly				
1		İ	MDS assessment identified Resident	1			
I		1	#5 to be unsteady and only be able to		1		
1		1	stabilize with staff assistance when				
		1	balancing during transitions and				
		1	walking. The facility was unable to				
			provide documentation that a]]
			significant change MDS assessment				
		1	was completed to reflect the resident's				
1		1	continued decline.]]
-			A review of Interdisciplinary Team				
į	I	1	Page 60 of	1	1 1		T I

						STATE		
						PROPOSED		FINAL
					STATE CORRECTIVE	COMPLETION		RATING/
N	Q.	STANDARD DESCRIPTION R	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	- 1	ı		progress notes associated with the			1	l I
				08/07/14 quarterly assessment				
				revealed the significant change/decline		1		
				in status was not noted and changes		[
- 1				to the care plan specific to the				
ı				resident's current status were not				
				planned.				
				A review of the care plan for Resident				
	- [#5 revealed a high risk for injury from				
				falls was identified as a problem				
- 1				(reviewed 02/28/15). Approaches				
				identified included monitoring the				
		*		resident's location hourly and as		1		
, [- 1			needed; Observe the resident's gait				
				when walking in halls and offer a chair				
	- 1			if resident has been wandering too				
				long. The approach of a gait belt and				
				wheel chair during ambulation in				
				hailway was added on 12/27/14. On	***			
				05/08/14 the approach of 1:1				
				supervision and use a gait belt at all				1
				times during transfers and ambulation				1
- 1				was added to the care plan to address				١.
				falls. The care plan developed to				
				address a self-care deficit (reviewed				
				02/28/15) included approaches that				
				stated the resident was independent				
				with bed mobility and was ambulatory		ŀ		
				with a gait belt. The approaches				
- [further indicated the resident was to be				
				provided limited assistance with				
	- 1			personal hygiene, requiring cueing to				
- 1]			apply lotion and perform oral hygiene.				
- 1		'		Staff were to set up items if needed				Ī
	ı			and provide cueing during dressing.				
				The care plan for an ADL deficit also	j	l		
				included the approach of providing the				
				resident with supervision and a gait		j		
			i	belt when ambulating in the hallway;				1
			l	provide one person limited assistance				1
				•				İ
		İ	l	with toileting and; the resident transfers independently to the	·			į
- 1								
		1		bathroom. A care plan was developed	· ·			
-			l	to address the resident's risk for				
	1	į į	l	elopement due to wandering; hovering	 			
- [- 1		l	around the exit door and at times				
				pushing the door. Approaches planned				
				included redirecting the resident away]
	ı			from the exit doors to ensure safety	 	I		1
				and minimize elopement risk. The plan	 			
				of care in use for Resident #5 did not		-		
				reflect resident specific interventions				İ
				that were planned based on the				
1	- 1	1	I	!		ı	1	

					PROPOSED		FINAL
***				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
[resident's current physical status. The	1	1	1	
			care plan in use for Resident #5	1			
			reflected interventions that were based				
			on the resident's assessed status on				
			the 05/07/14 MDS assessment, before				
			the significant decline in status had				
- 1	•		occurred.		1		
- 1			Observations of Resident #5 on		1		
- 1			03/24/15 at 9:45 a.m. and 03/25/15 at		1	·	ı
- 1			11:38 a.m. revealed the resident was		1		
			seated in a wheel chair being propelled		1		
- 1		,	forward by a staff person during each	1	1		
- 1			observation. Continued observations		1		
		•	of the resident revealed the resident		1		
			did not attempt to ambulate or propel	i]		
			the wheel chair without staff				
			assistance. Observation of the		1		
			resident on 03/26/15 at 9:10 a.m.				
			revealed the resident was seated in a				į
			wheel chair in his/her room. A CNA				
			was with the resident. The CNA stated				
		·	the resident was getting ready to lie		l l		
	,		down in bed for a nap. The CNA				-
			further indicated not being sure if the				1
			resident could ambulate but he/she				
			had to request assistance from a				
			second care giver with transferring the				
			resident to the bed. Additionally, the				
- 1			CNA stated the resident was totally				
			dependent on staff for daily care. Interview with the Unit Nurse Manager			`	
ı			on 03/24/15 at 10:00 a.m. revealed				
ı			Resident #5 had been ambulatory at			•	
1			the time of a fall resulting in the				į
			resident's arm fracture in April 2014,				
			Since the incident the resident had				
- 1			slowly declined in ambulation and now				
- 1			required the use of a wheel chair for				
			ambulation. Additionally, Resident #5		† . l		ļ
			required more assistance with ADL		·	1	
			performance.			ľ	İ
			Interview was conducted on 03/27/15				į
			with the MDS Coordinator on the unit				
			where Resident #5 resided. The				
			Coordinator stated the 05/07/14 MDS			1	
			Assessment had been completed by a			1	
			previously employed nurse. The				
			Coordinator felt the difference in the			İ	
			documented assessment criteria could			I	
			relate more to a different perception of				[
			each Coordinator rather than an actual			I]
			change in the resident's condition.				
			When information obtained from staff			I	1
ı	I	I	J	l		1	1

		'		STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	1	on the unit regarding the resident's	I	1		1 1
		decline were presented to the				1 1
		Coordinator, the Coordinator stated				
		staff had not informed him/her of the		1		
		ľ				1
		resident's declined status. The				
		Coordinator was unaware the plan of				
		care was not reflective of the				
		resident's current status.		1 1		
		2. Resident #15 was admitted to the				
		facility's Dementia Unit on 01/14/15	1	I I		
		with diagnoses of Vascular Dementia,	1	1 1		
		Status Post Heart Transplant, End	1	1 1		
		Stage Renal Disease, Hypertension,		1 1		
		Gastro-esophageal Reflux Disease,		1 1		
		Other Fracture (Rib Fracture) and	ŀ			1 1
		Vitamin 8 Deficiency per the		1 1		
		Admission MDS completed on		1		
i I		01/26/2015. A Brief Interview for				l f
		Mental Status (BIMS) was completed				
		that identified the resident's cognitive		l j		
		status to be scored at 8, on a scale of				
		1-15, reflecting moderate impairment,		·		
		(scale range 8-12). The Resident				
		Mood Interview identified a total				1
		severity score of 20 on a scale	•			
		between 0 and 27 indicating severe	1	;		
		depression. Symptoms present		1		
		included feeling down, depressed or		1 1		
		hopeless, trouble falling or staying				
		asteep, or steeping too much, feeling		1 1		
		tired or having little energy, poor				
		appetite or over eating, feeling bad				
		about yourself- or that you are a				
		failure or have let yourself or family				
		down, moving or speaking so slowly]]		
		that other people could have noticed.		1 1		
		Or, the opposite, being so fidgety or				
		restless that you have been moving				
		around a lot more than usual nearly				
		every day, thoughts that you would be				1
		better off dead, or of hurting yourself				
§		in some way with a frequency of half				
•		or more of the days assessed. The				
		MDS assessment identified resident				1
		#15 had physical and verbal				1
		behavioral symptoms directed toward				1
		others occurring 1 to 3 days. The				1
		impact on others reflected the				
		identified symptoms put others at				
·		significant risk for physical injury,				
		significantly intruded on the privacy or				
		1				
		activity of others and significantly				
		disrupted care or the living				
• •	•	I 00				1

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS		DATE	VA FOLLOW UP	DATE
I	1	i	Lastronia Fortunation	ACTION PLAN	DAIC I I	VA FOLLOW UP	ı I
			environment. Further behavior was				1
			the presence of rejection of care				
			occurring 1 to 3 days. Wandering				
			behavior was scored at 0 or not				
			exhibited. The interview for daily				
			preferences identified it was very				
			Important for this resident to choose				
			what clothes to wear, take care of his				f
ļ			personal belongings or things, choose				
			his own bedtime, have his family or a		1		
		1	close friend involved in discussions				
			about his care and to have a place to				
			lock his things to keep them safe.				
ı			Activity preferences identified it was				
			very important to have books,				
			newspapers and magazines to read, to				
	•		keep up with the news, to do things			•	
			with groups of people, to do his				
			favorite activities, and to go outside to				
			get fresh air when the weather was				
			good. The MDS assessment identified		I		
			resident # 15's functional status as		ŀ		
		1	independent with activities of daily				
			living with supervision of one person				
		1	with locomotion off the unit and				
			oversight with eating and personal				i I
	1		hygiene. A fall with a fracture was				
- 1			coded prior to admission. A fall				
-			assessment, completed on 1/14/15				
-			identified a history of falls, was				
İ			oriented sometimes, had a steady gait		ĺ		
			and never had agitated behavior in the				
			past 90 days, or since admission.				
			Review of the Interdisciplinary		1		İ
			Progress Record reflects resident #15		l		
			was admitted to the Dementia unit 1				
			Blue at 9:30 AM on 1/14/15				
			unaccompanied by family via transfer				
			from an acute care facility. An entry		•		
			time of 2130 states, out with daughter		l		1
- 1			for supper and went to the store.		l		No.
- 1		1	Returned at 6:46 PM. At 7 PM a CNA		l		
- [.			heard resident yelling for help related		1		
			to another resident who wandered into		-		
- 1			his room. Told the wandering member		1		l
			he "will kick his a-ss". CNA removed		1		l
			the other resident and a stop mesh	!	1		l
			gait was applied to his room. An entry		İ		l
			for 1/15/15 states the resident told		l		į
			staff that someone stole his pants and		l		ļ
			if he found out who stole them or if he		l	1	7
			saw them on someone he would take		l	l	ŀ
			them from him. He was angry and				
		J	a.o nom timi. Flo nao angry ana		l	l	
-			Page 67 of 1	45	•	•	<i>4/24/2</i> 015

					PROPOSED		FINAL
	07110.100.000.000			STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			confused and looking for his clothes.	1	1		1
			A note of 1/16/15 states he was out]
	-		with his daughter at 2 PM and came		l i		[
	i		back at 5:30 PM and told staff he				
			would rather be homeless than living				
			here. He said the VA is going to be]		
- 1			investigated because they are taking				
			\$7,000 a month from these guys. On				
			1/17/15 an entry at 8:10 AM states				
			"this member is stating that he				
			"popped" another member in the face				
			twice. He was in my room by my				
f			bed, messing with my stuff.				
			Resident had stated this to other				
			caregivers as well. He was up at the				
			desk requesting to speak with his				
			daughter and left a phone message for				
			her to "come and get me, I don't				
			belong here". At 11:00 AM was moved				
ļ			to another Dementia Unit, 1 Red. At				
- 1			6:00 PM came out of the dining room		ĺ		
-			upset saying he "can't eat that				
			garbage*. Walked down to his room				
ı			angry. Offered a sandwich and an				
			alternative meal, which he refused,				
			saying "I'm never going to eat here				
			again". "it's no wonder you are under				
			investigation when all you feed people		1		
			is garbage. Up to the desk and talked				
- 1			with daughter on the phone, saying				
- 1			"I'm going to have a breakdown". "[ŀ
			thought it would be OK when they				
ı			moved me to a different room until the			·	
			food came". He called his brother				
			saying he was going to have a				
			breakdown and "so is Sam" (his				1
			daughter). "We need some help". On				
		1	1/18/15 an entry documents 9 bottles				
			of medication were removed from his				
		1	room. 1/20/15 an entry reflects he				
			told staff he does not have dementia				
		1	and his daughter thinks she is the			l	1
		1	guardian of him. 1/22/15 entry states,			l	1
			another member approached this			l	İ
			member. He became upset and raised			l	
		i	his fist. Members were separated.				
-			Interdisciplinary Progress Record			l	ļ
1			dated 1/27/15 states Care Conference				
			held. We discussed. Resident to be			İ	İ
			•				
			transferred to an open unit. He is doing well with directions. Dr				
			informed. Resident states he cannot				
			stay on a restricted unit for much			ļ	
		1	stay on a restricted unit for much				l
•		•	Page 68 of 1	I AE	•	1	4/24/2016 I

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	ſ	longer. "I need my freedom".	1	1	1	1
- 1			Message left for daughter, who is the				
- 1			legal guardian. 1/29/15 note says,]			
	1		resident moved to floor, 2 South.				
i			1/30/15 note states 3 South LPN		i		
	‡			1			
			guides member back to 2 South. He				
			is walked back to unit by a 2 Red				
	1		caregiver after he thought 2 Red was				1
- 1			his unit. Yesterday at 6 PM he went				
			out the South hall door setting off that				
	<u>.</u>		alarm. He's found by security out				
			front after he thought "it's too cold" out				
			in front of facility. His facial				1
- 1			expression slightly blank like. Today				
1			he states "I'm getting all screwed up				
i			now". No aggression noted yet,				i i
	·		2/2/15 complains about room- mate				
			masturbating and that he has to leave,				
			Told by RN per note that it would not				
			be a rational decision to leave. Room]			
- 1			change planned. He declined stating "I				
			den't want to change rooms and do all				
- 1			this moving around right nows.	İ			
			Reassured he does not have to move				
			rooms right now. It is suggested to				
			hlm to "hang out and relax" for now				
- 1			and perhaps he can see social worker]
			tomorrow and go over concerns,				
i			2/3/15 progress note says today he is				1
			claiming somebody has been in his				
		1	stuff and his debit card and glasses				
			are gone. 2/10/15 note reflects quick				
			to anger, foul language and behaviors				
- 1			toward med nurse, 2/14/15 note				
1			reflects in past few days has been		[]		
			more confused on basic needs/ADL's.				F
1			Was found in another room using the]			
			sink to wash up. States "I really do				
			not know where I am at". 3/4/15				
		1	states he I going to leave and is not				ļ l
			productive and wants a job. Explained]]		
1			staff would work on finding him some		1		
			type of work. A note dated 3/20/15		1		
			states resident in dining room arguing				
			with another resident when different				
			resident starts coughing, he starts				l l
			yelling at the member saying he				
	1		cannot be around coughing since he's]		
1			susceptible from his heart issues. He				
1			is given rationale for others rights by				
			RN and stands up and starts yelling				
ı			"Are you disrespecting me?!" and flips				
			a chair over violently, then abruptly				
	•		o smar over wording, men absupily				
•		-	Dana 00 at 4				

					SIAIL		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1	1	leaves. He then goes out on a trip	I ACTION FLAN	1 1	TATOLLOW OF	1 1
			with activities at the last minute,				1
	İ		I .				
			3/22/15 note states member suddenly				
- 1			starts yelling verbally threatening				
			toward other members driving by in				1
i			their motorized chairs, accusing them				1
	1		of "racing around him and trying to				
		Ì	bother him". Med nurse intervenes				l ·
			between member and another member.				
			This resident motions as though he'll				
- 1			get up and be violent while stating	1			1
ì			"you can f-off!" He is overheard	İ			
			stating "I'll put tacks under their tires				i I
i	·		and give them flats". Accuses				1
	İ		another resident of walking in on him		l i		
			during a shower and the RN				
		1	documents the resident was simply]		
		1	just sitting there watching TV. RN				j l
ĺ		1					
			documents, e-mail sent to 7-3 RN and				
			Coordinator re: discussion about				
			possible placement on MCY			•	
			(Courtyard, Secure unit) due to	•]
- 1		i	continued threatening unprovoked				
			aggression toward staff and other		,		
			members. 3/25/15 RN progress note				
- 1			entered (after surveyor intervention):				
			Late note, This member was admitted				
			in Jan 2015 and he has had				İ
			documented behavior like aggression				
- 1			since he came to the facility and this	1			
-		ŀ	behavior has followed him through his				
			transfer to 2 South Unit.				
			The first Social Service note dated				1
			1/28/15 states, had care conference				
			t ·				
			yesterday and he is a good candidate				
			for an open unit. Admission packet				1
			was sent in the mail to the daughter.				
			Social services notes dated, 2/2, 2/3,				
			2/5, 3/4, 3/12, 3/16/, 3/20, 3/23 and			İ	
			3/24/15 note his desire to leave and]			!
			altempts to arrange placement]
			elsewhere. A Social service note	 			
			dated 3/25/15 (after surveyor				1
			intervention) states member continues		1		1
		1	to exhibit verbal aggressive behaviors.				
		1	Chart reviewed. Address his issues			l	1
			with the doctor. He will be referred to			.	
			BCS (Behavior Care Services, a			·	1
			contract service) for an evaluation. At		1	l	
			this time there is a need for medical		[
			intervention. Member is not		[ĺ	
					1		ļ
		1	therapeutically engaging due to feeling		1		
			he has no problems. It is documented				
	•	•	D 70 . 44	i .	1	4	

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
NO.	STANDARD DESCRIPTION	RATING	that he became physically and verbally aggressive this weekend. Care plan reviewed. Will have to modify accordingly. 3/26/15 note message left for guardian/daughter to please contact the staff for verbal approval for psychiatric services due to behavioral problems. Will monitor. CAA Notes dated 1/20/15 notes: 2. Cognitive Loss/Dementia. The member is high functioning and it will be discussed if he could be transitioned to a less secure unit. The care plan will address monitoring for change in cognition. 7. Psychosocial Well-Being. Member struck his roommate on 1 Blue and that necessitated his transfer to 1 Red and so far there has been no serious problems. It is hoped that he can successively transition to an open unit. Care planning will address that. CAA 8. Mood State. He is in the severely depressed range. He has had previous psychiatric treatment. He is not on any psychotropic or antidepressant medications. He mentioned some feelings of wanting to die, but did not voice a suicide plan. He has a roommate who is loud, but it is not too overbearing. This social worker will be discussing a referral to BCS to evaluate him for depression. CAA 9. Behavioral Symptoms note the member has had some behavioral issues, which are showing improvement. Behavioral monitoring is being done and there will be discussion with the member's daughter/guardian regarding a BCS referral. A Care Plan dated 2/2/15 lists a problem with an onset date of 1/30/15 and states he was originally admitted to the dementia unit. He has some difficulties with his transition that has resulted in some impulse control behaviors. Due to his higher level of cognilion, he has been moved to a	STATE CORRECTIVE ACTION PLAN	COMPLETION	VA FOLLOW UP	RATING/
		•	skilled unit. Goal; will adjust to the				
			nursing home environment. Approach;			ļ	
	,		begin date 1/30/15. #1, Social worker				
	<u>'</u>		to provide 1:1 time as needed. #2,				
ı	ı	I	Page 74 of 1	45	1	E .	4/94/904 <i>E</i>

				STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
E 1	1	Contact with guardian as needed, #3,	I	1 1		1 1
		- 1				
		Staff to encourage daily routine, Allow				
		member to make decisions about his				
		routine. #4 Social worker to monitor for				
		changes with mood, behavior and				
		cognition. Staff should inform her of				
		any changes/concerns and do		1		
		appropriate behavior documentation.				
		#5 The member has not been referred				
		to BCS yet due to his several changes		1		
		with units. The unit social worker will		1 1		
		refer if depressive and behavioral		1		
		issues persist and if he is not		l l		
		responding to other treatment options.		1 1		1 1
		#6 Allow member to reminisce. He		l f		
		enjoys interactions with others. #7		1 1		
		Give the member praise and		1 1		
		affirmation. #8 Encourage the		1 1		
		member to discuss feelings, thoughts		1 1		
		and concerns. Keep the social worker		1 1		
		informed of serious issues to enable		1 1		
		her to address them in an appropriate		1 1		
		and timely manner. Handwritten entry		1 1		
		dated 3/22: #9 During aggression	i	1 1		
		remove from others to a quiet place	1	1 1		
		and have member sit down, then staff		1		1 1
		can sit and have a Q & A period with		1		1
		rationale for consequences provided to		1 1		
		suit member's ability to process		1 1		
		information. Handwritten entry dated		1 1		
		3/24 BCS consult order, refer to		1 1		
		disability advocates for other		1		
		community placement, provide		1 1		
		reassurance as to reduce his verbal		1 1		1 1
		aggression. Allow as much		1 1		1
		independence in ADL's as possible.		1 1		
		A Care Conference Form dated	į			
		1/27/15 listed the attendance of 2		1 1		
		Social Workers, an RN, RD, Activity	Į.	1 1		
		Aide and MDS Nurse. The list of 4		1 1		
		issues identified at the care		1 1		
		conference was blank. The plan to		1 1		
		address issues was also blank.		1 1	-	1
		A monthly summary, MDS		1 1		
		• • • • • • • • • • • • • • • • • • • •				
		assessment dated 1/27/15, Area				
	1	cognition: short term and long term				
		memory problems Okay. Decisions				
		consistent/reasonable and decisions				
		poor/requires supervision. No				
		behaviors present. MDS Assessment				
		Area E. Mood and Behavior: None.				
		Problem: #1 Self-care deficit related				
		to cognitive impairment. Goal:				
I I	I ·	D 70 -4	I tale			1 I

				STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	1	participate in self-care activities. Goat	I	1 1	+======	1 1
		met. Member is up daily and dressed		1 1		
		nicely. Witt converse with other		1 1		
		■ •		1 1		
		members and staff. #2 High risk for		I I		1
		falls related to poor safety awareness		1 1		
		secondary to cognitive deficit. (Fall		i l		
	1	risk assessment was 8 denoting low	1	1 1		
		risk.) #3 Involuntary weight gain		1 1		
		related to presence of edema.	į.	1 1		
		The second monthly MDS assessment		1 1		
	j	summary dated 2/12/15 noted no	Ī	1 1		
		behaviors present and under MDS		1 1		
		Code E: Mood and Behavior:		1 1		
		Delusions, has odd ideas about this		1 1		
		place, physical and verbal behavioral		l i		
1		symptoms directed toward others. CP		1 1		
		#2 Depression related to need for		1 1		
		placement, #4 shows little if any		1 1		
		interest în activities.		1 1		
		The third monthly MDS assessment		1		
		summary dated 3/14/15 noted		1		
		difficulty making decisions, and was				
		otherwise the same as the previous		• •		
		summary.		1 1		
· · · · · · · · · · · · · · · · · · ·		No Behavior Monitoring Forms were in		[
		the medical record nor could they be				
		produced upon request.				
		After surveyor intervention a behavior	j	1 1		
		monitoring sheet dated 3/25/15 was		l i		
**		presented. Under Where did this		1 1		
		occur? Jan. Time of event: All shifts.		1 1		
		Incomplete.		1 1		
		A Care plan dated 3/25/15 was				
		developed after surveyor intervention	:	1		
		with onset date 3/25/15 vascular		i I		
		dementia with behavior disturbance.		1 1		
		Goal: resident will learn to control his		1 1		
		behaviors. Approach: same		1 1		
		interventions with addition of refer to				
		BCS if necessary for possible		1 1		
		medication intervention. If medication				
		is provided, monitor for effectiveness				
		and side effects.				
		Physician orders dated 3/25/15 (after				
		surveyor intervention) reflect order				
		entered by Physician for BCS referral				
		re: Dementia and Aggression.				j l
		Observations were completed 3/24/15				
		on the 2 South Unit where this resident				
		repeatedly approached the nursing				
		station in an agitated/aggressive state,				
		wanting to leave the facility and		· []		
		insisting his daughter be called. His				
• 1	•	Dago 70 a	£ 4.4.E			4/04/0045

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
\ \	1		daughter was called from the desk and	1	1		1
	1		the resident spoke with her after the				
			social worker gave him the phone.		1		
			The social worker stated that would		l :		
- 1			calm him down, however, after		l i		
			hanging up he continued to pace back				
			and forth and loudly proclaiming his				
			displeasure. The RN Coordinator				į į
			informed the Social Worker of his				
			behaviors to date and she said she did				
			not know he had any of these				
			behaviors, but, had been working on				
	· ·		finding him placement in the				
			community. The consent for the BSC				
			evaluation and treatment was not				
			obtained, but a message was left for				
	•		the daughter to contact the facility.				
			Interviews with the RN Unit				
			Coordinator, Unit Social Worker and				
			Director of Social Work on 3/24/15				
			reflected that BCS consents for				
			evaluation and treatment are obtained				
			on admission to the Dementia Unit				
			with the consent for treatment and				
			other admission paperwork. The				
			Director of Social Work stated "we				
			dropped the ball here; it should have	,			
			been obtained in the Dementia Unit				1
			and a referral made for evaluation and				
			treatment." The Unit Social Worker	'			
			stated "I didn't know he hit someone				
			downstairs", "Nobody told me".				
			Interview with this resident on 3/24/15				
1			was attempted and he replied in an				
- 1			agitated manner "I don't know what is				
	·		going on here".				
	·		Another resident, in a wheelchair, on 2			i	
- 1	Tenese	1	South, approached myself on 3/24/15				1
1			and whispered, "he is a TM". When				[
			asked what TM stood for he replied			l	ļ
1		1	"Trouble Maker", then said, "he				1
1			(identified resident #15) picked up a				1
			chair and threw it at another resident in				
		1	the dining room this weekend because			ļ	1
1			he was coughing and yelled at him to			1	1
			stop coughing". "The nurse told him				1
- 1			not to do that but he doesn't listen",				1
			"No, it didn't hit him".]
			Interview with the DON on 3/25/15				ļ
			revealed she was not familiar with this				
1			resident. Upon record review, the				1
- 1			DON stated "he should not have been				
- 1			moved from the Dementia Unit". "He				1
1	I	1	I Page 74 of 1	I		I	43941904E

NO. STANDARD DESCRIPTION RATING EXPLANATORY STATEMENTS needed to be assessed by BCS (Delevined and Conf. Servinery) is a constantion and treatment to been in the sense of t							SIAIE		FINAL
RATION EXPLANATORY STATEMENTS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to be assessed by BCS Recided to B							PROPOSED		
considered los to assessment by DCD. Global broad Clare-P govineering of a weakaston and learnered when the weak editables of the bust will with behaviors. "This physicism and disligation randowal to the control of the bust with the bust of the bust with the bust of the bust with the bust of the bust with the bust of the physicism of the disligation of the bust with the physicism of the disligation of the bust of the bus	NC	O STANDARD	DESCRIPTION	DATING	EVEL ANATODY STATEMENTS				
(Un-harveson Cares Services) for condustrion and following with his way, satellistics of his case will will history with a satellistics of his case will will history with a satellistic of his case will will history will be be confided and an consensat of the SCS." There were planty of opportunities for the consensate to be violenced from the displace fleet of the consensate to be violenced from the displace fleet of the consensate of the violence of the planty of the consensate of the violence of the plant of the consensate of the violence of the plant of the consensate of the violence of the plant of the consensate of the violence of the plant of the consensate of the violence of the plant of the		. GIANDAND	DEGORIF HON	RATING	CAPEANATOR) STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
exclusional and reconstruct velocity to the second of the					needed to be assessed by BCS				
admitted to the sust with behaviors 2. "The physician and designing moded to the model of the m		İ			(Behavioral Care Services) for				
"The physician and daughter revoluted to be an entitled and as conserved columned for the consent to be an entitled and as conserved columned for the consent to be an entitled and as conserved columned for the consent to be an entitled and as a consent of the columned for the consent of the columned for the col					evaluation and treatment when he was				
be notified and a common oblaymor for BGG*. There were play of oppopularities for the connected to but oblaymore of the common o					admitted to the unit with behaviors".		1 1		
BCGS* There save pleaky of spoporhamilies for the cancerde to the obligation of the size of too Albaro the same of					"The physician and daughter needed to		1		
opportunities for the consent to the observed from the designed from the designer fregel gursdom) and we still do not have the orderes." Yam going to be vinewering the state of the consense					be notified and a consent obtained for	1			
oblimed from the daughther (eggal gureriam) and we still do not have the consent." "I'ver point to be reviewing this chart with the state because the consent." "I'ver point to be reviewing this chart with the state because the consent are not accurate." The care plants are notified and developed and complete." The care plants are notified and developed and complete. "The care plants are not developed and complete." The care plants are not developed and complete. "The care plants are not officed and we not or education here." "No, that does not made the professional standards of quality." "Mr. and ond not support the construction and standards of quality." "Mr. and ond not because appropriate institution of quality." "Mr. and ond not because appropriate institution and progressional efficiality." We noted to do bates." Review of interdisciplinary Team gureges store and excitation and support according developed and professional excitation and support according developed and professional excitation and support according developed and professional excitation and plants are not plants and to be easy plant specific to the resident's current abuse when not plants are not plants and plants are not plants and a review of the specific to the resident's current abuse when not plants and a review of the specific to the resident's current abuse when not plants and a review of the specific to the resident's current abuse when not plants are not apply (infortion-plants) current and plants are not apply that the propriets of the profession and the propriets of the propriets and manufactual plants are not and manufactual plants and an exception and an exceptio					BCS". "There were plenty of	1	1		
guerdina) and was still do not have the comment. "I am going to be reviewing this chart with the staff because that is a good counspile his above three readilous unaccomments and care plants are not accomment." The cite plants are not accomment. The cite plants are not accomment. The cite plants are not accomment. The cite plants are not not accomment. The cite plants are not not an evaluation for the cite plants are not not accomment. The cite plants are not not accomment. The cite plants are not not accomment. The cite plants are not not an evaluation of evaluation. When the notes are not not accomment, which are not not accomment and survivors for his mortal and a purplemental and survivors for his mortal and a purplemental efficiently." When not in the purplemental efficiently. "When not in the purplement of the notes and accomment of the notes accomment of					opportunities for the consent to be		ŀ		
this chart with the state Decease bits in a good complete that shows blose rendered assessments and accurage that shows blose rendered assessments and accurage." The care plans are retained assessments and accurage that accurate a complete accurate." The care plans are retained assessments and accurate." The care plans are retained and we will be accurate a complete accurate a complete accurate a complete accurate a complete accurate a complete accurate a standards of quality. "Mr. add not receive appropriate treatment and a survivors for his montal and psychostopical difficulty." We need to do better." Review of Interdisciplinary Team puorgess mele and access service incess assessment with the administion assessment revealed the administrate accur					obtained from the daughter (legal		I		
fine chart with the staff because bits in a good example that shows those modeful assessments and care plans are not all careful. "The care plans are number and developed not complate." The complaint was not followed and we consider that the complaint of the c					guardian) and we still do not have the				
in a good example that shows these resident assessments and care plants are resident assessments and care plants are resident assessments and care plants are resident assessments. "The care plant are resident assessment assessment are resident assessmen					consent". "I am going to be reviewing				
remident assessments and care plants are not accurately. "The care plant are not entirely "The care plant are not entirely may not complete." "The care plant was not followed and we need re-oducation here." No, this does not meet the prefessional sharodrate of quality." Mr., add not accurate and services to the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the mental and produces of the					this chart with the staff because this				
are not accurate. "The care plans are neither and developed nor compiler." "In care plan was not followed and we nod re-developed nor compiler." "In care plan was not followed and we nod re-developed new." Not bits does not most the professional standates of quelly." Aft. "dat pol receive appropriate treatment and services for his mental and psychosocial difficulty." We most for do botter." Review or interedisciplinary Team progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and progress notes and acoustic accuracy and accuracy and progress notes are plan appositic to the progress of the progress	1				is a good example that shows these				
neither not developed nor complete. "The came plan was not followed and we need to education here." Not, this does not meet the prefensional standards of quality." Wir., did not receive appropriate treatment and services for his mental and psychosocial difficulty. "We need to do better." Review or interdaciplinary Team progress notes and desire of interdaciplinary Team progress notes and accide with the admission assessment revealed the admission assessment revealed the admission assessment revealed the admission between the control of the care plan specific to the resident of the care plan specific to the resident of the care of the care plan specific to the resident of the care of the care plan specific to the resident of the care of the care plan specific to the resident of the care of the care plan specific to the progress of the purpose of the pulpose of th	1				resident assessments and care plans				1
"The came plan was not followed and we need to education here." Not, bits does not meet the prefessional standards of quality." Her., add not receive appropriate treatment and services for his mental and psychosocial difficulty." We need to do better." Review of interdisciplinary Team progress notice and accide services notes associated with the admission assessment revisited the significant between revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant between the revisited the significant plan of the revisited the parameters of the revisited the parameters of the revisited the parameters of the revisited the parameters of the par					are not accurate". "The care plans are		! !		
need re-education here? "No, this does not met the professional standards of quality." Mr., did not receive appropriate treatment and sorvices for his mental and psychosocial difficulty." We need to do better." Review of intendisciplinary Teom progress notes and oscial service notes associated with the admission anassessment revealed the algorithms of anassessment revealed the algorithms to the admission anassessment revealed the algorithms to the army plan specific to the residents current status were not plan and changes to the care plan specific to the residents. According to the care plan specific to the residents current status were not planned. A roview of the facility's interdisciplinary Care Plan policy (effective Vol.2114) revealed the purpose of the policy was to provide members with consistent, countinated, and compraisers/were mutit disciplinary care designed to help out for resident seach and malivale histoher optimal level of functioning. The policy stated a compraisers/were mutit disciplinary care designed to help out frost resident seach and malivales histoher optimal level of functioning. The policy stated a compraisers/were mutit disciplinary care designed to help out for each member and will be developed for	- 1				neither not developed nor complete".	1	[
does not meet the professional standards of quality." "We need to receive appropriate teatment and services to this mental and psychosocial difficulty." "We need to do better." Review of Interdisplanary Team progress note and accold service notes associated with the admission assessment revealed the significant behaviors were not noted and changes to the except pain specific to the resident's current statutes were not plannand. A review of the facility's hardraidigniary Cam Pina policy (effective O4/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and competensive multi-decipitary care designed to help each resident, and competensive multi-decipitary care designed to help each resident reach and markatin hishiner optimal toward and excepted for each members with consistent, coordinated, and competensive nutti-decipitary care designed to help each resident reach and markatin hishiner optimal toward and excepted for each members and will include members and will be developed for each member and will fundate members and and members will consistent, coordinated and open-changed for each member and will fundate members and will fundate members and will include members and will be developed for each member and will fundate members and will fund the members and will fundate members and will fund the members and will fund the members and will fund the members and will fund the members and will fund the members and will fund the memb				İ	"The care plan was not followed and we				
standards of quality*. Whr.,dld not neceive appropriate transment and services for his montal and psychoscal difficulty. "We need to do better." Review of interdisciplinary Team progress notes and accelal service notes associated with his admission associated with his admission associated via admission associated via the significant behaviors were not need and changes to the care plant specific to the resident's current status were not planment. A roview of the facility is interdisciplinary Care Pan policy (effective 04/2/1/4) eveated the purpose of the policy was to provide membrors with consistent, coordinated, and comprehensive want this clophilary care designed to help each resident reuch and manufact his history of the process of the policy was to provide membrors with consistent, coordinated, and comprehensive want this clophilary care designed to help each resident reuch and manufact history of the plant was to provide a comprehensive care the plant was to plant and the plant of the plant and the plant of the developed for each member and will include measurable objectives and timestables to ment a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensives are plant and shall review no less than quarterly and					need re-education here". "No, this	4			
receive appropriate treatment and services for his mental and psychonocals difficulty." We need to do beful." Review of Interdisciplinary Team propress notes and ocalis derencia notes associated with the admission assessment revealed the significant behaviors were not noted and changes to the care plans appealist to the raudidon'ts current status were not planned. A roview of the facility's interdisciplinary care plan appealist to the purpose of the policy was to provide membrary with consistent, coordinated, and compreherealve mutil trisciplinary care designed to help ack provided membrary with consistent, coordinated, and compreherealve mutil trisciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed or help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care designed to help ack recibility in the disciplinary care in responsible for implementing and observational and psychosocial and other health care needs that are identified in the comprehensive assessment. The interdisciplinary Team is responsible for implementing and overneeing the updating of the written care plan and shall review no less than quarterly and					does not meet the professional				
psychosocial difficulty. "We need to do better." Review of Interdisciplinary Team progress notes and social service notes associated with the admission assossment revealed the algorificant behaviors were not noted and schanges to the care plan specific to the resident's current status were not plantered. A review of the facility's Interdisciplinary Care Plan policy (effective 04/21/47) evocated the purpose of the policy was to provide members with consistent, coordinated, and compreherative multi-disciplinary care designed to help each resident reach and markitals hister optimal level of functioning. The policy stated a comprehensive multi-disciplinary in the policy stated a comprehensive care plan will be developed for each member and will inclusive measurable objectives and timelables to meet a member and psychosocial and other health care needs that are identified in the comprehensive care plan will be Interdisciplinary in the properties and psychosocial and other health care needs that are identified in the comprehensive care in responsible for implementing and oversealing the updating and oversealing the updating and oversealing the updating and oversealing the updating and oversealing the updating and oversealing the shall review no less than quarterly and					standards of quality". "Mrdid not				
psychosocial difficulty. "We need to do better." Review of Interdisciplinary Team progress notes and social soncho notes associated with the admission assessment reveled the significant between the care plan specific to the resident's current status were not noted and changes to the care plan specific to the resident's current status were not planned. A roview of the facility's Interdisciplinary Care Plan policy (effective 0x12/14) evened the purpose of the policy was to provide members with consident, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and market and market and market and market and market and market and market and market and market and market and market and market and market and market in the developed for each market and psychosocial and other health care needs that are identified the comprehensive assessment. The interdisciplinary Team is responsible for implementing and overseeing the updafing of the written or responsible for implementing and overseeing the updafing of the written or responsible for implementing and overseeing the updafing of the written or responsible for implementing and overseeing the updafing of the written over plan and shall review no less than quarterly and					receive appropriate treatment and	ŀ			
do better. Roview of Interdisciplinary Team progress notes and social service notes associated with the admission assessment revealed the significant behaviors were not noted and changes to the care plan specific to the resident's current status were not planned. A review of the facility's Interdisciplinary Care Plan policy (effective O42114) revealed the purpose of the policy was to provide members with crossistent, coordinated, and comprehensive multi-disciplinary care designed to help each reaident reach and mainfalsh his/her optimal tevel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprohensive assessment. The Interdisciplinary Face is responsible for implementing and overseeing the updating of the without care plan and shall review no less than quarterly and					services for his mental and				
Review of Inlexisacipibnary ream progress notes and social service notes associated with the admission assessment revealed the significant behaviors were not noted and changes to the care plan spacific to the resident's current status were not planned. A review of the facility's Interdisciplinary Care Plan pelicy (effective O42*14*14*) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/are optimal toward of functioning. The policy stated a comprehensive multi-disciplinary care designed to help each resident reach and maintain his/are optimal toward of functioning. The policy stated a comprehensive care plan will be developed for each member and will include members and will be developed for each member and will be developed for each member and will be developed for each member and will be developed for each member and will be					psychosocial difficulty". "We need to		l i		1
progress notes and social service notes associated with the admission assessment revealed the significant behaviors were not noted and changes to the care plan specific to the resident's current status were not planned. A review of the facility's Interdisciplinary Care Plan policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/hor optimal level of functioning. The policy stated a comprehensive multi-disciplinary care designed to help each resident reach and maintain his/hor-optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timestables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and ownsessing the updating of the without care plan and shall review no less than quarterly and					do better".				
incles associated with the admission assessment revealed the significant behaviors were not noted and debages to the care plan specific to the resident's current status were not planned. A review of the facility's Interdisciplinary Care Plan policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reset and maintain his/are optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive care sessment. The interdisciplinary Team is responsible for implementinary and vertice responsible for implementinary and vertice responsible for implementinary and vertice comprehensive assessment. The interdisciplinary Team is responsible for implementing and overseeing the updallar of the vertice care plan and shall review no less than quarterly and					Review of Interdisciplinary Team				1
assessment revealed the significant behaviors were not noted and changes to the care plan specific to the resident's current status were not planned. A review of the facility's Interdisciplinary Care Plan policy (effecility Care Plan policy (effecility Care Plan policy (effecility Care Plan policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain hisher optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will inclute measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no lass than quarterly and				-	progress notes and social service				
behaviors were not neided and changes to the care plan specific to the restident's current sixtus were not planned. A review of the facility's Interdisciplinary Care Plan policy (effective 04/21/14) revealed the purpose of the policy was to provide membors with consistent, coordinated, and comprehensive mutil-faciplinary care designed to help each resident reach and maintain hisher optimal tevel of functioning. The policy stated a comprehensive care plan will be developed for each membor and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The interdisciplinary Team is responsible for implementing and overseeing the updailing of the written care plan and shall review no less than quarterly and	1				notes associated with the admission	1			
to the care plan specific to the resident's current status were not planned. A roview of the facility of interdisciplinary Care Plan policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/her optimal lovel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, mursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updailing of the written care plan and shall review no less than quarterly and		1			assessment revealed the significant	-			
resident's current status ware not planned. A review of the facility's Interdisciplinary Care Pian policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-displinary care designed to help each resident reach and maintain his/her optimal tevel of functioning. The policy stated a comprehensive multi-displinary care designed to help each resident reach and maintain his/her optimal tevel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updaling of the written care plan and shall review no less than quarterly and					behaviors were not noted and changes				
planned. A review of the facility's Interdisciplinary Care Plan policy (effective 04/2/1/4) revealed the purpose of the policy so the profile se to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help ach resident reach and mainfain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objects as and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assertment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and					to the care plan specific to the	1			
A review of the facility's Interdisciplinary Care Pian policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/her optimal tovel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, maintal and psychosocial and other health care needs that ret identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and verseeing the updailing of the written care plan and shall review no less than quarterly and	-				resident's current status were not	İ	1		
Interdisciplinary Care Plan policy (effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care destigned to help each resident reach and maintain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing a dverseeing the updating of the written care plan and shall review no less than quarterly and	- 1				planned,				
(effective 04/21/14) revealed the purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and mainfain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to mea member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updaling of the written care plan and shall review no less than quarterly and	-				A review of the facility's	· ·			,
purpose of the policy was to provide members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/her optimal tevel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The interdisciplinary Team is responsible for implementaging and overseeing the updaling of the written care plan and shall review no less than quarterly and	-				Interdisciplinary Care Plan policy				
members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed reach member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisplant Team is responsible for implementing and overseeing the updaling of the written care plan and shall review no less than quarterly and	-				(effective 04/21/14) revealed the		1		
members with consistent, coordinated, and comprehensive multi-disciplinary care designed to help each resident reach and maintain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed reach member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisplant Team is responsible for implementing and overseeing the updaling of the written care plan and shall review no less than quarterly and	-				purpose of the policy was to provide				
care designed to help each resident reach and maintain his/her optimal tevel of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-				members with consistent, coordinated,				
reach and maintain his/her optimal level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-				and comprehensive multi-disciplinary				
level of functioning. The policy stated a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-				care designed to help each resident				
a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-1	1		ŀ					1
a comprehensive care plan will be developed for each member and will include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-1	1			level of functioning. The policy stated	1			
include measurable objectives and timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-				a comprehensive care plan will be		l l		
timetables to meet a member's medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-	ł			developed for each member and will				
medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-	1			include measurable objectives and		1 1		i
medical, nursing, mental and psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-				1				
psychosocial and other health care needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-			1	1				
needs that are identified in the comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-			1	•				
comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updaling of the written care plan and shall review no less than quarterly and	-			1	• · · · · · · · · · · · · · · · · · · ·				
Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and	-			1	5				
for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and					,		i i		
updating of the written care plan and shall review no less than quarterly and	1								į l
shall review no less than quarterly and	1			1]		1
	I	1		1	, · · · · · · · · · · · · · · · ·				
	ĺ	1		I	1	1			1

N	IO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
				as needed to address the current needs of each member. A care plan was not developed to address the resident behaviors.	AONON'S EAN			
						100		
						:		
			·					
						11		

				STATE CORRECTIVE	STATE PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
93	A comprehensive care plan must be:	(P) Provisional Met	S/S - E	<insert cap="" details="" here=""></insert>			
ı			Based on observation, interview,		1		
1	 Developed within 7 calendar days after 		record review and review of facility		1 1		
1	completion of the comprehensive assessment;		policy, it was determined the facility		1 1		
1			staff failed to individualize and revise		1 1		
1	ii. Prepared by an interdisciplinary team,		the care plan for three (3) of 33	1			
1	that includes the primary physician, a registered		sampled residents (Residents #8, #9,				
	nurse with responsibility for the resident, and		#10).		i l		
	other appropriate staff in disciplines as		Findings Included:		1 1		
	determined by the resident's needs, and to the		Interdisciplinary Care Plan (Review	1	1 1		
	extent practicable, the participation of the		Date April 21, 2014) Work guidelines		1 1		
	resident, the resident's family or the resident's		Indicate:	1	1 1		
	legal representative; and		Members at the Grand Rapids		i		
			Home for Veterans will receive care	1			
	iii. Periodically reviewed and revised by a		according to an individualized	1	1 1		
	team of qualified persons after each		interdisciplinary care plan, based upon	1]
	assessment.		ongoing comprehensive assessments	1			
			of each member's specific needs. Each problem should have a	1	1 1		
			statement of current status, be				
- 1			member specific, and identify the	1	1		
- 1			actual or possible cause.	1			
- 1			Resident #8 was admitted to the				
			facility on August 26, 2014 with				
			diagnoses of Dementia, Hypertension		· I		
- 1			Type II Diabetes Mellitus,				
- 1			Cardiovascular Disease and Chronic				1
- 1			Obstructive Pulmonary Disease.				
- 1			According to the resident's Quarterly				
- 1			Minimum Data Set (MDS) Assessment		l l		
- 1			dated December 1, 2014, Resident				
			#8's cognitive skills were severely		l i		
ł			Impaired, Resident #8 was coded				
1			independent for bed mobility,				
l			transfers, walking, locomotion,				
1			dressing, eating and personal hygiene.	i			
1			Observation of Resident #8 on March	ļ			
1			24, 2015 at 10: 15 a.m. and 2:15 p.m.				
1			noted Resident #8 sitting alone in				
1			his/her room. The resident did not	İ			
1			verbally respond to questions.				1
1			Activity Progress Notes, dated August 28, 2014, notes Resident #8 likes				
1			walking and classical music.		1		1
			Activity Progress Notes dated				
			December 5, 2014, indicates Resident				1 1
			#8 likes computer games.	•			1 1
	1		Care Plan Problem: Member needs	•			
			mentally stimulating recreational and	•			
			social activities (Last Review January	-			
			7, 2015) includes Approaches: 1.				
			Invite and encourage to group				
			activities of interest and 2. Remind				1
ı	1	I	Dana 77 a	1	1 1		

					PROPOSED		FINAL
				0H1== 44======			RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION		
NO.		KATING .	EXPERIMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			member of daily activities of interest.				
			During an interview on March 26, 2015				
			at 1000, Activity Staff Member				1
			acknowledged the care plan was not				
-			individualized with Resident #8's				
			specific interest as identified in the				
1			activity progress notes dated August				
			28, 2014 and December 5, 2014.		l'		
			2. Resident #9 was admitted to the				
			facility on October 16, 2013 with				
			diagnoses of Chronic Renal Disease,		1		
			Type II Diabetes Mellitus, Thyroid				
			Nedule, Chronic Venous Insufficiency,		1		1
		ł	Hypertension, Peripheral Vascular		1		
			Disease, Femoral Popilical Bypass				1 1
			and Benign Prostatic Hypertrophy.				l
			According to the resident's Annual				
			Minimum Data Set (MDS) Assessment				
-							
1			dated January 20, 2015, Resident				
			#9's Brief Interview for Mental Status				
1			(BIMS) score was 12, indicating the				
		1	resident's cognitive skills were				
- 1		1	moderately impaired. Resident #9 was				
			coded as requiring extensive				
			assistance of one (1) person for	1			
			transfer, dressing, tollet use and				
			personal hygiene and being at risk of		1		
			developing pressure ulcers.				i i
			Record review revealed the following:				
			Nurses Progress Notes dated				
			March 2, 2015 at 2300 note -				
			Caregiver reported wound on				
			member's left lateral lower leg. Open		1		ł I
- 1			blisters were observed.				
			Wound and Skin Assessment		1		
			dated March 2, 2015 indicate wound				
- 1			Left Lower Extremity, Stage II.	1			
			 Nurses Progress Notes dated 				1
			March 5, 2015 at 2:00 p.m. document				
		1	- Treatment change to open area left				
			lower leg.				
			Further record review noted the Left				
			Lower Extremity Stage II area was not				
	1		included in the Care Plan.				
- 1			During an interview on March 26, 2015				
ı			at 3:15 p.m., the Charge Nurse and				
		1	Wound Care Nurse confirmed the Left				
- 1		1	Lower Extremity Stage II area was not			!	
- 1			included in the Care Plan.				
- 1			3. Resident #10 was admitted to the				
- 1			facility on May 20, 2005 with				
- 1		1	diagnoses of Hypertension,	!			77
- 1		1	Depression, Dementia,	Į.			
- 1	1	I]	I _	j l		l
			Paga 78 of	145			4/24/2015

						PROPOSED		FINAL RATING/
N	Ο,	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	DATE
				Hyperlipidemia, Organic Personality Disorder and Severe Dysphagia. According to the resident's Quarterly Minimum Data Set (MDS) Assessment dated February 19, 2015, Resident #10's cognitive skills were severely impaired. Resident #10 was coded total dependence with two (2) person physical assist for bed mobility, transfers, dressing and personal hygiene. Observation of Resident #10 on March 24, 2015 at 10: 00 a.m. and March 25, 2015 at 2:00 p.m. noted Resident #10 sitting alone in his/her room. The resident did not verbally respond to questions. February 19, 2015 Activity Quarterly Note includes — He/she does like to sit in the alcove with other members to watch the TV, he/she likes to watch sports and old movies. Independent activities include sports, daily programs and listening to music. Care Plan Problem: Due to cognitive deficits he/she attends group activities usually just to watch with fittle or no actual participation (Last Review February 19, 2015) includes Approaches: 1. Assist member to the activities. 2. Make point to address member by name to subtly include member into each activity. During an interview on March 26, 2015 at 1000, Activity Staff Member acknowledged the care plan was not individualized with Resident #10's specific interest as identified in the activity progress notes dated February 19, 2015.				
]

Page 79 of 145

					STATE PROPOSED		FINAL
							RATING/
	OTAMBARD RECORDED		EVOLUNIATION OTATIMENTO	STATE CORRECTIVE	COMPLETION		
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
94	The services provided or arranged by	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
1	the facility must:		Based on observation, interview,				
			record review, and review of facility				
	i. Meet professional standards of quality;		policy it was determined for two (2) of				1
	and		33 sampled residents (Resident #7 and				
			#15) planned interventions were not		l i		
	ii. Be provided by qualified persons in		implemented.				
	accordance with each resident's written plan of		1. Resident #7 had a positioning				
	care.		deficit that required the use of a neck				
			collar brace and chest straps for				
l			positioning. The interventions were not				
1			being implemented for the resident.				
1			Resident #15 experienced				
1			significant behavioral symptoms and				
1			the care plan intervention for the				
1			Social worker to monitor for changes				
1			with mood, behavior and cognition and				l
l	1		to contact the guardian as needed		ŀ		
1			were not implemented for the resident.		ļ	•	
l			}		ļ. I		
1			Findings Included:				
			Resident #7 was admitted to the		i l		
			facility on 04/24/13 with diagnoses		ļ l		
			that included Parkinson's Disease,				
1			Hypertension, Psychotic Disorder with		[[
			Hallucinations, and Swallowing	1			
	İ		Problems. Review of the medical				
			record revealed a physician's order	1			1
			dated 11/04/14 for Occupational				
			Therapy (OT) to treat the resident to				
1			increase seating/positioning to improve				
ł			posture and safety and to improve				
l			feeding abilities. Review of				
l			Occupational Therapy (OT) summary		į l		
l			notes revealed Resident #5 received				[[
l			OT services from 11/04/14 thru				
l			12/05/14. The OT discharge summary				
l			indicated the resident had met the				
			established goals. A recommendation				
l			was made for the resident to utilize a				
l			neck collar for 30 minutes while up in a				
l			wheel chair for positioning. A	1			
1			physician's order was obtained on	1			
		·	12/19/14 for staff to apply a neck	1			
I			collar for 30 minutes, once in the a.m.	1			
			and again in the p.m. The use of a	1			
1			neck collar for positioning was not	1			
1			included on the resident's current care	1			
l		1	plan. Further review of the medical	1]		
I			record revealed an OT	1			
1			recommendation dated 08/07/14 for	1]		
1			Resident #5 to utilize chest straps	1			
1			during meal time for positioning. The	1			

					STATE		mist a s
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1		1	intervention was added to the	1	1		1
		1	resident's care plan to address a			•	
	[nutritional deficit.				1
	ł			-			
			Observations were made of Resident				
			#7 throughout the survey dates.	i			
			Observation on 03/26/15 at 9:15 a.m.				
			revealed the resident was seated in a				
- 1	1	ŀ	wheel chair located in the dining area.				
1			The resident's upper torso was bent				
1			forward and to the right with his/her				
			head almost touching the right arm of				
-			the wheel chair. A CNA entered the		1		
			dining area and asked the resident if				
			he/she was going to wake up. The				
			CNA walked away from the resident.				
			When questioned by the surveyor				
			about the resident's position the CNA				
			stated he/she would get the resident's				
			care giver and left the room. A				
- 1			second CNA entered the dining room				
			and assisted the resident with				
1			repositioning. The CNA stated the	1	l i]
1			resident would just return to the same				1
			position as he/she had difficulty sitting	1			
			upward. The resident was observed	***			
			again at 10:30 a.m. to continue to be				1
			up in a wheel chair in the dining room				l i
			during an activity. The resident's				
			upper torso was bent forward and to				
			the right with his/her right arm hanging				
			down and touching the floor. The				
			resident's head was also bent down				
1			and to the right. The resident was not				
1			observed to be wearing a neck collar				
1			or chest straps. A CNA entered the				
i			room at 10:37 a.m. and repositioned				
			the resident,				
			Resident #7 was observed during the	·			
			noon meal service on 03/25/15 to be				
- 1			seated in a wheel chair positioned at a				
- 1			dining room table. The resident's head				
- 1			and upper torso was bent forward and	1			
- 1			to the right. The resident was				
- 1			attempting to feed him/herself with				
- 1		1	some difficulty holding the silverware.				
1		1	The resident was not observed to be				
1			wearing a neck collar or chest straps.				1
1			Interview was conducted on 03/26/15				
1			at 11:00 a.m. with the CNA assigned				
			to care for Resident #7. The CNA was				
			aware the resident had a neck collar,				
			indicating trying to put the collar on the				
			resident that morning. However, the				
			resident mat monthly. However, the				
		-	• • • • • • • • • • • • • • • • • • • •	rive	•		440.44004.5

					PROPOSED		FINAL
							RATING/
				STATE CORRECTIVE	COMPLETION		
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1	1	resident immediately removed it. The				
			CNA stated the resident would refuse				
			to wear the brace most of the time,				
- 1			When asked if the resident's refusal		1		
- 1			of care was reported to the charge				
ı			nurse, the CNA indicated not reported				
			the refusals. Additionally, the CNA				
	1		was not aware of the length of time				
			the resident was supposed to keep the				
	1		neck brace in place. During the				
			interview a second CNA approached				
			and stated she/he often provided care				
			to Resident #7. This CNA stated the				
			resident would sometimes ask for the				
- 1			neck brace to be put on him/her when				į
- 1			watching television. This CNA was				
- 1			aware of the 30 minute timeframe for				
			wearing the neck brace. The CNA was				
			also aware of the resident's care plan				
-			intervention for wearing chest straps		1 1		
			during meal service. The CNA		1 [
- 1			indicated he/she placed the straps on				1
			the resident when assigned to care for				
i	1		him/her and the resident seemed to				
	}		tolerate the chest straps very well.				
			Interview was conducted with the Unit				
			Nurse Manager on 03/26/15 at 3:05				
			p.m. The Nurse Manager was not				
	·	·	aware staff were not consistently				
			implementing the use of the neck				
			collar and chest straps at meal				
			service.				
			Review of the policy for				
	i		Interdisciplinary Care Plan (Effective				
			04/21/14) revealed no procedures for				
			1		i i		
			ensuring the implementation of				
			interventions planned. The policy				
			addressed procedures for ensuring the development on an individualized care				
			plan based on resident assessment				
			1 .		'		
			and ensuring the care plan was updated/revised by the	1			
			Interdisciplinary team as Indicated.	1			
			1				
			2. A review of the facility's				
1			Interdisciplinary Care Plan policy				
			(effective 04/21/14) revealed the				
			purpose of the policy was to provide				
1			members with consistent, coordinated,				
			and comprehensive multi-disciplinary				
			care designed to help each resident				
			reach and maintain his/her optimal				
			level of functioning. The policy stated				
			a comprehensive care plan will be				
ı	ŧ .	I	D00-4	1	1 1		1 1

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS		DATE	VA FOLLOW UP	DATE
	1	1		ACTION PLAN	DATE	VA FOLLOW BF	1 I
	1		developed for each member and will				1
			include measurable objectives and		1 1		
			timetables to meet a member's	}			1
		1	medical, nursing, mental and				i i
	· ·		psychosocial and other health care		1		
	·		needs that are identified in the				
			comprehensive assessment. The	•	[
			Interdisciplinary Team is responsible	•	1 1		
			for implementing and overseeing the		1		
			updating of the written care plan and				
			shall review no less than quarterly and				
			as needed to address the current				
			needs of each member.				
			Resident #15 was admitted to the				<u> </u>
			facility's Dementia Unit on 01/14/15				
			with diagnoses of Vascular Dementia,				
			Status Post Heart Transplant, End				
			Stage Renal Disease, Hypertension,				l I
			Gastro-esophageal Reflux Disease,				l
- 1			Other Fracture (Rib Fracture) and				l
			Vitamin B Deficiency per the	•			i I
- 1			Admission MDS completed on				i
			01/26/2015. A Brief Interview for				1 1
	1		Mental Status (BIMS) was completed	•			l
			that Identified the resident's cognitive				
			status to be scored at 8, on a scale of		1		
			1-15, reflecting moderate impairment,		1		
			(scale range 8-12). The Resident		1		
			Mood Interview identified a total				l
			severity score of 20 on a scale		1 1		
- 1			between 0 and 27 indicating severe		1		
			depression. Symptoms present included feeling down, depressed or				
- 1			- · · ·				
ı			hopeless, trouble falling or staying asleep, or sleeping too much, feeling				
l							
1			tired or having little energy, poor				
- 1			appetite or over eating, feeling bad				
			about yourself- or that you are a failure or have let yourself or family	1]
- 1			1				
- 1			down, moving or speaking so slowly that other people could have noticed.	1			
- 1			.	1			
			Or, the opposite, being so fidgety or		1		
			restless that you have been moving				
		1	around a lot more than usual nearly				
			every day, thoughts that you would be		i		
			better off dead, or of hurting yourself				
			in some way with a frequency of half				
			or more of the days assessed. The				
			MDS assessment identified resident				
-		1	#15 had physical and verbal	1	1 1		
l			behavioral symptoms directed toward				
			others occurring 1 to 3 days. The				
			impact on others reflected the				
1.	1	ı	Daga 93 of	 	1		4/24/2015

					SIAIE		#INIA1
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	1	I	identified symptoms put others at	1			
	•		significant risk for physical injury,		1 1		
			significantly intruded on the privacy or		1 1		
			activity of others and significantly		1		
1			disrupted care or the living				
1			environment. Further behavior was				
- 1			the presence of rejection of care		1 1		
			occurring 1 to 3 days. Wandering		1		
-			behavior was scored at 0 or not		1		
			exhibited. The interview for daily		1		
			preferences identified it was very		1 1		
			important for this resident to choose		1		
	· ·		what clothes to wear, take care of his	ŀ	1		
- 1			personal belongings or things, choose		1		
			his own bedtime, have his family or a		1		
			close friend involved in discussions		1		
			about his care and to have a place to		1		
			lock his things to keep them safe.		1		
- 1			Activity preferences identified it was		1		
- 1				i ·	1		
			very important to have books,		1		
- 1			newspapers and magazines to read, to		1		
1			keep up with the news, to do things with groups of people, to do his		1		
					1		
1			favorite activities, and to go outside to get fresh air when the weather was		1		
- 1			1 *		1		
1			good. The MDS assessment identified		1		
			resident # 15's functional status as		1		
1			Independent with activities of daily		1		
			living with supervision of one person		1		
			with lecomotion off the unit and		1		
			oversight with eating and personal		1		
			hygiene. A fall with a fracture was		1		
			coded prior to admission. A fall		1		
			assessment, completed on 1/14/15		1		
			identified a history of falls, was		İ		
			oriented sometimes, had a steady gait				
			and never had agitated behavior in the				
			past 90 days, or since admission.				
			Review of the Interdisciplinary				
			Progress Record reflects resident #15				
			was admitted to the Dementia unit 1		1		
			Blue at 9:30 AM on 1/14/15				
			unaccompanied by family via transfer		1 1		
			from an acute care facility. An entry				
			time of 2130 states, out with daughter				
			for supper and went to the store.				
			Returned at 6:46 PM, At 7 PM a CNA				
			heard resident yelling for help related				
			to another resident who wandered into				
			his room. Told the wandering member				
			he "will kick his a-ss". CNA removed				
	1		the other resident and a stop mesh]
	1		gait was applied to his room. An entry	<u> </u>			1
ı	1	1	Page 84 s	I 5146	1 1		1 I

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	1	1	for 1/15/15 states the resident told	I	1 1		1 1
			staff that someone stole his pants and				
			if he found out who stole them or if he				
			saw them on someone he would take				
			1				
			them from him. He was angry and				
			confused and looking for his clothes.				1
	•		A note of 1/16/15 states he was out		l .		
			with his daughter at 2 PM and came		1		
			back at 5:30 PM and told staff he				
			would rather be homeless than living				
			here. He said the VA is going to be				
			investigated because they are taking				
			\$7,000 a month from these guys. On				1
			1/17/15 an entry at 8:10 AM states				1
			"this member is stating that he		[1
			"popped" another member in the face		1		1
			twice. He was in my room by my				1
			bed, messing with my stuff.		l [1
			Resident had stated this to other		1 1		
			caregivers as well. He was up at the		l i		1
			desk requesting to speak with his		1 [
			daughter and left a phone message for		1		
ŀ			her to "come and get me, I don't		1		
l			belong here". At 11:00 AM was moved		1		
			to another Dementia Unit, 1 Red. At		1		
			6:00 PM came out of the dining room		1		
			upset saying he "can't eat that		1		
- 1			garbage". Walked down to his room		1		
			angry. Offered a sandwich and an		1		
			alternative meal, which he refused,		1		
			saying "I'm never going to eat here		1		l 1
			again". "It's no wonder you are under		1		
			investigation when all you feed people		1		
			is garbage". Up to the desk and talked		1		
			with daughter on the phone, saying		1		
			"I'm going to have a breakdown", "I		1		
			thought it would be OK when they		1		
			moved me to a different room until the		1		
1			food came". He called his brother				
- 1			saying he was going to have a				
- 1			breakdown and "so is Sam" (his				
- 1			daughter). "We need some help". On				
- 1			1/18/15 an entry documents 9 bottles				
			of medication were removed from his				
			room. 1/20/15 an entry reflects he				į l
			told staff he does not have dementia		1		1
-			and his daughter thinks she is the				
			guardian of him. 1/22/15 entry states,				
1			another member approached this				
ĺ			member. He became upset and raised]		
			his fist. Members were separated.				
- 1		1	Interdisciplinary Progress Record				
-			dated 1/27/15 states Care Conference				
ı	1	I		1	i I		

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1	1	held. We discussed. The resident is to	Common Carrier]		1
			be transferred to an open unit. He is				1
			doing well with directions. Dr				
-			informed. Resident states he cannot				
			stay on a restricted unit for much				l
			longer. "I need my freedom".				
- 1			Message left for daughter, who is the]		
			legal guardian. 1/29/15 note says,				
			resident moved to floor, 2 South.				
			1/30/15 note states 3 South LPN		1		
			1				1
			guides member back to 2 South. He				
			is walked back to unit by a 2 Red				
			caregiver after he thought 2 Red was]		
			his unit. Yesterday at 6 PM he went				
			out the South hall door setting off that				
			alarm. He's found by security out				İ
		1	front after he thought "it's too cold" out				
			in front of facility. His facial				
- 1			expression slightly blank like. Today				
-			he states "I'm getting all screwed up				
ı			now". No aggression noted yet.				
			2/2/15 complains about room- mate				
1	•		masturbating and that he has to leave.				
- 1			Told by RN per note that it would not				
			be a rational decision to leave. Room				
			change planned. He declined stating "I				
			don't want to change rooms and do all		l		
			this moving around right now*.		:		
			Reassured he does not have to move				
			rooms right now. It is suggested to				
			him to "hang out and relax" for now				
- 1			and perhaps he can see social worker				
- 1			tomorrow and go over concerns.				
		ŀ	2/3/15 progress note says today he is				
-		•	claiming somebody has been in his				
- 1			stuff and his debit card and glasses				
- 1			ате gone. 2/10/15 note reflects; quick	-			
			to anger, foul language and behaviors				
			toward med nurse, 2/14/15 note				
			reflects in past few days has been				
			more confused on basic needs/ADL's.			*	i
			Was found in another room using the		1		
			sink to wash up. States "I really do		1		
			not know where I am at*. 3/4/15				
			states that he I going to leave and is				
			not productive and wants a job.				
-	1		Explained staff would work on finding				
			him some type of work. A note	1			
-			dated 3/20/15 states resident in dining				
			room arguing with another resident				
			when different resident starts				
1			coughing, he starts yelling at the				
			member saying he cannot be around				.
			mornior saying no cannot be around]			!
•	•	•	Paga 96 of	145	•	'	1/2//2016

				STATE		mark at
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	1	coughing since he's susceptible from	1	1 1		1 1
		his heart issues. He is given rationale	1			
		for others rights by RN and stands up	ŀ	1 1		1 1
		and starts yelling "Are you	<u> </u>			
]		disrespecting me?!" and flips a chair	İ			
		over violently, then abruptly leaves.				
		He then goes out on a trip with				
		activities at the last minute, 3/22/15	!			
		note states member suddenly starts				
		yelling verbally threatening toward		l l		
		other members driving by in their				
		motorized chairs, accusing them of				1
		"racing around him and trying to bother				
		him". Med nurse intervenes between				
		member and another member. This	}			
		resident motions as though he'li get up				
		and be violent while stating "you can		<u> </u>		
		f-off?" He is overheard stating "I'll put]
		tacks under their tires and give them				
		flats". Accuses another resident of				1
		walking in on him during a shower and				
		the RN documents the resident was				
		simply just sitting there watching TV.				·
		RN documents, e-mail sent to 7-3 RN		[
		and Coordinator re: discussion about		1		
		possible placement on MCY				
		(Courtyard, Secure unit) due to				
		continued threatening unprovoked				
		aggression toward staff and other				
		members. 3/25/15 RN progress note				
		entered (after surveyor intervention):				
		Late note. This member was admitted				
		in Jan 2015 and he has had				
		documented behavior like aggression				
		since he came to the facility and this				
		behavior has followed him through his				
		transfer to 2 South Unit.				
		The first Social Service note dated	1			
		1/28/15 states, had care conference	1			
		yesterday and he is a good candidate	1			_[
		for an open unit. Admission packet	1			
		was sent in the mail to the daughter.	1			
		Social services notes dated, 2/2, 2/3,				
		2/5, 3/4, 3/12, 3/16/, 3/20, 3/23 and	1			
		3/24/15 note his desire to leave and				
		attempts to arrange placement	1			
		elsewhere. A Social service note	1			
		dated 3/25/15 (after surveyor	1			
		intervention) states member continues	1			
		to exhibit verbal aggressive behaviors.	1			
		Chart reviewed. Address his issues	1			
		with the doctor. He will be referred to				
		BCS (Behavior Care Services, a	1			[]
1 1	1	Page 87 c	1 £145	I F		1 4/24/2015

					STATE		FINAL
					PROPOSED		
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	I	1	contract service) for an evaluation. At	1	1 1		1 1
			this time there is a need for medical		1 1		
			intervention. Member is not				
			therapeutically engaging due to feeling		1		
			he has no problems. It is documented	•			
			I · · · · · · · · · · · · · · · · · · ·				
			that he became physically and verbally aggressive this weekend.		1 1		
			•				
			Care plan reviewed. Will have to				
			modify accordingly. 3/26/15 note		1 1		
			message left for guardian/daughter to				
- 1			please contact the staff for verbal		1		
1			approval for psychiatric services due		1		
1			to behavioral problems. Will monitor.		i		
1			CAA Notes dated 1/20/15 notes: 2.		i l		
1			Cognitive Loss/Dementia. The		1 1		
1			member is high functioning and it will				
-			be discussed if he could be				
-			transitioned to a less secure unit. The				
1			care plan will address monitoring for				
- 1			change in cognition. 7. Psychosocial		ļ l		
- 1			Well-Being. Member struck his		i l		
- 1			roommate on 1 Blue and that				1
- 1			necessitated his transfer to 1 Red and		i l		
- 1			so far there have been no serious	ł			
			problems. It is hoped that he can				
			successively transition to an open				
			unit. Care planning will address that.				
			CAA 8. Mood State. He is in the				
	1		severely depressed range. He has				
			had previous psychiatric treatment.				
			He is not on any psychotropic or				
			antidepressant medications. He		1 1		
			mentioned some feelings of wanting to				
			die, but did not voice a suicide plan.		1		
			He has a roommate who is foud, but it				
			is not too overbearing. This social				
			worker will be discussing a referral to				
			BCS to evaluate him for depression.				
			CAA 9. Behavioral Symptoms note				
- [-	1	the member has had some behavioral				
			issues, which are showing				
			improvement. Behavioral monitoring				
			is being done and there will be				
- [1	discussion with the member's				
- [Parameter State	1	daughter/guardian regarding a BCS				
- [***************************************	1	referral.				
- [1	A Care Plan dated 2/2/15 lists a				
- [1	problem with an onset date of 1/30/15				
- [1	and states he was originally admitted	1			
- [1	to the dementia unit. He has some				
- [1	difficulties with his transition that has]		
- [resulted in some impulse control				
- [behaviors. Due to his higher tevel of				
- [Bernaviora. Due to this raginor tevel of				
•	•	•	Page 99 o	F 1.45	•		4/24/2015

					PROPOSED		FINAL
							RATING/
NO	STANDARD DESCRIPTION	DATING	EVDI ANATODY STATEMENTS	STATE CORRECTIVE	COMPLETION		
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			cognition, he has been moved to a				
			skilled unit. Goal: will adjust to the				
			nursing home environment. Approach:				
			begin date 1/30/15. #1, Social worker		1		1
			to provide 1:1 time as needed. #2,	1			i 1
			Contact with guardian as needed. #3,	1			1
			Staff to encourage daily routine. Allow				
			member to make decisions about his				
			routine. #4, Social worker to monitor	1			
			for changes with mood, behavior and				
			cognition. Staff should inform her of				
			any changes/concerns and do	1			
			appropriate behavior documentation.				
	1		1 77 7				
			#5 the member has not been referred				1
			to BCS yet due to his several changes	į			
			with units. The unit social worker will				
			refer if depressive and behavioral				1 1
			issues persist and if he is not				
1			responding to other treatment options.				
			#6 Allow member to reminisce. He				
1			enjoys interactions with others. #7				
			give the member praise and		- I		
			affirmation, #8 encourage the				
		n/	member to discuss feelings, thoughts				
			and concerns. Keep the social worker		1		
			informed of serious issues to enable				1
			her to address them in an appropriate				
1			and timely manner. Handwritten entry				
			dated 3/22; #9 during aggression				
			remove from others to a quiet place				
			and have member sit down, then staff				
			can sit and have a Q & A period with				
1			rationale for consequences provided to				
ı			suit member's ability to process				
			information. Handwritten entry dated				
			3/24 BCS consult order, refer to				
		1	disability advocates for other	1			
		1	community placement, provide	1			
		1	reassurance as to reduce his verbal	1			
			aggression. Allow as much				
			independence in ADL's as possible.	1			1
			A Care Conference Form dated	1			
			1/27/15 listed the attendance of 2				
			Social Workers, an RN, RD, Activity				
			Aide and MDS Nurse. The list of 4				
			issues identified at the care				
	·		conference was blank. The plan to]
		1	address issues was also blank.				1
		1	A monthly summary, MDS				
		4	assessment dated 1/27/15, Area				
		1	cognition: short term and long term		1 1		
		1	_				
		1	memory problems Okay. Decisions consistent/reasonable and decisions				
		1	consistent/reasonable and decisions				
•	1	•	Page 90 of	146	, ,		4/24/2015

					PROPOSED		FINAL
	•			STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	I	1	poor/requires supervision. No		-/		į l
			behaviors present. MDS Assessment				
			Area E. Mood and Behavior: None.	<u> </u>			
			Problem: #1 Self-care deficit related		l		
			to cognitive impairment. Goal:				
			participate in self-care activities. Goal				
			met. Member is up daily and dressed				
			nicety. Will converse with other				
			members and staff. #2 High risk for				
			fails related to poor safety awareness				
			secondary to cognitive deficit. (Fall				1
			risk assessment was 8 denoting low				
			risk.) #3 Involuntary weight gain				l .
- 1			related to presence of edema.				l •
		1	The second monthly MDS assessment				
			summary dated 2/12/15 noted no				
- 1		I	behaviors present and under MDS				
- 1		-	Code E: Mood and Behavior:				
			Delusions, has odd ideas about this				
			place, physical and verbal behavioral				
			symptoms directed toward others. CP				
			#2 Depression related to need for				
			placement, #4 shows little if any		1		
			interest in activities.				
			The third monthly MDS assessment				
- 1			summary dated 3/14/15 noted				
			difficulty making decisions, and was				
			otherwise the same as the previous				
			summary.				
			No Behavior Monitoring Forms were in				
			the medical record nor could they be		1		
			produced upon request.		1		
			After surveyor intervention a behavior		1		
			monitoring sheet dated 3/25/15 was		1		
			presented. Under Where did this		1		
			occur? Jan. Time of event: All shifts.				
			Incomplete.	1			
			A Care plan dated 3/25/15 was	ĺ	ļ		
		1	developed after surveyor intervention				
			with onset date 3/25/15 vascular				
- 1		1	dementia with behavior disturbance,				
			Goal; resident will learn to control his				
			behaviors, Approach: same				
			interventions with addition of refer to				
- 1		1	BCS if necessary for possible				
		1	medication intervention. If medication		1		
			is provided, monitor for effectiveness				
- 1	}		and side effects.				
			1		ļ		
			Physician orders dated 3/25/15 (after		1 l		
- 1			surveyor intervention) reflect order]		
			entered by Physician for BCS referral				
			re; Dementia and Aggression.				
- 1			Observations were completed 3/24/15				
•	'	•	Page 90 of	145	2		4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	1	1	on the 2 South Unit where this resident				
			repeatedly approached the nursing				i i
			station in an agitated/aggressive state,				
			wanting to leave the facility and				
			insisting his daughter be called. His				
			daughter was called from the desk and				
			the resident spoke with her after the				-
			social worker gave him the phone.				
ł			The social worker stated that would				
		1	calm him down, however, after				
			hanging up he continued to pace back	:			
I			and forth and loudly proclaiming his				
1			displeasure. The RN Coordinator				
1			informed the Social Worker of his				
			behaviors to date and she said she did				
			not know he had any of these				
ı		1	behaviors, but, had been working on				
			finding him placement in the				
			community. The consent for the BSC				
ŀ			evaluation and treatment was not		1		
			obtained, but a message was left for				
			the daughter to contact the facility.				
		1	Interviews with the RN Unit				
			Coordinator, Unit Social Worker and				
			Director of Social Work on 3/24/15				
		ľ	reflected that BCS consents for				
	1		evaluation and treatment are obtained				
- 1			on admission to the Dementia Unit				
- 1			with the consent for treatment and				
- 1			other admission paperwork. The				
	•		Director of Social Work stated "we				
-			dropped the ball here; it should have				
			been obtained in the Dementia Unit				
- 1			and a referral made for evaluation and				
1			treatment." The Unit Social Worker				
			stated "I didn't know he hit someone				
			downstairs", "Nobody told me".				i
			Interview with this resident on 3/24/15				
			was attempted and he replied in an				
			agitated manner "I don't know what is				
	1		going on here".				
ŀ			Another resident, in a wheelchair, on 2		l i		
-			South, approached myself on 3/24/15				
- 1			and whispered, "he is a TM". When				"
- 1			asked what TM stood for he replied				
			"Trouble Maker", then said, "he				
-			(identified resident # 15) picked up a				
			chair and threw it at another resident in				
			the dining room this weekend because				
			he was coughing and yelled at him to				
			stop coughing. "The nurse told him				
			not to do that but he doesn't listen".				
			"No, it didn't hit him".			,	
			Troy is small tritterini .				
•	•		" D 04 -44	iar	•	•	4/04/204E

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
N	IO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1		Interview with the DON on 3/25/15	I ACTION LAN	I I		1 1
			revealed she was not familiar with this				
			resident. Upon record review, the				
			1				ŀ
- 1			DON stated the should not have been				
			moved from the Dementia Unit*. "He				
-			needed to be assessed by BCS				
			(Behavioral Care Services) for				
			evaluation and treatment when he was	#			
- 1			admitted to the unit with behaviors".			•	
- 1			"The physician and daughter needed to				
- 1			be notified and a consent obtained for				
			BCS". "There were plenty of				
			opportunities for the consent to be]			
			obtained from the daughter (legal	1			
			guardian) and we still do not have the]			
			consent". "I am going to be reviewing				
			this chart with the staff because this				
			is a good example that shows these				
			resident assessments and care plans				
- 1	1		are not accurate". "The care plans are				
			both not developed or complete". "The				1
			care plan was not followed and we				1
			need re-education here". "No, this		1		
			does not meet the professional				1
			standards of quality". "Mrdid not				1
			receive appropriate treatment and				1
			services for his mental and				i
			psychosocial adjustment difficulty".				l
			"We need to do better".				1
			Review of Interdisciplinary Team				1 1
- [progress notes and social service		j		
- 1			notes associated with the admission				
- 1			assessment revealed the significant				
- 1			behaviors were not noted and changes				
- 1	Į.		to the care plan specific to the				
- 1			resident's current status were not				
- 1			planned.		i l		
- 1			A review of the facility's		i I		
			Interdisciplinary Care Plan policy				
			(effective 04/21/14) revealed the				1
- 1			purpose of the policy was to provide]		
- 1			members with consistent, coordinated,		[
	1		and comprehensive multi-disciplinary				
			care designed to help each resident		[[
- 1			reach and maintain his/her optimal				
			level of functioning. The policy stated		[
			a comprehensive care plan will be	1			1
			developed for each member and will	1	[[
ı	1		include measurable objectives and				
1	1		timetables to meet a member's	1	{		[
- 1			medical, nursing, mental and		[·	
- 1			psychosocial and other health care	1	1		1
			needs that are identified in the				1
- 1	l l			I	i		I
			Page 02 of	415			A12A12015

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
· · · · · · · · · · · · · · · · · · ·			comprehensive assessment. The Interdisciplinary Team is responsible for implementing and overseeing the updating of the written care plan and shall review no less than quarterly and as needed to address the current needs of each member. Resident #15 experienced significant behavioral symptoms and the care plan intervention for the Social worker to monitor for changes with mood, behavior and cognition and to contact the guardian as needed were not implemented for the resident.			·	
95	f. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes— (1) A recapitulation of the resident's stay; (2) A summary of the resident's status at the time of the discharge to include items in paragraph (b)(2) of this section; and (3) A post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.	(M) Met					

Page 93 of 145 4/24/2015

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
96	§ 51.120 Quality of care,	(P) Provisional Met	S/S: E	<insert cap="" details="" here=""></insert>			
	Each resident must receive and the facility		Based on record review, four Sentinel		1		
	management must provide the necessary care		Events occurred since that last				1
	and services to attain or maintain the highest		inspection was completed on 3/7/14.		1 1		1 1
	practicable physical, mental, and psychosocial		Three of the events were not reported				i i
-	well-being, in accordance with the	;	in a timely manner.				
1	comprehensive assessment and plan of care.						
			On 3/22/14, a resident was found on	İ			
1	a. Reporting of Sentinel Events:		floor near bed and expired on 3/23/14	İ			
			from craniocerebral trauma. This		· 1		
	Definition. A sentinel event is an		event was not reported until 3/28/14.		1.		
	adverse event that results in the loss of life or		On EMMA a regident con into a dans] [
	limb or permanent loss of function.		On 5/4/14, a resident ran into a door while seated on a motorized scooter.				1
-	Examples of sentinet events are as		Resident fell off scooter and suffered				1
	follows:		a fractured hip which resulted in				
	TORONS,		surgical intervention. Resident's				1
	i. Any resident death, paralysis, coma or		condition rapidly declined and he died				İ
	other major permanent loss of function		5/20/14. The event was reported on				
	associated with a medication error; or		5/22/14.				
	,				1		
	ii. Any suicide of a resident, including		On 2/18/15, a resident was discovered				
`	suicides following elopement (unauthorized		to be coughing and in distress by a				
	departure) from the facility; or		housekeeper. Shortly thereafter, the				
			resident was found face down in the		1		
	iii. Any elopement of a resident from the	-	hallway and not breathing. In spite of				
	facility resulting in a death or a major permanent		medical intervention including CPR by				
1	loss of function; or		first responders, the Veteran died.				
			The initial report was not sent to VA	·			
	iv. Any procedure or clinical intervention,		officials within the required 24 hours.	İ	1		•
	including restraints, that result in death or a		a onwer it is it is				
	major permanent loss of function; or		On 2/24/15, the resident experienced a	1	1		
1	v. Assault, homicide or other crime		fall from a wheelchair and sustained a fracture requiring surgical intervention.				
	resulting in patient death or major permanent		The x-ray was not taken until the	1 .			
	loss of function; or		morning of 2/25. Subsequently, the				
	Tool of fartonori, or		resident was transferred to a local]
	vi. A patient fall that results in death or		hospital on 2/25. On 2/26, State				
	major permanent loss of function as a direct		Home nursing staff contacted the				
	result of the injuries sustained in the fall.		hospital and learned that he				
			experienced respiratory failure, was				
	 The facility management must report 		placed on a venti-mask, no surgical		ļ		
	sentinel events to the director of the VA medical		intervention was planned, and family				
	center of jurisdiction within 24 hours of		was considering hospice care. On				
	identification.		3/2/15 staff learned that there could				
			be permanent loss of function. The				
		1	resident died on 3/2/15. During				
		J	subsequent Root Cause Analysis, it				
			was noted that in spite of having a				
			care plan that indicated a tab alarm as				
			the resident was identified at risk for				
			falls, the resident did not have a tab	-			
			Page 94 o	145	·		4/24/2015

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			atarm and there was no documentation] [
			to reflect why it was not in place. No				
1			i ·				
97	4. The facility management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10 working days following the event. i. Goal. The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility.	(P) Provisional Met	seatbelt was in use in spite of cognitive impairment, S/S: E Based on record review and interviews, there were three RCAs completed although all were not within the required time frames. Sentinel Event that occurred on 3/22/14 and reported on 3/28/14: RCA report completed on 4/11/14. Sentinel Event that occurred on 5/4/14 with subsequent death on 5/20 and reported on 5/22/14. RCA report complete on 6/4/14. Sentinel Event that occurred on 2/23/15, During the review of a sentinel event related to the fall by a member who was identified as at risk for falls, it appeared that basic questions related to what, if any, precautions were taken for this member were not included in the initial report. After discussion between the WHCC Director and State Home Administrator, additional information was provided. Limited discussion was noted as related to why fall precautions were not in place white anecdotal information unrelated to event was included in the revised follow up report by State Home officials. There is no date on the follow	<insert cap="" details="" here=""></insert>			
1			up report but was available prior to survey.	Table 1			

1			The VA is available to provide training				
1			on the use of Root Cause Analysis			j	
1			tools and methodologies to improve				
			the process and documentation.				

NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
98 b. Activities of daily living. Based on the	(M) Met	***************************************		<u> </u>		
comprehensive assessment of a resident, the						
facility management must ensure that:						
i. Bathe, dress, and groom;						
A resident's abilities in activities of daily						
living do not diminish unless circumstances of						
the individual's clinical condition demonstrate						
that diminution was unavoidable. This includes						
the resident's ability to:						
ii. Transfer and ambulate;						
iii. Toilet;						
iv. Eat; and						
v. Talk or otherwise communicate.						

4/24/2015

					STATE PROPOSED		FINAL
				ATLE CORRECTATE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE		VA COLLOW UP	DATE
	STANDARD DESCRIPTION			ACTION PLAN	DATE	VA FOLLOW UP	T
99	A resident is given the appropriate	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
	treatment and services to maintain or improve		Based on observation, interview, and				
	his or her abilities specified in paragraph (b)(1)		record review it was determined that				
	of this section; and		appropriate treatment and services				
			were not provided for one (1) of 33				
			sampled residents to maintain or				
			improve the resident's abilities in				
1.			Activities of Daily Living (ADL)				
			functional status.			•	
			Resident #5 experienced a decline in				
			activities of daily living, to include the	1			1 1
			ability to ambulate. A comprehensive				
			assessment of the resident's declined	1			1 .
1	1		status was not conducted and a plan	1			
			of care not developed to address the				
			resident's declined functional status.				
1			Findings Included:				
		ł	Resident #5 was admitted to the				
1			facility on 05/20/04 with diagnoses to				
			include Dementia, Alcoholic Brain				1
			Disorder, Psychotic Disorder, and	·			
			Hypertension. The resident sustained				
			a fall on 04/21/14 which resulted in a				
			fractured left humerus.				
			A quarterly MDS assessment was				
			completed on 08/07/14 identified the				
1			resident's cognitive status to be				
			severely impaired. The assessment				
			identified resident #5 to require				1
1			extensive assistance of one person				1 1
1			with bed mobility, transfers,				1 1
1			ambulation, and toilet use. The				
1			resident was now totally dependent on				1
1			one (1) person for dressing, personal				
1			hygiene, and bathing. Additionally, the				
			quarterly MDS assessment identified		1 1		
1			Resident #5 to be unsteady and only	1	1 1		
1			be able to stabilize with staff	1	1		
1			assistance when balancing during		1		
			transitions and walking. Quarterly	1	1		
1			MDS assessments completed on 11/07/14 and 02/07/15 reflected the	•	1		
			L .	# # # # # # # # # # # # # # # # # # #			
			resident's status continued to be the				
		1	same as the 08/07/14 quarterly MDS		1		
1			assessment. Each of the quarterly		1		
1			MDS assessments reflected a	1	1		
-			significant decline in status since the		1		
- 1			previous assessment of 05/07/14.		1		
- 1			A review of the care plan for Resident		1		
			#5 revealed the facility continued to		1	•	
			plan interventions for the resident that		1		
- 1			were based on the resident's physical		1		
			status prior to the decline. For		1		
1	•	•	Page 97 of	145	•		4/24/2015

				STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	ı	example, the care plan to address a		1		1
		potential for falls (reviewed 02/28/15)		1		
		included approaches specific to the		1		
		resident ambulating independently		1 1		
		- '		1 1		
		throughout the unit. The care plan		1		
		developed to address a self-care		1		
		deficit (reviewed 02/28/15) included approaches that stated the resident				
		1 ''		1		
		was independent with bed mobility and was ambulatory with a gait belt. The		1 1		
		approaches further indicated the		1 1		<u> </u>
		resident was to be provided limited		1 1		
		assistance with personal hygiene,		1 1		
		requiring cueing to apply lotion and		.1 1		
		perform oral hygiene. Staff were to		1 1		
		set up items if needed and provide		1 1		
1		cueing during dressing. The care plan		1 1		
		for an ADL deficit also included the		1 1		
	1	approach of providing the resident with		1 1		
		1 · ·		1 1		
		supervision and a gait belt when		1 1		
		ambulating in the hallway; provide one		1 1		
		person limited assistance with toileting		1 1		
		and; the resident transfers		1 1		
		independently to the bathroom. The		1 1		
		plan of care addressing the resident's ADL functional status did not include		1 1		
		I I		1 1		
		interventions aimed toward maintaining				
		or improving the resident's abilities in		1 1		
		ambulation or personal care skills.		1 1		
į į		Observations of Resident #5 on		1 1		
		03/24/15 at 9:45 a.m. and 03/25/15 at		1 1		
		11;38 a.m. revealed the resident was		1 1		
		seated in a wheel chair being propelled		1 1		
		forward by a staff person during each		1 1		
		observation. The wheel chair was		'		
		observed to have foot rests in place				
		for the resident. Continued	1			
		observations of the resident revealed				
		the resident did not attempt to				
		ambulate or propel the wheel chair without staff assistance. Observation				
		of the resident on 03/26/15 at 9:10				
		•				
		a.m. revealed the resident was seated				
		in a wheel chair in his/her room. A				
		CNA was with the resident. The CNA				
		stated the resident was getting ready				
		to lie down in bed for a nap. The CNA				
		further indicated not being sure if the				
1 1		resident could ambulate but he/she				
		had to request assistance from a				
		second care giver with transferring the				
		resident to the bed. Additionally, the				
		CNA stated the resident was totally		[
1 1	ı	D 00 -	(445			4/04/0016

NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
NO. STANDARD DESCRIPTION	RATING	dependent on staff for daily care. Interview with the Unit Nurse Manager on 03/24/15 at 10:00 a.m. revealed Resident #5 had been ambulatory at the time of a fall that broke his arm in April 2014. Since the incident the resident had slowly declined in ambulation and now required the use of a wheel chair for ambulation. The Nurse Manager stated that sometime after the resident quit ambulating he/she continued to have the ability to self-propel a wheel chair with his/her feet. The Nurse Manager had noticed that staff were now placing foot rests on the resident's wheel chair which would prevent the ability to self-propel the wheel chair for the resident. Additionally, Resident #5 required more assistance with ADL performance. Continued interview with the Unit Nurse Manager on 03/26/15 at 9:50 a.m. revealed although Resident #5 had experienced a decline in the ability to ambulate a recommendation for referral to Physical Therapy (PT) had not been made. According to the Nurse the lack of a recommendation for a PT referral was due to the resident's resistance to PT in the past. A review of MDS assessments and the current plan of care revealed no evidence of the resident's resistance to services, to include PT. Interview was conducted on 03/24/15 at 3:15 p.m. with the unit Licensed Practical Nurse (LPN). The LPN stated when Resident #5 sustained a			VA FOLLOW UP	DATE
		fractured left humerus in April 2014 the resident had experienced a continuous decline in status. The LPN indicated the resident had been self -ambulatory prior to the fall, however, was now wheel chair bound. The resident also required total assistance from staff with ADL care.				THE STANFASTA
3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.	(M) Met		,			

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
101	residents receive proper treatment and assistive	(M) Met					
	devices to maintain vision and hearing abilities, the facility must, if necessary, assist the						
	resident:						
	In making appointments; and						
	2. By arranging for transportation to and						
1	from the office of a practitioner specializing in						
1	the treatment of vision or hearing impairment or						
1	the office of a professional specializing in the						
	provision of vision or hearing assistive devices.						

				STATE CORRECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
102	at Freedom Coros: Edeca cirmo	(P) Provisional Met	S/S - D	<insert cap="" details="" here=""></insert>	•		
	comprehensive assessment of a resident, the		Based on observation, interviews,				
	facility management must ensure that:		record review, and review of facility				
			policy it was determined the facility				
	A resident who enters the facility without		staff failed to provide continued	İ			
	pressure sores does not develop pressure sores		assessment and services for one (1)	i			
	unless the individual's clinical condition		of 33 sampled residents (Resident #9)				1
	demonstrates that they were unavoidable; and		with a facility acquired pressure area.		1 1		1
			Findings Included:				1
	A resident having pressure sores		Skin Care, Wound Prevention and				1
	receives necessary treatment and services to		Wound Management Policy (Review		1		1
	promote heating, prevent infection and prevent		Date February 27, 2013) includes:				1 1
	new sores from developing.		Nursing staff will maintain the present state of skin integrity in Grand				1 1
1	1		Rapids Home for Veterans Members		l i		
			through admission and continued		l i		
			assessments and will provide				1
			appropriate nursing interventions				
			based on continuous assessment				
			data.		1 1		
			Licensed nurses will document				
			wound status weekly and PRN with				1
			significant changes on the Wound and				i
			Skin Assessment.				
			Caregivers will do a visual/head		1		
			to toe skin assessment with weekly		1		
			bath and PRN. Caregivers will report		1		
			any unusual findings to charge				
			nurse/supervisor.				ł
			Off load area with premium				
			Posey boots; pillow, etc., that is				
			appropriate to member.				***
			Nutritional consult shall be				ĺ
			iniliated or indicated for nutritional				
			services.		i l		
			Resident #9 was admitted to the				
			facility on October 16, 2013 with	1			
			diagnoses of Chronic Renal Disease,				
	*		Type II Diabetes Mellitus, Thyroid Nodule, Chronic Venous Insufficiency,				
			Hypertension, Peripheral Vascular				
	•		Disease, Femoral Popliteal Bypass				
			and Benign Prostatic Hypertrophy.				
			According to the resident's Annual				
			Minimum Data Set (MDS) Assessment				
			dated January 20, 2015, Resident				
			#9's Brief Interview for Mental Status		[
			(BIMS) score was 12, indicating the				
1			resident's cognitive skills were				
			moderately impaired. Resident #9 was				
			coded as requiring extensive				
		1	assistance of one (1) person for				
ı		1	transfer, dressing, toilet use and				
i	1	I	Dog 101	1.445	1 1		4/04/2015

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	1	ı	personal hygiene and being at risk of	1		· · · · · · · · · · · · · · · · · · ·	1 1
- 1			developing pressure ulcers.				
-							·
- 1			Record review revealed the following:				
-			Nurses Progress Notes dated Name 2 2005 at 2200 note				
- 1			March 2, 2015 at 2300 note –				
1			Caregiver reported wound on members		1		
-			left lateral tower leg. Open blisters				
- 1			were observed. Space provided for	1			
1			Length, Width, Depth and Thickness				
1			were blank,				1
-			Wound and Skin Assessment See Additional Control of the C				}
- 1			Form, dated March 2, 2015, indicate				
- 1			wound Left Lower Extremity, Stage II.				
- 1			The Wound and Skin Assessment				
- 1			Form contained no further				1
1			documentation of the Left Lower		1		
- 1			Extremity Stage II Area.				
ł			• March 5, 2015 at 2:00 p.m.				
- 1	· ·		verbal order, written by Wound Care				
			Nurse and co-signed by physician,				1
			indicates :D/C Aqua-cel AG, 4x4 and				
			kerlix to left lower leg. To open area				
			left lower leg: xeroform, 4x4 and kerlx.				
			Nurses Progress Notes dated	1			
			March 5, 2015 at 2:00 p.m. document				
			- Treatment change to open area left	1			
			lower leg.				
			The February 26, 2015 Skin				1
			Issue Identification Sheet (Used by				1
			Caregivers for documentation of				
			weekly head to toe skin assessment)				1
			notes no skin concerns at this time.				
			The next documented Skin Issue				
			Identification Sheet was March 12,				
			2015 and documentation indicates no				
- 1			changes.				1
- 1			• March 13, 2015 at 2:25 p.m.				1
- 1		1	Dietary Progress Record does not				
- 1			include documentation of the Left				
- 1			Lower Extremity Stage II Area.				
			in an interview on March 26, 2015 at				
- [3:00 p.m., the Charge Nurse stated				1
-			Resident #9 continued to have an area				1 1
			on the Left Lower Extremity.				[
- 1			In an interview on March 26, 2015 at	1			
-			3:15 p.m., the Wound Care Nurse				
			stated pressure areas are assessed				
-			and measured every other week,	1	i		
			During review of Resident #9"s Wound		1]
ı			and Skin Assessment Form with the		1		1
1			Charge Nurse and Wound Care Nurse	1	1		
1			on March 26, 2015 at 3:15 p.m., both		1		
1			confirmed the March 2, 2015	1	1		
1	1	f	Page 100 a	1 { 1 1 E	, ,		1 419419045

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS		DATE	VA FOLLOW UP	DATE
		F	documentation did not include the	ACTION PLAN	1 1	.A. GEEGH OI	1 1
1		i	1	1	1		
			length and width. The Charge Nurse	1	·		
			and Wound Care Nurse also confirmed	1			
1	·		the Wound and Skin Assessment	1			
1			Form had no further documentation of	1			
			the Left Lower Extremity Stage II	*			
			area.				
- 1			March 27, 2015 at 0845 Resident #9				
-			was observed sitting on the side of the				
- 1			bed. Observation with the Charge		1 1		:
1			Nurse, noted a red moist open area				
- 1			midway down the back of Resident				
			#9's Left Lower Extremity.				
			Observation also noted the bed frame				
- 1			made contact with Resident #9's left				
- 1			lower extremity at the point of the				
-			Stage II area. Resident #9 stated at				
-			this time the area did not hurt and				
-			he/she was not sure how the area				·
-			started.				
- 1			In a discussion immediately following				
- 1			the observation, the Charge Nurse				
- 1			stated Resident #9 had not been				
- 1			evaluated for chair or bed positioning				
- 1			following development of the Left				
- 1			Lower Extremity Stage II area.				
- 1			On March 27, 2015 at 9:00 a.m., the				
- 1			Unit Coordinator confirmed there was				
- 1			not a documented caregiver skin				
]			assessment from February 26, 2015				
- 1			to March 12, 2015.				
1			During an interview on March 27, 2015				
			at 9:05 a.m., the Dietician stated				
			he/she was not aware Resident #9 had		1 1		
			a Stage II Area. He/she stated		1 1		•
			allhough there is a weekly Team	· ·			
			Meeting and a monthly Wound Report				
- 1			there was not a standard as to how	1			
- 1			he/she is informed when a resident	1			
- 1		1	develops a pressure area or what	1			
			stage pressure areas require a				<u> </u>
			nutritional assessment or intervention.				
			Interview with the LPN (Wound Care				
- 1			Nurse) on 03/26/15 at 1:00pm				1
- 1			revealed the wounds are assessed				
- 1			every two (2) weeks by her/him and		<u> </u>		
- 1			an assistant. The nurse's wound care				
- 1			training consisted of ten (10) years of				
- 1			hands on experience. Wound Care	***************************************			
- 1			certification was not obtained or	V]
[specific wound care training. The	-			1
- 1			assistant is not an assigned wound	week			
- 1			care nurse but a staff nurse who is				
- 1	I	ı	Page 102 a	\$ vf 1.45	1 1		4/24/2016

NO. STANDARD D	ESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			available at the time of rounds. The Wound Care Nurse reported skin issues are reported to her/him immediately when identified upon admission and anytime nursing staff discover new or existing wounds which show a change in skin integrity. The physician visually assesses a wound within 48 hours of a new admission. Wound measurements were once made weekly but are now made every other Tuesday. Treatments and supplies are ordered by the wound care nurse with physician approval. The physician decides on whether to culture the wound or not and the nurse monitors for any changes. Interview with the Infection Control/Wound Care Nurse on 03/27/15 at 10:30am revealed the Infection Control and Wound Care programs were going to be combined and that she/he would be in charge of developing a program that would follow protocols to ensure wound care and infection control worked together for better care and services for all residents. She/he revealed currently there is not a system to follow up with identified wounds and the program is needed. In addition, the facility is large and extra staff would certainly be beneficial in having a system that followed protocols related to wound care treatments. She/He commented more training was needed in order to keep current with the latest techniques in wound care.				
on the resident's the facility mana; 1. A resident an indwelling cat the resident's clii that calheterizati 2. A resident receives appropr prevent urinary to	Id Fecal Incontinence. Based comprehensive assessment, gement must ensure that: who enters the facility without heter is not catheterized unless nical condition demonstrates on was necessary; and who is incontinent of urine late treatment and services to eact infections and to restore as dder function as possible.	(M) Met					

Page 104 of 145 4/24/2015

STATE FINAL **PROPOSED** RATING/ STATE CORRECTIVE COMPLETION NO. STANDARD DESCRIPTION RATING **EXPLANATORY STATEMENTS** DATE DATE VA FOLLOW UP **ACTION PLAN** 104 3. A resident who has persistent fecal (M) Met incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible. (M) Met Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 2. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion.

			•	•	PROPOSED		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION	VA FOLLOW UP	DATE
				ACTION PLAN	DATE	VA FOLLOW UP	- JAIL
106	g. Mental and Psychosocial functioning.	(P) Provisional Met	S/S = D	<insert cap="" details="" here=""></insert>			
- 1	Based on the comprehensive assessment of a		Based on observation, interview,				
	resident, the facility management must ensure		record review, and review of facility				1 1
	that a resident, who displays mental or		policy it was determined that one (1)	•			1
	psychosocial adjustment difficulty, receives		of 33 sampled residents, Resident #				
	appropriate treatment and service		15, did not have his behaviors				
			managed effectively. He did not receive a referral to mental health				
			services for his behavior problems.				
			Findings Included:				
			Resident #15 was admitted to the				1
			facility's Dementia Unit on 01/14/15				
			with diagnoses of Vascular Dementia,				
			Status Post Heart Transplant, End				
			Stage Renal Disease, Hypertension,				
- 1			Gastro-esophageal Reflux Disease,		l l		
			Other Fracture (Rib Fracture) and		i l		
			Vitamin B Deficiency per the				
			Admission MDS completed on		i l		
			01/26/2015. A Brief Interview for	· ·	,]
			Mental Status (BIMS) was completed		į l		
			that identified the resident's cognitive				
			status to be scored at 8, on a scale of				
			1-15, reflecting moderate impairment,				
		•	(scale range 8-12). The Resident				
		•	Mood Interview Identified a total	,			
			severity score of 20 on a scale between 0 and 27 indicating severe				
			depression. Symptoms present				
			included feeling down, depressed or				1
			hopeless, trouble falling or staying				
			asleep, or sleeping too much, feeling				
			tired or having little energy, poor				
			appetite or over eating, feeling bad				
			about yourself- or that you are a				
			failure or have let yourself or family				
			down, moving or speaking so slowly				
			that other people could have noticed.				
			Or, the opposite, being so fidgety or				
			restless that you have been moving				
			around a lot more than usual nearly		1 1		
- 1			every day, thoughts that you would be				
			better off dead, or of hurting yourself				
- [in some way with a frequency of half				
	1		or more of the days assessed. The				
			MDS assessment identified resident				
			#15 had physical and verbal behavioral symptoms directed toward				į
	***		others occurring 1 to 3 days. The				ļ l
	*******		impact on others reflected the				1
			identified symptoms put others at				1
			significant risk for physical injury,				1
			significantly intruded on the privacy or				
		j	1	l	1 1	•	

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı		1	activity of others and significantly	I	1		
- 1			disrupted care or the living				
			environment. Further behavior was				1
			the presence of rejection of care				1
1			occurring 1 to 3 days. Wandering				1
- 1			behavior was scored at 0 or not				
1			exhibited. The interview for daily				1
			preferences identified it was very				1
1			important for this resident to choose				
1			what clothes to wear, take care of his				
	•		personal belongings or things, choose				
			his own bedtime, have his family or a				
			close friend involved in discussions				
			about his care and to have a place to				
l			lock his things to keep them safe.				
			Activity preferences identified it was				
ı			very important to have books,				
			newspapers and magazines to read, to				
			keep up with the news, to do things				
1			with groups of people, to do his				
- 1			favorite activities, and to go outside to				
- 1			get fresh air when the weather was				
			a -	'			
ĺ			good. The MDS assessment identified resident # 15's functional status as		1		
- 1			•				
- 1			independent with activities of daily				
1			living with supervision of one person				
- 1			with locomotion off the unit and		1		
1			oversight with eating and personal				
j			hygiene. A fall with a fracture was				
ı			coded prior to admission. A fall				
- 1			assessment, completed on 1/14/15		1		
			identified a history of falls, was		1		
- 1			oriented sometimes, had a steady gait				
- 1			and never had agitated behavior in the	\$	1		
1			past 90 days, or since admission.		1		
			Review of the Interdisciplinary		1 1		
- 1			Progress Record reflects resident #15		1		
1			was admitted to the Dementia unit 1		1		1
1			Blue at 9:30 AM on 1/14/15		1		
			unaccompanied by family via transfer		1		1
			from an acute care facility. An entry		1		
			time of 2130 states, out with daughter		1		
			for supper and went to the store.				
			Returned at 6:46 PM. At 7 PM a CNA		1		
			heard resident yelling for help related				
			to another resident who wandered into				
			his room. Told the wandering member				
			he "will kick his a-ss", CNA removed		1		
			the other resident and a stop mesh]		1
			gait was applied to his room. An entry				
			for 1/15/15 states the resident told				
			staff that someone stole his pants and]
			if he found out who stole them or if he				
ı	1	l		1	I,		1/04/0045
			Page 107 o	13/15			4/24/2015

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
	1	1	saw them on someone he would take				
			them from him. He was angry and				
			confused and looking for his clothes.				
			A note of 1/16/15 states he was out				
			with his daughter at 2 PM and came				
	•		back at 5:30 PM and told staff he				
			would rather be hometess than living				
			here. He said the VA is going to be investigated because they are taking				
			\$7,000 a month from these guys. On		İ		
			1/17/15 an entry at 8:10 AM states				
			"this member is stating that he		}		
			"popped" another member in the face				
			twice. He was in my room by my				
-			bed, messing with my stuff".				•
-			Resident had stated this to other				
			caregivers as well. He was up at the				
			desk requesting to speak with his				
	4		daughter and left a phone message for				
			her to "come and get me, I don't				
			belong here". At 11:00 AM was moved				
			to another Dementia Unit, 1 Red. At				
-	1		6:00 PM came out of the dining room				
1	1		upset saying he "can't eat that				
			garbage". Walked down to his room angry. Offered a sandwich and an				
1			allemative meal, which he refused,				
			saying "I'm never going to eat here				
			again". "It's no wonder you are under			}	
			investigation when all you feed people			}	
			is garbage". Up to the desk and talked				
			with daughter on the phone, saying				
			"i'm going to have a breakdown". "I				
			thought it would be OK when they				
			moved me to a different room until the				
			food came". He called his brother	ł			1
			saying he was going to have a				1
			breakdown and "so is Sam" (his	ļ			
			daughter). "We need some help". On				1
			1/18/15 an entry documents 9 bottles	İ			
-			of medication were removed from his room. 1/20/15 an entry reflects he				1
1			told staff he does not have dementia				
I		1	and his daughter thinks she is the	i			
			guardian of him. 1/22/15 entry states,	·			ļ
1		}	another member approached this				j
			member. He became upset and raised				
			his fist. Members were separated.	·			1
			Interdisciplinary Progress Record	·			
	ALCOHOLD STATE OF THE STATE OF	1	dated 1/27/15 states Care Conference	 			
		1	held. We discussed, The resident is to	:			1
			be transferred to an open unit. He is				
			doing well with directions. Dr				
ı	1	1]	<u> </u>	J		4/94/9045

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
	1	1	Listenand Besident states has somet	ACTION PEAN	1	17(1 022011 2.	
			informed. Resident states he cannot				
			stay on a restricted unit for much	1			
			longer, "I need my freedom".				
			Message left for daughter, who is the				
			legal guardian. 1/29/15 note says,				
			resident moved to floor, 2 South.				
- 1			1/30/15 note states 3 South LPN				
			guides member back to 2 South. He				
			is walked back to unit by a 2 Red				
	<u> </u>		caregiver after he thought 2 Red was		l		
			his unit. Yesterday at 6 PM he went				
	İ		out the South hall door setting off that				
			alarm. He's found by security out				
	1		front after he thought "it's too cold" out		1		
			in front of facility. His facial		1		
			expression slightly blank like. Today		1		
			he states "I'm getting all screwed up				
1			now". No aggression noted yet.				
			2/2/15 complains about room- mate				
			masturbating and that he has to leave.				
			Told by RN per note that it would not				
			be a rational decision to leave. Room				
			change planned. He declined stating "I				
		į	don't want to change rooms and do all				
į			this moving around right now".	-			
			Reassured he does not have to move				
			rooms right now. It is suggested to				
- 1			him to "hang out and relax" for now	1			
			and perhaps he can see social worker				
			tomorrow and go over concerns.				1
	1		2/3/15 progress note says today he is				
			claiming somebody has been in his				
			stuff and his debit card and glasses				
			are gone, 2/10/15 note reflects; quick	1			
- 1			to anger, foul language and behaviors				1
			loward med nurse. 2/14/15 note				l l
			reflects in past few days has been				
			more confused on basic needs/ADL's.				
			Was found in another room using the				ŀ
- 1			sink to wash up. States "I really do	1		l	
			not know where I am at". 3/4/15				
- 1			states that he I going to leave and is				
			not productive and wants a job.	1			
İ	ľ		Explained staff would work on finding			l	
- 1		1	him some type of work. A note			l	
			dated 3/20/15 states resident in dining			l	
			room arguing with another resident				
		1	when different resident starts				
- 1		1	coughing, he starts yelling at the	1		l	
1		1	member saying he cannot be around		1		
1]	1	coughing since he's susceptible from			l	
			his heart issues. He is given rationale				
		1	for others rights by RN and stands up			l	
		,	for oliters rights by rxn and stands dp		1		
	•	•	Dog 100		•	•	A19A19045

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1		and starts yelling "Are you	1			
- 1			disrespecting me?!" and flips a chair				
- 1			over violently, then abruptly leaves.	•			
1	1		He then goes out on a trip with				
			activities at the last minute. 3/22/15				
			note states member suddenly starts				
			yelling verbally threatening toward				
			other members driving by in their				
			motorized chairs, accusing them of				
			· -				
			"racing around him and trying to bother him". Med nurse intervenes between		1		
l l	Į.		I .				
ı			member and another member. This				
			resident motions as though he'll get up				i l
			and be violent while stating "you can				
- 1			f-off!" He is overheard stating "I'll put	· ·			<u> </u>
			tacks under their tires and give them		l i		i l
			flats". Accuses another resident of				
			walking in on him during a shower and				[
			the RN documents the resident was	· ·			
			simply just sitting there watching TV.		1		
			RN documents, e-mail sent to 7-3 RN				
			and Coordinator re: discussion about				
			possible placement on MCY	1			
			(Courtyard, Secure unit) due to	1			
		ļ	continued threatening unprovoked				
			aggression toward staff and other				
- 1			members. 3/25/15 RN progress note				
			entered (after surveyor intervention):				
		1	Late note. This member was admitted		!		
- 1			in Jan 2015 and he has had				
- 1			documented behavior like aggression		<u> </u>		
	1		since he came to the facility and this				1
			behavior has followed him through his		[
			transfer to 2 South Unit.				
			The first Social Service note dated]		
			1/28/15 states, had care conference				1
			yesterday and he is a good candidate				
l			for an open unit. Admission packet				
ŀ	1		was sent in the mail to the daughter.]		
ı			■	1 ,	1		
1			Social services notes dated, 2/2, 2/3, 2/5, 3/4, 3/12, 3/16/, 3/20, 3/23 and		1		
- 1	1						
- 1			3/24/15 note his desire to leave and				
ı			attempts to arrange placement				
ı			elsewhere. A Social service note]		
- 1			dated 3/25/15 (after surveyor				
ı		1	intervention) states member continues				
- 1		1	to exhibit verbal aggressive behaviors.	1			
ı		1	Chart reviewed. Address his issues				
ı			with the doctor. He will be referred to				
-	1.	1	BCS (Behavior Care Services, a		[
	ľ		contract service) for an evaluation. At				
			this time there is a need for medical				-
1			intervention. Member is not				
1	1	F	Page 110 p	 	į l		<u>4/24/2</u> 015

						STATE		P141 5 1
						PROPOSED		FINAL
_					STATE CORRECTIVE	COMPLETION		RATING/
, N	О.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1			1	therapeutically engaging due to feeling	1	1 1		1
			1	he has no problems. It is documented				
			İ	that he became physically and	·			
			ľ	verbally aggressive this weekend.				Ì
				Care plan reviewed. Will have to				
		2 m		modify accordingly. 3/26/15 note				
				message left for guardian/daughter to				
				please contact the staff for verbal		i		1
				approval for psychiatric services due		1		
	1			to behavioral problems. Will monitor.				1
- 1				CAA Notes dated 1/20/15 notes; 2,		1		
- 1	ĺ			Cognitive Loss/Dementia. The	•			
- 1				member is high functioning and it will				
ı	ı			be discussed if he could be	·			1
				transitioned to a less secure unit. The				1
				care plan will address monitoring for				
				change in cognition. 7. Psychosocial				
				Well-Being. Member struck his				
			1	roommate on 1 Blue and that				1
				necessitated his transfer to 1 Red and				1
				so far there have been no serious				1
	- 1			problems. It is hoped that he can		1		
				successively transition to an open		1		1
				unit. Care planning will address that.				
- 1				CAA 8. Mood State. He is in the	_			1
-				severely depressed range. He has				
-	ŀ			had previous psychiatric trealment.				
				He is not on any psychotropic or				
				antidepressant medications. He				
				mentioned some feelings of wanting to				1
				die, but did not voice a suicide plan.				
				He has a roommate who is loud, but it				
				is not too overbearing. This social		1 1		1
				worker will be discussing a referral to				
				BCS to evaluate him for depression.				
				CAA 9. Behavioral Symptoms note	į.			
				the member has had some behavioral				
				issues, which are showing	1			
	- 1		1	improvement. Behavioral monitoring	1			
	1			is being done and there will be	1			
	ı			discussion with the member's	1			
	ı			daughter/guardian regarding a BCS	1]
	ı			referral.	1			1
J	- 1			A Care Plan dated 2/2/15 lists a				
- 1	ı			problem with an onset date of 1/30/15				1
- 1				and states he was originally admitted				1
				to the dementia unit. He has some				1
ı			1	difficulties with his transition that has	1			1
1				•	1			
				resulted in some impulse control				
ŀ				behaviors. Due to his higher level of				
				cognition, he has been moved to a				
- [skilled unit. Goal: will adjust to the				
- 1				nursing home environment. Approach:]
٠,	•		•	Poge 111 of	F 145	t 1		1 4/04/0016

					PROPOSED		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	DATE
1	l .	Ì	begin date 1/30/15. #1, Social worker		I I	•	
			to provide 1:1 time as needed. #2,				
			Contact with guardian as needed. #3,				
			Staff to encourage daily routine. Allow				
			member to make decisions about his				
			routine. #4, Social worker to monitor				
			for changes with mood, behavior and				
			cognition. Staff should inform her of				
			any changes/concerns and do				
- 1		· ·	appropriate behavior documentation.				
- 1]	#5 the member has not been referred				
- 1			to BCS yet due to his several changes			•	
- 1			with units. The unit social worker will				
- 1			refer if depressive and behavioral				1
1			issues persist and if he is not				1
			responding to other treatment options.				
1			#6 Allow member to reminisce. He				
			enjoys interactions with others. #7				
I		1	give the member praise and	1			1
1			affirmation. #8 encourage the	1			
-			member to discuss feelings, thoughts				
1			and concerns. Keep the social worker				
1			informed of serious issues to enable]
- 1			her to address them in an appropriate				
1			and timely manner. Handwritten entry				
- 1			dated 3/22: #9 during aggression				
- 1			remove from others to a quiet place and have member sit down, then staff				
- 1			can sit and have a Q & A period with		1		
- 1			rationale for consequences provided to				
- 1			suit member's ability to process				
- 1			Information. Handwritten entry dated				
- 1	1		3/24 BCS consult order, refer to				
- 1			disability advocates for other				
- 1			community placement, provide				
- 1			reassurance as to reduce his verbal				
- 1			aggression. Allow as much				
- 1			independence in ADL's as possible.				
- 1			A Care Conference Form dated				
ł		1	1/27/15 listed the attendance of 2	1]		
ı			Social Workers, an RN, RD, Activity				1
			Aide and MDS Nurse. The list of 4				
			issues identified at the care				
1	·		conference was blank. The plan to				
1		1	address issues was also blank.	1			
1	2	1	A monthly summary, MDS	1			
		1	assessment dated 1/27/15, Area	1	j		
		1	cognition: short term and long term		1		
		1	memory problems Okay. Decisions	1]		
			consistent/reasonable and decisions] .		
			poor/requires supervision. No				
		1	behaviors present. MDS Assessment				
			Area E. Mood and Behavior: None.	1			
•	1		Done 140 o				4/2/4/2016

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
ı	1	1	Problem: #1 Self-care deficit related	1			
1	1		to cognitive impairment. Goal:		į l		
1			participate in self-care activities. Goal				
			met. Member is up daily and dressed		1		
			nicely. Will converse with other				
1			members and staff. #2 High risk for				
-			falls related to poor safety awareness		'		1
1			secondary to cognitive deficit. (Fall		<u> </u>		l I
1			• • • •				1
ı		1	risk assessment was 8 denoting low risk.) #3 involuntary weight gain				
- 1			1				
-			related to presence of edema.				
ı		İ	The second monthly MDS assessment				
1		i	summary dated 2/12/15 noted no				
Ì			behaviors present and under MDS				
			Code E: Mood and Behavior:				
			Delusions, has odd ideas about this				
-		,	place, physical and verbal behavioral				
- [i	symptoms directed toward others. CP				
1			#2 Depression related to need for		1		
-			placement, #4 shows little if any		I [
1			interest in activities.		l i		
			The third monthly MDS assessment				
1			summary dated 3/14/15 noted				
1			difficulty making decisions, and was				
l			otherwise the same as the previous				
1	THE STATE OF THE S		summary.				
1			No Behavior Monitoring Forms were in				r I
			the medical record nor could they be				
			produced upon request.				
			After surveyor intervention a behavior				
			monitoring sheet dated 3/25/15 was				
			presented. Under Where did this				
1			occur? Jan. Time of event: All shifts.				
			Incomptete.				
			A Care plan dated 3/25/15 was		ł I		
		-	developed after surveyor intervention]		
			with onset date 3/25/15 vascular				
		j	dementia with behavior disturbance.				·
			Goal: resident will learn to control his				
1			behaviors. Approach: same				
1		:	interventions with addition of refer to] []
			BCS if necessary for possible				
1			medication Intervention. If medication				
-	•		is provided, monitor for effectiveness				
1			and side effects.				
- 1			Physician orders dated 3/25/15 (after				
1			surveyor intervention) reflect order				
- 1			entered by Physician for BCS referral	[
- 1	-		re: Dementia and Aggression.	Í			
-		1	Observations were completed 3/24/15	İ			
- 1			on the 2 South Unit where this resident				
- 1			repeatedly approached the nursing				
- 1			station in an agitated/aggressive state,				
1			1				
			D 440				AMAMOAE

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	1	1	wanting to leave the facility and]	1 1		
			insisting his daughter be called. His				
			I		1		
1			daughter was called from the desk and				
			the resident spoke with her after the		1		
- [social worker gave him the phone.				
- 1			The social worker stated that would				
- 1			calm him down, however, after				
- 1			hanging up he continued to pace back		1		
ı			and forth and loudly proclaiming his				
	•		displeasure. The RN Coordinator				
1			informed the Social Worker of his				
			behaviors to date and she said she did				
1	·		not know he had any of these				
			behaviors, but, had been working on				
			finding him placement in the	1			
			community. The consent for the BSC				
			evaluation and treatment was not				
			obtained, but a message was left for				1
		1	the daughter to contact the facility.				
			Interviews with the RN Unit	1			
			Coordinator, Unit Social Worker and				
			Director of Social Work on 3/24/15				
			reflected that BCS consents for				1
			evaluation and treatment are obtained		1		
			on admission to the Dementia Unit				
	İ		with the consent for treatment and				
			other admission paperwork. The				
			Director of Social Work stated "we				
			dropped the ball here; it should have		i		
			been obtained in the Dementia Unit				
			and a referral made for evaluation and				
]	treatment." The Unit Social Worker				
		1	stated "I didn't know he hit someone				
			downstairs", "Nobody told me".				
			Interview with this resident on 3/24/15			•	
- 1			was attempted and he replied in an				
- 1			agitated manner "I don't know what is		1		
- 1			going on here".				
			Another resident, in a wheelchair, on 2				
			South, approached myself on 3/24/15				
			and whispered, "he is a TM". When				
İ			asked what TM stood for he replied				
			"Trouble Maker", then said, "he				
			(identified resident # 15) picked up a				
			chair and threw it at another resident in				
			the dining room this weekend because		1		
	1		he was coughing and yelled at him to				
			stop coughing". "The nurse told him		1		1
			not to do that but he doesn't listen".				
		1	"No, it didn't hit him".				
		1	Interview with the DON on 3/25/15		1		
			revealed she was not familiar with this				
-			resident. Upon record review, the				
1	i	1	Page 114 o	1 f 145	1		4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	I		DON stated "he should not have been		[
			moved from the Dementia Unit", "He				1
			needed to be assessed by BCS		[
			(Behavioral Care Services) for				
			evaluation and treatment when he was]
			admitted to the unit with behaviors".				
			"The physician and daughter needed to				
			be notified and consent obtained for	<u>'</u>			
-			BCS*. *There were plenty of				
			opportunities for the consent to be	ľ			
- 1			obtained from the daughter (legal	f			
- 1			guardian) and we still do not have the				
1			consent". "I am going to be reviewing				
1			this chart with the staff because this				
			is a good example that shows these		1		
			resident assessments and care plans				
			are not accurate". "The care plans are				
			both not developed and complete".				
- 1			"The care plan was not followed and we				
		1.	need re-education here". "No, this				
			does not meet the professional				
		,	standards of quality". "Mrdid not				
			receive appropriate treatment and				
		}	services for his mental and		1	•	
			psychosocial adjustment difficulty".		l i		
			"We need to do better".		1		
			Review of Interdisciplinary Team		1		
			progress notes and social service		1		
			notes associated with the admission		1		
			assessment revealed the significant		1		
			behaviors were not noted and changes		1	•	
			to the care plan specific to the		1		
		İ	resident's current status were not		1		
			planned,		1		
			A review of the facility's Behavior		1		
			Management: Managing Untoward				
			Behavior of a Member policy,				
			(effective 10/30/14) revealed the				
			purpose of the policy was to ensure				
			the members displaying undesirable			1	
			behaviors are managed effectively.				
- 1			When a behavior is observed, the		1		
			caregiver or nurse will start a				
1			Behavioral Monitoring/Intervention				
- 1			Flow Record (Behavior Sheet) and				
1			start a new one each time for each				
- 1			behavior. At weekly interdisciplinary				
			team meetings, member behavioral				
			issues will be discussed and plans will				
			be created and or reviewed to deal with				
1			behavioral issues. Behavioral plans will be placed in the member's care				
			<u> </u>				
			plan and specific interventions on the				
•	•	•	Page 115 of	145			4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
N	IO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
			caregiver flow sheet. The team will inform the physician and document in member's chart if behaviors are not responding to the member's behavioral plan. The physician will make recommendations regarding the behavloral plan and/or consider the use of medications to work in conjunction with the behavior plan. Any member having behavior problems will be referred to Behavioral Care Solutions (BCS). The facility failed to manage the resident's undesirable behaviors effectively. Behavioral Monitoring/Intervention Flow Record (Behavior Sheet) was not initiated. There was no documentation of weekly interdisciplinary team meetings to reflect the discussion of behavioral issues, nor were plans created to deal with behavioral issues. No documentation was present regarding notification of the physician of the behaviors exhibited. The physician notes/orders did not reflect recommendations regarding the behaviors or the consideration of the use of medications. The resident was not referred to Behavioral Care Solutions. The surveyor intervened and a physician order dated 3/25/15 was written. The facility failed to obtain consent from the legal guardian on 3/25/15, although the social worker had communication with the daughter who was the legal guardian.	AG HON PLAN	DAIE	VA FOLLOW UF	
							· · · · · · · · · · · · · · · · · · ·

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
THE THE PROPERTY OF THE PROPER	h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that: 2. A resident who is fed by enteral feedings receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers and other skin breakdowns, and to restore, if possible, normal eating skills. 1. A resident who has been able to adequately eat or take fluids alone or with assistance is not fed by enteral feedings unless the resident's clinical condition demonstrates that use of enteral feedings were unavoidable;	(M) Met				·	
	and						

				STATE CORRECTIVE	STATE PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
108	in the labelle in the	(N) Not Met	S/S = G	<insert cap="" details="" here=""></insert>			
	must ensure that:		Based on observation, interview,				
1		İ	record review, and review of facility				†
	The resident environment remains as free		policy it was determined three (3) of				
	of accident hazards as is possible; and	ł	33 sampled residents (Resident #5,		1		
1	I		#19 and #33) did not receive adequate				
	Each resident receives adequate		supervision to prevent accidents.				
	supervision and assistance devices to prevent		Resident #5 required one-on-one				
	accidents.		supervision due to wandering into other				
1			resident's rooms and facing the				
1]		potential of being injured. Staff				
1			assigned to provide the resident were				
			not trained regarding the resident's				
1			supervision level. The staff person assigned to provide supervision for				
1		1	Resident #5 on 04/20/14 was not				
1			trained and allowed the resident to				
1			wander into another resident to				
1			The staff person called for assistance				
1			and a second staff person entered the				
1			room and hurried the resident toward				
1		1	the doorway. Resident #5 fell and		1 1		
1			sustained a fractured left humerus.		·		
1		İ	2. HS (Nursing) Supervisor did not				
1	,		make sure, after coming into the unit,				i
1			that the door was secured. Resident				
			#19 was able to stop/prevent door				
			from closing and propelled self off the				
.			secured unit.				
ı			A member of the housekeeping		- 1		
			staff at the facility opened the unit				
			door for Resident #33, letting the				
			resident leave thinking the resident	· ·			
1			was a visitor.				
1			This standard is cited at actual harm				
			level.				
1			The Findings Included:				
1			Review of the facility policy for				
			one-on-one observation (effective				
1	İ		09/22/14) revealed the purpose was to				
1			provide guldelines for staff assigned		1		
1			to provide one-on-one observation to				
1			members who may be at risk for injury	1			[]
1			to themselves or others. The policy specified that the Charge Nurse would				
1			give instructions to the person		1		
1			selected to complete the one-on-one				
1			assignment at the beginning of their				[
1			designated time for observation,		1		
1			including why the resident has a				[]
1			one-on-one observation order and what		1		
1			specific behaviors to be attentive to.		1		
1			Resident #5 was admilted to the	1			
i		l .	l	l .	1 1		. I

					STATE		
					PROPOSED		FINAL
			•	STATE CORRECTIVE	COMPLETION	·	RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	I	I	facility on 05/20/04 with diagnoses to		[]	•	1
			include Dementia, Alcoholic Brain				
		1	Disorder, Psycholic Disorder, and		1 1		
			Hypertension, A significant change				
			minimum data set (MDS) was		1 1		
			conducted on 05/07/14. The resident			•	
-			was identified to be severely impaired		1		
1			in cognition. The assessment		1 1		
1			indicated the resident experienced two		1		
1			(2) falls during the assessment period,	İ			
			sustaining major injury during one (1)	1	1		
			of the falls. The assessment	•	.		
	1		identified Resident #5 to have	*	1		
			exhibited verbal and other behavioral	36	1		
			symptoms directed toward others	**	1		
			during the assessment period. The		1		
			behavioral symptoms were identified				
			as putting the resident and other	1	1		
			residents at risk for physical harm. A	·			
			review of the care plan revealed the		1		
			intervention of one-on-one supervision				
ļ			was planned to address the resident's				
-		1	behavioral symptoms.		•		
- 1	1		Review of the medical record revealed		1		
1			a physician's order, dated 03/10/14 to		1		
			initiate one-on-one supervision for		1 1		
			safety related to the resident's		1 1		
- 1			intrusive behaviors. Review of a	ļ			
			physician's progress note, dated				
			03/13/14 revealed a psychological	į			
			consultation was obtained because of				
			a recent flare in the resident's				
			intrusive, objectionable behaviors that				
		ŀ	resulted in a violent response from at				
		:	least two (2) different residents on the				
	· ·		unit. The physician documented the		i		
l			use of medication to over sedation				
			was not ideal and the only reasonable		1		
1			solution would be a "near" one-to-one				
1			monitoring.				
			Review of the medical record revealed				
ĺ			an incident report dated 04/20/14 at	'	1 1		
			6:25 p.m. described a witnessed fall		1 1		
			sustained by Resident #5. The report		1 1		
			included a supervisory analysis				
			documented by the Unit Charge	1			1 1
			Nurse. According to the report the	1			
			resident was in the wrong room in	1			
-			another resident's bed. The staff				
			person assigned to provide one-on-one	1	1 1		
			supervision was not familiar with	1	• [
	1		Resident #5 and put the call light on to	ł			
İ			call for assistance. A second care	1			
ł	I	i	Bago 140	1 0 of 145			4/24/2015

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NC). STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	I	1	giver entered the room and the	1	1 1		
		1	resident resisted getting out of the				
			bed. The second care giver pulled the				
			resident out of the bed. According to				
			the staff person assigned to provide				
			one-on-one supervision, the resident				
			was walking out of the room and the				
			second care giver kept pushing the		1		
			resident on the back which caused the				
			resident to fall on his/her left elbow.				
			The resident's eibow became swollen		1 1		
			and ice was applied. The nurse				
			assessed the resident's left elbow and				
			the resident screamed in pain when the	1			
			nurse touched the arm, from the wrist				
			to the elbow. The physician was called				
			and the resident was transferred to the				
			hospital. The second care giver				
			documented on the incident report that				
			he/she was called to the room to				
			remove Resident #5. The resident				
			was resisting and the second care				
			giver pulled to get the resident going.				
			The resident then tripped on his/her				
-			feet and fell.				
- 1			Review of a physician's progress				
- 1			note, dated 04/21/14 revealed the				
- 1			physician documented that Resident				
			#5 had experienced a fall the previous	4			
			evening when exiting another	-			
			resident's room. The physician noted				
			the resident had a habit of wandering				
			into rooms not assigned to him/her				
			(Resident #5), invading other	1			
			resident's spaces and frequently	-			
		1	needed to be redirected. The progress				
			note stated apparently the resident	1			
			was on one-on-one nursing observation				
			because of this behavior. The				
		1	physician documented the resident fell				
		1	to the floor on his/her left side				
		1	resulting in a new onset of distal left		1		
		1	humerus fracture.		[[
			An interview was conducted with the				
		1	Director of Nursing (DON) on 03/25/15				
		1	at 5:05 p.m. The DON stated an				
1		1	investigation into the incident involving				
		1	Resident #5's fall on 04/20/14 with a				
		1	sustained left humerus fracture was				
		1	investigated. According to the DON a			,	
		1	video from the hallway showed the				
		1	resident falling from inside the room	1			
			and into the hallway. The video	1			
ı	1	Į.	Page 120 c	 	1		
			Page 120 d	ts 144:3			TOTAL COLD

					STATE		EINAL
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO. ST	ANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1		1	supports that the resident was not	[1		
1 1			pushed by staff and an allegation of				
1 1			abuse could not be substantiated. The				
			DON stated the LPN assigned to				
			provide Resident #5 with one-on-one				l i
1 1]	supervision had been employed for				
		1	only a couple of days prior to the				
		ł	incident and was not comfortable with				
			the assignment of providing				
			one-on-one supervision for Resident		l		1
			#5. The LPN reported later being				
			afraid of being hit by the resident and				
			so would follow the resident at a				
			distance. The DON stated the LPN				
			thought the resident was being closely	<u> </u>			1
			supervised due to a history of				1
			aggressive behaviors and did not				
			realize the assignment was to keep				
			Resident #5 from wandering into other				
1 1			resident's personal space. The DON				
1 1			stated when staff arrive on the unit to				
1			provide one-on-one supervision they				
			(staff) should be told why the service				
			is being provided. The DON stated				
			the LPN assigned to provide				
			one-on-one supervision at the time of				
1 1			the incident had resigned from the				
1 1			facility a few weeks later.				
1 1			Interview was conducted with the Unit				
			Nurse Coordinator on 03/25/15 at				
			10:00 a.m. The Coordinator stated				
			Resident #5 had a physician's order				
			for one-on-one supervision due to a	1			
			history of incidents where the resident				
			wandered into other resident rooms				
			and being assaulted by the other				
			residents. The Coordinator indicated				
			Resident #5 would resist care at times,				
			however, was never combative or	\$1			
			aggressive. The Coordinator stated a				
		1	"cheat sheet" was kept at the nurses"				
			station that described the one-on-one				1
			care givers duties. Staff assigned to				1
			provide supervision for Resident #5				1
			were supposed to review the form. A				
			review of the "cheat sheet" revealed				
			daily care and services and activities				
			to be provided was identified.				
			However, the form did not provide				
	4		staff with directives related to why the				
			resident was receiving one-on-one				
			supervision and what staff should do				
			to intervene when behavioral				
1 1		ļ	<u> </u>	l			

					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1	I	ī	symptoms were exhibited.	ACTION FLAN	1 2		1
			1				
			Interview was conducted on 03/24/15				
			at 9:50 a.m. with a Certified Nurse				
			Aide (CNA). The CNA was preparing		1		<u> </u>
			to provide Resident #5 with one-on-one		1		
- 1			supervision during a group activity.				
- 1			The CNA stated he/she was not sure]
- 1		•	why the resident was receiving		1 . 1		l I
ı			one-on-one supervision.		1		
			Interview was conducted on 03/26/15				
-			at 9;10 a.m. with a CNA who was				
- 1			assigned to one-on-one duties with		1		
-			Resident #5 that day. The resident		1		
-	†		was seated in a wheel chair and the				
j	t		CNA was seated beside the resident		1 1		
1			while in the resident's room. The CNA				
			stated he/she had been assigned to				
	•		provide the level of supervision to the				
- 1			resident on several occasions. The				
			CNA stated however he/she had no				
			idea why the increased supervision				
			level was being provided for Resident				l .
			#5.				l
			2. Absent Member/Nursing Units				
			Policy, dated December 14, 2014,				
			Policy Statement notes - When a				
			member appears to be absent without				
		İ	leave, nursing and safety staff will				
			implement a defined procedure to		[]		
			locate the member.		1]
			Resident #19 was admitted to the		1		1
			facility on January 15, 2009 with		1		
			diagnoses including Anoxic		1		
			Encephalopathy, Aggressive	•	1		
			Behaviors, Agitation, Post Cardiac		1]
			Arrest, Spastic Ataxia, Agitation,		1		•
			Impulse Control and History of				
			Frequent Falls, According to the		1		
			resident's Annual Minimum Data Set				l i
			(MDS) Assessment dated January 13,	\			
			2015 Resident #19 cognitive skills				
			were severely impaired. Resident #19				
			required limited assistance of one (1)		1		
			person for walking in room and in				
			corridor and limited assistance of one				
ļ			(1) for locomotion on unit and				
			extensive assistance of one (1)				
			person for locemotion off unit. The				
			resident was not coded for behavior]
1		1	symptoms, rejection of care or				
-		1	wandering.		1		
1]	wantering.				
- 1			Review of Resident #19's medical				[
-			Neview of Resident #15 5 Induced				
•	•	•	Page 192 c	f 145	•		A/2A/2015

				STATE		FINAL
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	1	record on March 25, 2015 at 2:50 p.m.	1	l		1 1
		noted the following:		1 1		
		February 2, 2015 8:00 p.m.				
		Nurses Progress Record indicate –				
		Member anxious, increased ambulation				
		in halls getting out of w/c, going up &		}		
		down halls, states he is going out		1 1		
		those doors & get his car. Staff told				
		member that the weather/roads are				
		bad & he can stay here tonight. Redirected to DR to HS snack, Will		l l		
		continue to observe.	ļ.	1 1		
			!			
		Nurses Progress Record dated Progress Record dated	ŀ			
		February 8, 2015 at 2:45 p.m. note	•			
		This nurse was alerted via phone by a	İ			
		Rankin Three (3) member that this	ļ			
		member as off the unit unattended.				
		Member was escorted back to the unit				
		unharmed				
		Supervisory Analysis Section of				
		February 8, 2015 Incident Report -				
		Member indicates HS (Nursing)				
		Supervisor did not make sure after				
		coming into the unit that the door was				
		secured, Member was able to				
		stop/prevent door from closing and				
		propelled self off the secured unit.				
		Safety ran report of back up video to				
	İ	reveal HS Supervisor did not secure				
		door multiple times on/off unit on the				
		video,		1		
		During an interview on March 26, 2015				
		at 1100, the Director of Nurses stated				
		although he/she had not reviewed the				
		video, the Assistant Director of				
		Nursing had reviewed the video and				
		confirmed the HS Supervisor had not				
		secured the unit door.				
		Review of the February 8, 2015				
·	- 1	Incident Report – Member indicates				
	1	Analysis completed on February 10,				
·		2015; Review completed on February		i		
		28, 2015; Nursing Service/Department				
		Head signature on March 5, 2015 and				
		Administrator signature on March 10,				
		2015.				
		In an interview on March 27, 2015 at				
!		9:45 a.m., Licensed Staff stated	1			
		interventions were not implemented				
		following Resident #19's February 2,				
1		2015 comment of going out those	1			
		doors and gelling his/her car and on	1			
	ł	February 8, 2015 unit staff was not	1			
	[1			1
		Dogo 122	- S A A E			4/94/901E

					STATE		
					PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
- 1	9		aware Resident #19 had left the unit	1	I		1 1
			so defined procedure for Absent				1
-			Member was not implemented.				
l			Observation with Licensed Staff on				
-			March 27, 2015 at 12:00 p.m. noted				1
ı			Resident #19 being pushed in a wheel		•		
- 1			chair to the Dining Room for lunch.				
- 1			Resident #19 proceeded to eat lunch	1			
- 1		1	with built up utensils, Licensed Staff				
- 1			stated at this time, Resident #19 is	1			
1			more independent at times and] [
-			frequently is able to self propel his/her				1
1			wheel chair.				1
			3. Review of the clinical record for				
			Resident #33, 69 years old revealed				
			the resident to have diagnoses that				
			include: Alzheimer's, Benign Prostatic				
			Hyperplasia (BPH), Hepatitis, History				
			of Pylori, Psychosis. Resident #33				
			has moderate to severe cognition	Ì			
- 1			impairment but is physically capable				1
			to maneuver/ambulate without assist			8	
1			or devices throughout the unit.		l · l		
			Resident #33 has exit-seeking				
			behaviors and will stand and wait by				
			doors and leave the unit when the	1	l]
			opportunity arises.				
			Observation of Resident #33 on		l i		
1			3/25/15 at 9:30am revealed the				1
			resident walking up to the nurse desk				
1			asking the whereabouts of a staff		1		
1			nurse while drinking a soft drink.				
i			Resident #33 appeared to be an				
			employee of the facility white				1
			maneuvering on the unit.				
			Review of the incident report dated				
	ř		12/11/14 revealed Resident #33 was				
			let off the unit by a new housekeeper				! !
			(HK) after the resident had asked the				
			HK to open the door. The HK thought				
			the resident was a visitor so she/he				
-		1	opened the locked door to let the				[
		1	resident out. The report stated that				[
			Resident #33 asked the HK to open			•	
	· ·		the door and the HK did. Later,				
		1	Resident #33 was found sitting on a				
		1	bus in front of the main lobby of the]		
		1	facility. Resident #33 was taken back				
			to the locked unit after he/she was				
			found.		[
		1	Interview with the Nurse Supervisor on				
			03/25/15 revealed HK employees are				
1			contracted with the facility and are			·	
1	•	•	D 404	1	i I		I I

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
Marketelleringen			trained on policies and procedures of the facility. The facility reported to the contracted agency the incident of the elopement and the agency stated the employee was new and needed to be retrained not to open any locked entry doors while on the unit. Interview with the contracted agency on 03/25/15 presented this surveyor with a document stating the HK employee involved with the elopement was retrained and not allowed to work on the secured units. Training needs to include all employees, agency included at the facility to ensure adequate supervision for all residents.				
109	comprehensive assessment, the facility management must ensure that a resident: 1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and 2. Receives a therapeutic diet when a nutritional deficiency is identified.	(M) Met					
110	 Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health. 	(M) Met					
1111	Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.	(M) Met			-		

					PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION		RATING/ DATE
			EXPERIMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
112	m. Unnecessary drugs:	(M) Met					
	General. Each resident's drug regimen						
	must be free from unnecessary drugs. An	l					
	unnecessary drug is any drug when used:						
	i. In excessive dose (including duplicate						
	drug therapy); or						
	ii. For excessive duration; or						
	ii. Without adequate monitoring; or						
	iv. Without adequate indications for its use;						
	or .						
	v. In the presence of adverse						
	consequences which indicate the dose should be						1
	reduced or discontinued; or						
	vi. Any combinations of the reasons above.						
113		(M) Met				•	
	comprehensive assessment of a resident, the						
	facility management must ensure that:		1				
	ii. Residents who use antipsychotic drugs						
	receive gradual dose reductions, and behavioral						
	interventions, unless clinically contraindicated,						
	in an effort to discontinue these drugs.						
	i. Residents who have not used						
	antipsychotic drugs are not given these drugs						l
1	unless antipsychotic drug therapy is necessary		•				
	to treat a specific condition as diagnosed and			·			1
314	documented in the clinical record; and	0.0.12.1	\$				
' ' 4	n. Medication Errors. The facility management must ensure that:	(M) Met					1
	must ensure triat:						
	Medication errors are identified and						1
	reviewed on a timely basis; and					and the state of t	Ì
							1
	Strategies for preventing medication		-				İ
Ш	errors and adverse reactions are implemented.						

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
115	§ 51.130 Nursing Services.	(M) Met		ACTION PLAN	DATE	VA FOLLOW OF	1
	The facility management must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by resident assessment and individualized comprehensive plans of care, of all patients within the facility 24 hours a day, 7 days a week. a. The nursing service must be under the direction of a full-time registered nurse who is currently licensed by the State and has, in writing, administrative authority, responsibility, and accountability for the functions, activities,						
116	and training of the nursing services staff. b. The facility management must provide registered nurses 24 hours per day, 7 days per	(M) Met					
	week.						ŀ
117	c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty. 2. Based on the application and results of the case mix and staffing methodology, the evening or night supervising nurse may serve in a dual role as supervising nurse as well as provides direct patient care only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes.	(M) Met					
	Based on the application and results of the case mix and staffing methodology, the director of nursing may serve in a dual role as director and as an onsite-supervising nurse only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes.						

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
118	d. The facility management must provide nursing services to ensure that there is a minimum direct care nurse staffing per patient per 24 hours, 7 days per week of no less than 2.5 hours.	(P) Provisional Met	Based on a review of four separate seven day work weeks of staffing to confirm direct care nurse staffing and ratios proved difficult. The facility was unable to provide member census for seven consecutive days in each week reviewed. In addition, there was a comment by a staff member that a significant number of staff called off for the second weekend of February 2015. We were unable to verify acceptable staffing ratios and hours of direct care nursing staff per patient for that period of time due to the missing census documents. Higher level acuity of care units appeared to have a lower staffing ratio on numerous days.	<insert cap="" details="" here=""></insert>			
119	e. Nurse staffing must be based on a staffing methodology that applies case mix and is adequate for meeting the standards of this part.	(M) Met			!		
120	§ 51,140 Dietary Services. The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. a. Staffing. The facility management must employ a qualified dietilian either full-time, part-time, or on a consultant basis. 1. If a qualified dietitian is not employed full-time, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian. 2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association.	(M) Met					
121	b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	(M) Met					

NO,	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
122	c. Menus and nutritional adequacy. Menus must:	(M) Met					
	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;						
	2. Be prepared in advance; and						
	3. Be followed.	1.					
123	d. Food. Each resident receives and the facility provides:	(M) Met					
	Food prepared by methods that conserve nutritive value, flavor, and appearance;						
	Food that is palatable, attractive, and at the proper temperature;						
	Food prepared in a form designed to meet individual needs; and						
	Substitutes offered of similar nutritive value to residents who refuse food served.						
	e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) Met					-
125	f. Frequency of meals.	(M) Met					
	Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.						
	There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in paragraph (f)(4) of this section.				v venena na delivero		
	3. The facility staff must offer snacks at bedfime daily.						
	When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day, if a resident group agrees to this meal span, and a nourishing snack is served.		,				

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
126	g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) Met					
127	Sanitary conditions. The facility must: Procure food from sources approved or considered satisfactory by Federal, State, or focal authorities; Store, prepare, distribute, and serve food under sanitary conditions; and Dispose of garbage and refuse properly.	(M) Met					
128	§ 51.150 Physician services. A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. a. Physician supervision. The facility management must ensure that: 1. The medical care of each resident is supervised by a primary care physician; 2. Each resident's medical record must list the name of the resident's primary physician; and 3. Another physician supervises the medical care of residents when their primary physician is unavailable.	(M) Met					
129	b. Physician visits. The physician must: 1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; 2. Write, sign, and date progress notes at each visit; and 3. Sign and date all orders.	(M) Met					

FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE **VA FOLLOW UP** DATE **ACTION PLAN** (M) Met Frequency of physician visits. 1. The resident must be seen by the primary physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, or more frequently based on the condition of the resident. 2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 3. Except as provided in paragraphs (c) (4) of this section, all required physician visits must be made by the physician personally. 4. At the option of the physician, required visits in the facility after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section. (M) Met Availability of physicians for emergency care. The facility management must provide or arrange for the provision of physician services 24 hours a day, 7 days per week, in case of an emergency. e. Physician delegation of tasks. (M) Met 1. Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: A certified physician assistant or a certified nurse practitioner; or A clinical nurse specialist who: Is acting within the scope of practice as defined by State law; and B. Is under the supervision of the physician. Note: A certified clinical nurse specialist with experience in long term care is preferred. The primary physician may not delegate (M) Met a task when the regulations specify that the primary physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

FINAL PROPOSED RATING/ COMPLETION STATE CORRECTIVE STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE VA FOLLOW UP DATE **ACTION PLAN** 134 § 51.160 Specialized rehabilitative services. (M) Met a. Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental Illness are required in the resident's comprehensive plan of care, facility management must: Provide the required services; or 2. Obtain the required services from an outside resource, in accordance with § 51.210(h) of this part, from a provider of specialized rehabilitative services. Specialized rehabilitative services must (M) Met be provided under the written order of a physician by qualified personnel. § 51.170 Dental Services. A facility: (M) Met a. Must provide or obtain from an outside resource, in accordance with § 51.210 (h) of this part, routine and emergency dental services to meet the needs of each resident; May charge a resident an additional amount for routine and emergency dental services; Must, if necessary, assist the resident: In making appointments; and By arranging for transportation to and from the dental services; and 3. Promptly refer residents with lost or damaged dentures to a dentist. § 51.180 Pharmacy services. (M) Met The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and

STATE

nursing staff.

						PROPUSED		FINAL	
					STATE CORRECTIVE	COMPLETION		RATING/	
	NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE	
	138	a. Procedures. The facility management	(P) Provisional Met	S/S - D	<insert cap="" details="" here=""></insert>				٦
		must provide pharmaceutical services (including	. Trioridianal mot	Based on observation, interviews and	Aliseit Oni detalls fieles				1
]	procedures that assure the accurate acquiring,		record reviews it was determined	1				
	1	receiving, dispensing, and administering of all		\$				1	П
				pharmacy staff failed to construct					Т
	1	drugs and biologicals) to meet the needs of each resident.		Medication Administration Records to				1	П
		residera.		assist with the accurate administration		i			ı
				of all medications for two (2)					1
		b. Service consultation. The facility		Unsampled Residents on one (1) of 12					1
		management must employ or obtain the		nursing units (3 South).					ı
		services of a pharmacist licensed in a State in		Findings Included:					Т
	ļ	which the facility is located who:		During a March 25, 2015 at 9:20 a.m.,			•	1.	Т
				Medication Pass Observation on 3		i i			Т
		 Provides consultation on all aspects of 	1	South, the following Medication					1
		the provision of pharmacy services in the	r e	Administration Record transcriptions					1
		facility;	•	were observed:					ı
				Medication Administration Record					Т
		2. Establishes a system of records of		for Unsampled Resident #1 includes -					Т
		receipt and disposition of all controlled drugs in		Bactofen 10mg tablet. Take 4 tablets					Т
		sufficient detail to enable an accurate	1	at 0900, 2100 and 3 Tablets (30 mg) at		1 1			ı
		reconciliation; and		1200 Every Day.					
			1	Medication Administration Record					ı
		Determines that drug records are in order		for Unsampled Resident #2 includes –					L
		and that an account of all controlled drugs is		1					L
				Levemir 100 Units/ml Vial. Inject		1			ı
		maintained and periodically reconciled.		Subcutaneously 20 Units at 0800 and					ı
				30 Units at 2100,					1
				In an interview with the Licensed Staff					ı
				at that time, the Licensed Staff stated	İ				ı
				different doses of the same		1			ı
				medication were previously separated				1	ı
				on the Medication Administration					1
				Record but that had stopped at least					ı
				one (1) year ago. The Licensed Staff	1				
				stated there was a recent meeting with	1				L
				the Pharmacy Department to discuss	İ				L
			1	this issue because numerous nursing					L
				staff did not feel it was safe to list two					L
				(2) different doses of the same					L
				medication in the same space on the					ı
				· ·					1
				Medication Administration Record. The	1	1 1			1
				Licensed Staff stated the Pharmacy				i	1
ļ				Department indicated at the meeting	1				1
1				the different doses of the same	1				1
		•		medication could not be separated on					1
				the Medication Administration Record.					1
				In an interview on March 25, 2015 at					1
				11:00 a.m., the Assistant Director of	1				1
				Nursing (ADON) confirmed a recent					1
ļ		•		meeting with the Pharmacy	B				1
ı				Department to discuss listing more	i	1			ı
ı				than one (1) dose of a medication on		1		<u> </u>	
ı	ı			the same space of the Medication					
J				Administration Record had occurred					1
١	ľ			and the Pharmacy Department did					1
ı				ана ине т пантнасу въерактнени она					
					•				

NO	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			indicate this could not be changed. The ADON stated there are residents on all units affected by this process. During an interview on March 25, 2015 at 11:20 a.m., the Pharmacist stated different doses of the same medication were previously separated on the Medication Administration Record but that had stopped some time ago. The Pharmacist stated different doses of the same medication are grouped on the Medication Administration Record because the data entry process is simpler, if the different medication doses are separated it may print on different sheets, billing and physician preference to have all doses of a medication together. The Pharmacist confirmed at this time, he/she was aware of licensed staff concerns. The Pharmacist was unable to identify how many residents in the facility were affected by this process.				
139	management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	(M) Met					
146		(M) Met					

					PROPUSED		RATING/
NO.	STANDARD DESCRIPTION	DITINO	EVEL ANATORY OF A TEMENTO	STATE CORRECTIVE	COMPLETION		
		RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
14	d. Labeling of drugs and biologicals. Drugs	(P) Provisional Met	S/S - D	<insert cap="" details="" here=""></insert>			
	and biologicals used in the facility management	· ·	Based on observation and interviews,]		
	must be labeled in accordance with currently		it was determined facility staff failed				
	accepted professional principles, and include the		to develop a system to identify				
	appropriate accessory and cautionary		expiration date and specific resident				
	instructions, and the e		usage of over the counter medications				i 1
1	mendential and the o	İ	for one (1) of 12 nursing units (3				1
ı]		South).	1			1
			Findings Included:				
1			During a March 25, 2015 at 9:20 a.m.,				
1			Medication Pass Observation on 3				
1			South, the following was observed:		1		
1			Medication cart contained				
					i		
			multiple bottles of opened over the				1
ı			counter medications including two (2)				1
			bottles of Aspirin 81 mg, two (2)				1
	1		bottles of Vitamin C 500 mg and two	1			1
			(2) bottles of Vitamin D.	1			1
			None of the opened over the	i			1
			counter medications were labeled with				
			date opened.				1
			In an interview with the Licensed Staff				1
			at that time, the Licensed Staff stated				
1			over the counter medication bottles				
1			sometimes are marked with the date				1
1		1	opened; sometimes the bottles are not				
1			marked. The Licensed Staff was not				1
			sure what facility practice required.				1
		İ	The Licensed Staff further stated				
			there was not a specific way to				ŀ
			determine what bottle of an over the				
			counter medication was used for which				1
			resident. He/she stated the medication				
			cart is set up by halls so if the bottle	ł	•		-
1			of over the counter medication is		1		1
			stored on one side of the medication				
		1	cart, it must be for those residents in				
			that hall. He/she did not know how to				1
		1	determine what bottle should be used	·			
		ŀ	for which resident if there was more				l i
			than one (1) bottle of the same				1
			medication on the same side of the	•			1
			cart.				
			During an interview on March 25, 2015	1			
1			at 11:20 a.m., the Pharmacist stated				
		1	the facility did not have a policy that	1	1		
		1	addressed over the counter		1		
	· ·		medications but he/she believed the				
			opened over the counter medications				
			are good through the manufactures		,		1
			expiration date listed on the bottle. The	1	1		
			Pharmacist agreed there should be a		[1
			means to determine what bottle of				
ļ	1		man to determine Milet bottle of	1	1		1

PROPOSED

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			over the counter medication was being used for what resident. On March 26, 2015 at 10:00 a.m., the Pharmacist relayed he/she had contacted other pharmacist in the area and over the counter medications may be used for one (1) year following the date opened.				
142	e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	(M) Met					
143		(M) Met		·			

Page 136 of 145 4/24/2015

					STATE CORRECTIVE	COMPLETION		RATING/
J	NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
١	144	§ 51.190 Infection Control.	(P) Provisional Met	S/S: D	<insert cap="" details="" here=""></insert>			
١				Based on observation, interviews and				
١		The facility management must establish and		record review, it was determined the				
١	- 1	maintain an infection control program designed		facility staff failed to maintain an				
١		to provide a safe, sanitary, and comfortable		Infection Control Program that				
١		environment and to help prevent the		included investigating, controlling and		l		
١	- 1	development and transmission of disease and		preventing infections.				
١		Infection.		Findings included:				
١				Infection Prevention And Control			•	
١	1	a. Infection control program. The facility		Program (Review Date September 22,				
١		management must establish an infection control		2014) includes:			-	
١		program under which it:		 The primary goal of the Infection 				
١				Prevention and Control Program is to				l i
1		 Investigates, controls, and prevents 		reduce the risk of infection and reduce				
١		infections in the facility;		the risk of infection transmission, both				
١				endemic and epidemic, by acting on				
١		Decides what procedures, such as		opportunities identified through		i		
١		isolation, should be applied to an individual		surveillance activities, geographic, and				
١		resident; and		demographic considerations.				
١				 Listed Infection Prevention and 				
١		 Maintains a record of incidents and 		Control Program Committee				1
١		corrective actions related to infections.		Responsibilities/Functions include:				
١				As appropriate, recommend				
١			1	intervention to prevent or control				
١				infections based on evaluation of				
١				infection data or potential for infection.				
J				Review information collected	}			
١			1	during any environmental surveillance			•	
- 1			1	activities, Initiate intervention and/or	,			
- 1			1	action plan to resolve as appropriate.				
-				During an interview on March 25, at				
				1015 the Infection Prevention and				
-				Control Specialist stated the following: Data related to infections is				
				collected and compiled one week				
-				every quarter. The most recently				
-				compiled infection control data				
				presented was from the week of				
-				September 14 – 20, 2014. The				
				Infection Prevention and Control				
1				Specialist stated data for a week in				
				December was collected but had not				
1				yet been compiled and analyzed.				
ı				Infections are tracked by unit				
				but not trended and analyzed.				1
1				Infections are not tracked and				
1				trended by specific location on the				
				units.				
1]	 Infections are not tracked and 				1
1				trended by organisms.				1
1				Hospital/Community acquired				
1				infection data is not collected and				1
				analyzed.				1
	ı		1	l j	1	ı t		1

PROPOSED

				STATE		
				PROPOSED		FINAL
			STATE CORRECTIVE	COMPLETION		RATING/
NO. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
1 1	1	The Infection Prevention and Control	1	1 1		1
		Specialist also stated at this time		l i		
		although there is no supporting				1
		documented data, the facility's area of	1			
		concern are urinary tract infections,				
		oral care and skin infections. He/she				
		l l	•			
		has not written, presented or				
		implemented an Action Plan but has begun some interventions such as				
		1 -	İ			
		having tooth brushes donated to the facility.		1 1		1 1
		•				
	ŀ	Management And Investigation Of Possible Outbreak/Unusual				
		1	·			
		Occurrence Policy (Review Date				
		January 23, 2015) includes:				
		In the event surveillance				
		infection data suggests either an				
		outbreak or sentinel event, the				
		Infection Preventionist or designee will				
		initiate an investigation with				
		management as indicated/appropriate.	1			
		Develop and implement control				
		measures				1
		Continue with surveillance				
		 Provide testing and prophylaxis 				
		The Gastroenteritis Outbreak				
		Response (Review Date November,				
		2014) includes an outbreak is 10% of				
		Unit - Combination of members and				
		employees and With Doctor Rx,				
		Submit stool specimen for Laboratory		1		
		analysis.				
		Following the Survey Entrance Meeting				
1 1		on March 24, 2015 at 9:00 a.m., the				
		Infection Prevention and Control				
		Specialist informed the Survey Team				
		that one (1) unit, Main Courtyard, was				1
		contained due to a Gastroenteritis	1			1
		Outbreak.				1
		During discussion on March 25, 2015				
		at 10:40 a.m., the Infection Prevention				1
		and Control Specialist stated				
		gastrointestinal symptoms were first				
	- 1	observed with the Main Courtyard				
		residents on March 19, 2015 and				
		he/she initiated and posted the				1
		Gastroenteritis Outbreak Response				
		and initiated containment on the unit		1		1
		on March 21, 2015. The Infection]]		
		Prevention and Control Specialist then		1		
		stated containment was initiated on				
		March 22, 2015 by the House				
	1	Supervisor, During further discussion,				[
1 1	1	· ·	1	1]

						PROPOSED		FINAL
МС	_	STANDARD DESCRIPTION	BATING	EVEL AMATORY STATEMENTS	STATE CORRECTIVE	COMPLETION		RATING/
NC I	J.	3 I ANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE !
				the infection Prevention and Control Specialist indicated he/she initiated				
				and posted the Gastroenteritis				
				Outbreak Response and initiated				ì
				containment on the unit on March 24,	·			
				2015.				
				The Infection Prevention and Control				
				Specialist indicated at this time Main				
				Courtyard remained contained				
				because although residents continued				
				to have diarrhea, staff had not been able to obtain any stool specimens.				
				Observation of Main Courtyard with				
				the Infection Prevention and Control				
				Specialist on March 25, 2015 at 10:50	•			
I	J		1	a.m. noted the Gastroenteritis				
	J			Outbreak Response was not posted.				
1			l	Main Courtyard Unit Coordinator and				
1				Licensed Staff present at this time]	
1				indicated the Gastroenteritis Outbreak Response had not been posted and				
				nursing staff was not aware stool				
				specimens were needed.			1	
	一							
	- 1							
	-							***************************************
			1					
					-			
	- 1							
	- 1							
							·	-

				STATE CORRECTIVE	COMPLETION		RATING/
1. When the infection control program deformments shall a resident mode infection, the facility management must be fail the nestitut. 2. The facility management must archivillate in the interest of the control of the interest of the property of the process of the program of the interest of the intere	D. STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS		DATE	VA FOLLOW UP	DATE
1. When the shed-don county jurguers declarations that services to excellent and shed builders to grow out the spread of indication, the skell of the state of th	b. Preventing spread of infection:	(P) Provisional Met	S/S - E	<insert cap="" details="" here=""></insert>	T T		1
deductmines that a resident condes feedalon to growed the purposed of injection, but footily ramagement must isolate the majority of 12 minesing units (Main Courtyant, Core Renals and Times 2004). 2. The feeling management must probbed control with residents or brain footil, if direct context will resident and with sensor for sirred control with residents or brain footil, if direct context will residents or brain footil, if direct context will residents or brain footil, if direct context will resident and with residents of resident of which had unitarity is a sirred with the control of the sirred will be a sirred or when had unitarity is indicated by accepted professional protein. 3. The facility management must require a sirred or sirred to which had unitarity is indicated by accepted professional protein. 1. Heard hygienes in mentioned with a scheduled will be scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and to rearrange the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled black Survey Rounds and the scheduled		•	Based on observation and interview it				1
proved the spread of Infection, the Isality management must broke the resident. 2. The facility insangement must probbit employees with a communication disease or inducted since the control with marked the disease. 3. The facility insangement must require statiff own which have disease or indicated only insone from the control with marked the disease. 3. The facility insangement must require statiff own which have disease or indicated by accepted professional practice. 5. The facility insangement must require statiff own which have disease or indicated by accepted professional practice. 5. The facility was unable to provide a policy for hard wealthing hypothem. Chosevalided Mock Survey Rounds and on an anution basis. The facility was unable to provide a policy for hard wealthing hypothem. Chosevalided Mock Survey disease on the marked for each of the company of the marked wealthing hypothem. Chosevalided Mock Survey and staff were not always wealthing herit hards between haveling usable and the trash can and providing residents with a staffactor of with the mail service. The Cyc Q street care staff premon were observed during separate incidents by Land in the disease. 1. The facility was made the trash can and providing residents with a staffactor of the trash can be deviced and the staff of the trash can be completed to the control of the staff of the provided and the staff of the staff of the provided of the the disease. 1. The facility was unable to provide a providing the staff of the provide of the provided and the staff of the staff of the provided of the staff of the provided and the providing the staff of the provided of the three diseases. 1. The facility residuation of the staff of the provided of the staff of the provided of the staff of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of the provided of	 When the infection control program 		was determined facility staff did not				
Transagement must include the recisions. 2. The facility management must probabil employees with a communication disease or infedents shin teriors from direct contact with residents or their jobs. (If direct contact with residents or their jobs.) (If which contact will wromant the disease. 3. The facility management must require statistic to wash their hands after each direct readed contact for which hands after each direct readed contact for which hands washing is indicated by accepted professional praction. 5. The facility or which hands after each direct readed contact for which hands after on which hands after each direct readed contact for which hands washing is indicated by accepted professional praction. 6. The facility was unable to provide a policy for hand washing hydron. 7. The facility was unable to provide a policy for hand washing hydron. 8. The facility was unable to provide a policy for hand washing hydron. 9. Observations of the Main Courtyweld (Unit with the Castarometric southwest) morn read service on 03/26/915 revested the effect care suff were not always washing their facility to the management was a provider greated the wind care with the meal service. Two (2) street on the management of the direct care still personnel was one observed and carey to to track to be encoure one page in the facility to a track care to the direct care still personnel was one observed aller for the direct care still personnel was one observed after the washing their branch of the direct care still personnel was one one observed aller for which and one of the direct care still personnel was one observed aller for which and one of the direct care still personnel was one one observed aller for which and one of the direct care still personnel was one observed and one of the page of th	determines that a resident needs isolation to		always wash their hands after each				
Transagement must inclote the recisions. 2. The facility management must probibit employees with a communication disease or infected sich neisons from direct constact with management must recipite a staff to wash their hands after each effect of the constant with the disease. 3. The facility management must respire staff to wash their hands after each effect emanded to capital or which hands after each effect emanded to capital or which hands washing is indicated by ancepted professional practice. 5. The facility was unable to provide a policy for hand washing is indicated by ancepted professional practice. 5. The facility was unable to provide a policy for hand washing highlights. 6. The facility was unable to provide a policy for hand washing highlights. 6. Observation of the Main Courtyward (Unit with the Castronotation contracts) on med service on 30/20/15 invested the distinct case stiff were not always unables to provide a provide and provided and provid	prevent the spread of infection, the facility		E -		1 1		
2. The facility management must prohibit employees with a communication disease or infected shift heads from context with residents or their boot, if direct context with residents or their boot, if direct context with residents or their boot, if direct context with residents or their boot, if direct context with a state to wash that heads after each direct extends direct extends the resident context for which hand washing is indicated by accepted professional practice. 1. The facility management must require state to washing heads of the properties of the facility was unable to small both heads after each direct extends direct extends the properties of the facility was unable to provide a policy for land washing brighten. Observation of the Main Countym of (failt with the Castronostronis cutteress) noon meet service on 20%2015 revented the direct care staff were not allower, washing their hands between heading steals and the treath can and providing residents with assistance with the meet service. Two (2) direct care staff persons were observed during separate indeed the land service. Two (2) direct care staff persons were observed during separate indeed the land to treath can and providing residents with assistance with the meet service. Two (2) direct care staff persons were observed during separate indeed the land service. Two (2) direct care staff persons were observed during separate indeed the land to retain the service of the fresh can to residents and persons of the service of the fresh can to residents and persons of the service care staff persons were observed after touching the land. In the direct care gives about washing that there, according to the work has personal care gives about washing that fresh. Seconding the formation control treath was pointed on to the manager of 20.62476 at 12.30 p.m. while in the direct care gives about washing that fresh.	management must isolate the resident.		1		1 1		
2. The facility management must prohibit employees with a communicate bid elease or infected shin hesions from direct contact with residents or their boot, ill direct contact will turnsmit the disease. 3. The facility management must require staff to worth their hends after or which hand wealthing is indicated by a coagend professional practice. 5. The facility management must require staff to worth their development of the staff to worth their development of the staff to worth their development of their staff to worth their development of their staff to worth their development of their staff to worth their development of their staff to worth their development of their staff to worth their development of their staff to their staff to worth their development of their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to their staff to the	_						
inclined side his levis from direct contact with frincided side his levis from direct contact with frincided side his levis from direct contact will frincided side his levis from direct contact will from the first side of the fi	2. The facility management must prohibit		•				
Infected shis heatoms from direct contact with remissions or the fire of, if direct or contact with transmit the disease. 3. The facility management must require statiff to wash their hards after each direct resident contact for which their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their hards after each direct statiff to wash their their statiff to washing their hards to between him their statiff to wash their statiff to wash can be considered with the media statiff to wash can be considered with the wash their statiff to wash can be considered with the wash their statiff to wash can be considered with the wash their statiff to wash can be considered with the wash their statiff to wash their hands to wash their hands to wash their hands to wash their hands between each resident contact. Observation of One Rankin lumba mash on March 10 places and the unit	employees with a communicable disease or		•	ļ			
residents or their food, if direct contact will transmit the diseases. 3. The facility management must require staff to wash their hands after each direct received contact for which hand washing is indicated by accepted professional practice. Hand hygine is meniorated with security and interest in the provides and an analysis of provide a policy for hand washing hyginen. Observation of the Main Countyrad (Univ with the Case washing hyginen. Observation of the Main Countyrad (Univ with the Gastroenfeath) under the transit on an and providing residents with assistance with the media avoice with assistance with the media avoice without first of the large transit of the survey of the media avoice without first washing their hands. Intronvew was conclused with the Util Numa Manager on 302/26/15 at 12:30 p.m., while in the direct care givers about varieting their hands. Observation of One Rankin lunch meal on Main A.S., 2015 at 12:30 p.m., with the first hands asset in the unit	infected skin fesions from direct contact with		•				
tronsmit the disease. I hygiene and resident content for an imprortant part of infection control. I hard try wash their hands after each direct stated for which hand washing is indicated by accepted professional practice. Disease unable to provide a pocky for hand washing is indicated by accepted professional practice. Disease unable to provide a pocky for hand washing is plane. Disease unable to provide a pocky for hand washing in yellow. Disease unable to provide a pocky for hand washing in yellow. Disease unable to provide a pocky for hand washing in yellow. Disease unable to provide a pocky for hand washing in yellow. Disease unable to provide a pocky for hand washing in yellow. The facility was unable to provide a pocky for hand washing in yellow. To nor must service on 03/25/15 revented the direct care staff were not always washing their hands between handing steah and the trach can and providing residents were observed during separate incidents to renowe paper items from realistic tays and carry the treats to a treats can toosated in the diring area. Each of the direct care staff pressons were observed after founding that is a for the provide assistance with the meal service washing their hands. Interview was conducted with the Unit Name Manager on 03/25/15 at 12:30 p.m. with in the diring room. The intention control treat was pointed out to the manager with immediately approached the direct care side retired to the washing their hands. Chernylow was conducted with the Unit Name Manager and a retraction to control. Observation of One Rankin funch, meal on March 25, 2015 at 12:20 p.m., with the licensed staff and Chenge Nurse, noted two (2) direct cans staff serving funch to 13 residentes easted in the unit	residents or their food, if direct contact will						
3. The facility management must require staff to wash their hands after each direct rouldont control. The monitoring with a carbeddod Mock Survey Rounds and on a random basis. Indicated by accepted professional practice. Solecy for hand washing high mon. Observation of the Main Countyard (Unit with the Castermentalise) The facility was unable to provide a policy for hand washing hygiene. Observation of the Main Countyard (Unit with the Castermentalise outbreak) noon med service on 03/25/16 revealed the direct care staff ware not always washing their hands between handing real-dotts with assistance with the man and providing residents with assistance with the man and providing residents with assistance with the man and providing residents with assistance with the man and care the management in the staff persons were observed during sparales intellected to remove paper litera from resident trups and care staff persons were observed and care the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons were observed and the staff persons and persons and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are observed and the staff persons are obser	transmit the disease.		•				
3. The facility management must require statful rowards there and effect or addicant contact for which hand wearing is indicated by accepted professional practice. The facility was unable to provide a policy for hand wearing hygiene. Observation of the Main Courtyand (Unit with the Gastroenfactilis outbreak) noon must service on 0.325/515 for roweled the direct care staff water not always wearing her hands between hardling teath and the trash can and providing readenists with assistance with the meal service. Two (2) direct care staff persons ware observed during separate incidents to resolve paper leans from readenist vags and carry the trash to be trash can be for between the direct care staff persons were observed during separate incidents to resolve paper leans from readenist vags and carry the trash to a trash can be foreign to readenist and a feet fourthing that hands the foreign of the direct care staff persons were observed after fourthing that the direct care staff persons were observed after fourthing that the direct care staff persons were observed after fourthing that hard carry the trash to a trash can be foreign for the direct care staff persons were observed after fourthing that hards can be foreign from the direct care staff persons were observed after fourthing that hards. Interview was conducted with the until Nurse Manager on 03/25/15 sta 12:30 p.m. while in the diring room. The infection control towards was pointed out to the manager who immediately approached the direct care staff serving to the Nurse Manager and are frained to weath their hands between each reason of One Rankin lunch meal on Mart 25, 2015 at 12:05 p.m., with the low lowers, and one wash their hands between each reason of One Rankin lunch meal on Mart 25, 2015 at 12:05 p.m., with			1				
ated for wash their hands after each direct resident contact for which hand weakhing is indicated by accepted professional practice. The facility was unable to provide a collection of the Main Courtyward (Unit with the Gastroentenits outbreak) noon meal service on \$1326/15 is revealed the direct care staff were not always-weaking their hands between handing testa and the frash can and providing residents with assistance with the meal service. The Gastroentenits or care staff persons were observed during separate incidents to renow apar items from resident tays and carry the treats in cated in the direct care staff persons were observed after founding area. Each of the direct care staff persons were observed after founding the idl of the direct care staff persons were observed after founding the idl of the direct care staff persons were observed after founding the idl of the direct care staff persons were observed after founding the idl of the direct care staff persons were observed after founding the idl of the direct care staff persons were observed after founding area. Each of the direct care staff persons were observed after founding area. Each of the direct care staff persons were observed after founding area. Each of the direct care staff persons were staff persons were observed after founding area. Each of the direct care staff persons were after founding and the idl of the direct care staff persons were after founding to the staff persons were after the observed of the direct care staff persons were after the observed of the direct care staff persons were after after and the persons were after after after after after after after the observed of the direct care givens about weating the indirect to the manager who immediately approached the direct care and given and a care after a facility and the staff and charge by huma, noted two (2) direct care staff serving lunch to 13 redections seated in the unit	3. The facility management must require		5				
resident contact for which hand weathing is indicated by accepted professional practice. The facility was unable to provide a policy for hand weathing hyglene. Observation of the Main Countyard (Unit with the Gastroendrills outbreak) non-mass survice on 0325/16 for revealed the direct care staff were not always weathing their hands between handing teach and the trasts can and providing recipients with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper items from resident trays and carry the trests to a trast-can be remove paper items from resident trays and carry the trests to a trast-can be remove after louching the life of the frash can be returned as the care staff persons were observed after louching the life of the frash can be return to resident and provide assistance with the meal service which the mass and persons were observed after louching the life of the frash can be return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m., while in the dimiting room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about weathing their hands between each resident contact. Observation of One Rankin lanch meal on March 25, 2015 at 12:20 p.m., with the linemed call for the survey, noted two (2) direct care givers about weathing their hands between each resident contact. Observation of One Rankin lanch meal on March 25, 2015 at 12:20 p.m., with the linemed call for the survey.	staff to wash their hands after each direct				1 1		
policy for hand washing hygiene. Observation of the Main Courtyard (Unit with the Gastroenteritis outbreak) noon meal service on 03/25/16 revealed the direct care staff were not always washing their hands between handling trash and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove papar items from resident trays and carry the trash to a frash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service. Whoth Iffar hands, hiterview was conducted with the Unit Nurse Manager on 03/25/16 is 12:30 p.m. while in the diring room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about weaking their interview as conducted with the Unit Nurse Manager on 03/25/16 is 12:30 p.m. while in the diring room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about weaking their hands. According to the Nurse Manager staff are frained to wash their hands believes about weaking their hands. According to the Nurse Manager staff are frained to wash their hands believes resident context. Observation of One Rankin lunch meal on Manch 25, 2015 at 12:30 p.m., with the licenand staff and Change Nurse, noted two (2) direct care staff serving funch to 13 residents seaseted in the unit							
policy for hard washing hygiene. Observation of the Main Courtyrad (Unit with the Castroenfaritis outbreak) nonn meal service on 103/26/16 revealed the direct care slaff were not always washing their hands between handling treath and the treat-can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper items from resident trays and carry the treath to a trask nean located in the dining area. Each of the direct care staff persons were observed after stucking their lot of the trask can to return to residents and provide assistance with the meal service without threat hards, Interview was conducted with the Unit Nurse Manager on 03/26/15 at 12:30 p.m. white in the diring room. The interction control breach was pointed out to the manager who immediately approached the direct are given about weshing their hands. Interview was conducted with the Unit Nurse Manager on 03/26/15 at 12:30 p.m. white in the diring room. The interction control breach was pointed out to the manager who immediately approached the direct care givens about weshing their hands. According to the Nurse Manager staff are trained on March 26, 2015 at 12:36 p.m., with the licensed action of One Rankin lunch meal on March 26, 2015 at 12:36 p.m., with the licensed action of One Rankin lunch meal on March 26, 2015 at 12:36 p.m., with the licensed action of the unit	indicated by accepted professional practice.		The facility was unable to provide a		1 1		
Observation of the Main Courtyard (Unit with the Gastronenfairs outbreak) noon meal service on 0.92/5/16 revealed the direct care staff were not always weaking their hands between handling trash and the trash can and providing residents with sasistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper lews from resident trays and carry the trash to a trash can located in the diming area. Each of the direct care staff persons were observed after trashing area. Each of the direct care staff persons were observed after trashing area. Each of the direct care staff persons were observed after trashing area. Each of the direct care staff persons were observed set recurring the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hads, Interview was conducted with the Unit Nume Manager on 03/27/51 at 12:30 p.m. while in the diring room. The infection control treach was pointed out to the manager who immediately approached the direct care gloves about washing their hands. According to the Nusse Manager and are trained to wash their hands between each resident context. Observation of One Rankin lunch meal on Manch 25, 2015 at 12:35 p.m., with the licensed staff and Change Nume, noted two (2) direct care staff serving tunch to 13 rankdents seated in the unit					l i		
(Unit with the Gastroenforlis outbreak) noon meal sarvice on 0.325/15 revealed the direct care staff were not always washing their hands between handling tresh and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during spanate incidents to remove paper tenns from resident trays and carry the trash to a trash can located in the dining strea. Each of the direct care staff persons were observed alter touching the lid of the trash can located in the dining strea. Each of the direct care staff persons were observed alter touching the lid of the trash can located after founding the lid of the trash can be return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 0.3/25/15 at 12.30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care gloves about weshing their hands. According to the Nurse Managar affair for kined to wash their hands between each resident contract. Observation of One Rankin lunch meal on March 25, 2015 at 12.05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 15 residents seated in the unit					i 1		
noon meal service on 03/25/15 revealed the direct care staff were not always washing their hands between handling trash and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper tensor from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Intendion was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. white in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager and 13/25 at 12:30 p.m. washite in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are fortined In wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Change Nurse, noted two (2) direct care staff servining lunch to 15 residents essetted in the unit					1 1		
revealed the direct care staff were not always washing their hands between handling teath and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper items from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after louching the life of the trash can located in the dining area. Each of the direct care staff persons were observed after louching the life of the trash can lo return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the diring room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager aft after frained to wash their hands. Solve and the provided and the provided and the provided and the provided and the provided and the provided and the unit of the provided and the provi			1.		1 1		
always washing their hands between handling trash and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate Incidents to remove paper items from resident trays and carry the trash to a trash can located in the dining rea. Each of the direct care staff persons were observed after touching the lid of the Irash can located in the dining rea. Each of the direct care staff persons were observed after touching the lid of the Irash can to return to residents and provide sassistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the diring room. The infaction control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankini lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit					1 1		
handling trash and the trash can and providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper items from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to relate to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/28/15 at 12:30 p.m. while in the dining room. The intention control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are rininged to wash their hands between each resident control. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Change Nurse, noted two 03 areas, with					1 1		
providing residents with assistance with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove paper items from resident trays and carry the trash to a trash can located in the diring area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the diring room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained bo wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted Wor (2) direct care staff serving lunch to 13 residents seated in the unit			I		1 1		
with the meal service. Two (2) direct care staff persons were observed during separate incidents to remove papar ilems from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the ild of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident control. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1				
care slaff persons were observed during separate incidents to remove paper items from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after fouching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1.		1 1		
during separate incidents to remove paper items from resident trays and carry the tresh to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (13 residents seated in the unit			1		1 1		Î
paper items from resident trays and carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care staff serving to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (3) direct care staff serving lunch to 13 residents sealed in the unit			•		1 1		
carry the trash to a trash can located in the dining area. Each of the direct care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 0375 fa t12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager aft are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents sealed in the unit			,		1 1		
in the dining area. Each of the direct care staff persons were observed after touching the life trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. white in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care slifer suring lunch to 13 residents sealed in the unit			i ·				
care staff persons were observed after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/28/15 at 12:30 p.m. white in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care slaff serving lunch to 13 residents sealed in the unit			1 -		1 1		ļ
after touching the lid of the trash can to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1		1 1		
to return to residents and provide assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The intection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			I '		1 1		
assistance with the meal service without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit				i	1 1		
without first washing their hands. Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			•		1 1		
Interview was conducted with the Unit Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit							
Nurse Manager on 03/25/15 at 12:30 p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1 -		i l		
p.m. while in the dining room. The infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1]	1 1		
infection control breach was pointed out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			1		1 1		
out to the manager who immediately approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			,		1 1		
approached the direct care givers about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit	l l		•		1		
about washing their hands. According to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit				į.			
to the Nurse Manager staff are trained to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit							
to wash their hands between each resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			_				
resident contact. Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit			_				1.
Observation of One Rankin lunch meal on March 25, 2015 at 12:05 p.m., with the licensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit					1 1		
on March 25, 2015 at 12:05 p.m., with the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit							
the ficensed staff and Charge Nurse, noted two (2) direct care staff serving lunch to 13 residents seated in the unit							1
noted two (2) direct care staff serving lunch to 13 residents seated in the unit							1
lunch to 13 residents seated in the unit			_	1			1
		1	1				
wore gloves. Both direct care staff			1 ~				
1 100 300 500 500 500 500	1	1	giv roo. wan anoot date stan]		1

					PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION		RATING/
ı.	I	RATING	•	ACTION PLAN	DATE	VA FOLLOW UP	. DATE
THE PARTY OF THE P			touched carts, tables, chairs, trays and other residents while preparing the residents for lunch wilhout changing gloves between residents. The observations were confirmed by the licensed staff and Charge Nurse on March 25, 2015 at 12:05 p.m. Observation of Three South lunch meal on March 25, 2015 at 12:40 P.M. noted four (4) direct care staff serving lunch to 16 residents seated in the unit dining room. One (1) direct care staff opened the cart door, removed the tray, touched the doorway, a chair, touched the resident, set up the tray and proceeded to set the tray and proceeded to set the tray up for another resident without completing hand hygiene. The observation was confirmed by a licensed staff present				
146	c. Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) Met	at the time of the observation.				
147	§ 51.200 Physical environment. The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. a. Life safety from fire. The facility must meet the applicable provisions of the 2009 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference).	(M) Met					

					PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	DATING	CVDL AMATORY OTATIONER	STATE CORRECTIVE	COMPLETION		RATING/
		RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
148	b. Emergency power.	(M) Met					
	(1) An emergency electrical power system must		ĺ				
	be provided to supply power adequate for						
	illumination of all exit signs and lighting for the						
	means of egress, fire alarm and medical gas						
	alarms, emergency communication systems,						
	and generator task illumination.]			
1	(2) The system must be the appropriate type essential electrical system in accordance with						
	the applicable provisions of the National Fire						
	Protection Association's NFPA 101, Life Safety						
1	Code (2006 edition) and the NFPA 99, Standard						
1	for Health Care Facilities (2005 edition).	ł					
1	(3) When electrical life support devices are	ŀ					
1	used, an emergency electrical power system						
1	must also be provided for devices in						
	accordance with NFPA 99, Standard for Health						
1	Care Facilities (2005 edition).						
1	(4) The source of power must be an on-site						
1	emergency standby generator of sufficient size						
1	to serve the connected load or other approved						
1	sources in accordance with the National Fire				ļ		
1	Protection Association's NFPA 101, Life Safety					٠	
1	Code (2006 edition) and the NFPA 99, Standard						
L	for Health Care Facilities (2005 edition).						
149		(M) Met		•			
	management must:		·				
							1
1							
1							
	resident a pieri di pere, ante						
	Maintain all essential mechanical.						
	•						
1	operating condition.	į					
149	management must: 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe	(M) Met					

					STATE PROPOSED		FINAL
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	COMPLETION DATE	VA FOLLOW UP	RATING/ DATE
150	d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents:	(M) Met		ACTION PLAN	DATE	VA TOLLOW OF	
	1. Bedrooms must:						
	i. Accommodates no more than four residents;						
	ii. Measure at least 115 net square feet per resident in multiple resident bedrooms;						
	iii. Measure at least 150 net square feet in single resident bedrooms;						
	iv. Measure at least 245 net square feet in small doubte resident bedrooms; and						
	v. Measure at least 305 net square feet in large double resident bedrooms used for spinal cord injury residents. It is recommended that the facility have one large double resident bedrooms.						
	vi. Have direct access to an exit corridor;						
	vii. Be designed or equipped to assure full visual privacy for each resident;						
	viii. Except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains;						
	ix. Have at least one window to the outside; and						
L_	x. Have a floor at or above grade level.						
151	The facility management must provide each resident with:	(M) Met					
	A separate bed of proper size and height for the safety of the resident;						
	ii. A clean, comfortable mattress;				ĺ		
	iii. Bedding appropriate to the weather and climate; and						
	iv. Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.						

FINAL RATING/ COMPLETION STATE CORRECTIVE NO. STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE DATE VA FOLLOW UP **ACTION PLAN** (M) Met Toilet facilities. Each resident room must be equipped with or located near toilet and bathing facilities. It is recommended that public toilet facilities be also located near the resident's dining and recreational areas. Resident call system. The nurse's (M) Met station must be equipped to receive resident calls through a communication system from: Resident rooms; and Toilet and bathing facilities. Dining and resident activities. The (M) Met facility management must provide one or more rooms designated for resident dining and activities. These rooms must: 1. Be well lighted; Be well ventilated; Be adequately furnished; and Have sufficient space to accommodate all activities. (M) Met Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must: 1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply; 2. Have adequate outside ventilation by (M) Met means of windows, or mechanical ventilation, or a combination of the two; 157 3. Equip corridors with firmly secured (M) Met handrails on each side; and 158 4. Maintain an effective pest control (M) Met program so that the facility is free of pests and rodents.

Department of Veterans Affairs - (Standards - Nursing Home Care)

SURVEY CLASS Annual Survey	SURVEY YEAR 2015	COMPLETION DATE 3/27/2015			
NAME OF FACILITY Grand RapidsD	STREET ADDRESS 3000 Monroe Ave. N.E.		<u>CITY</u> Grand Rapids	STATE MI	<u>ZIP CODE</u> 49505
Caleb.Hart_Gra					
Curtis.Bruer_Gra					
Debra.Wilcox_Gra					
Eric George					<u>.</u>
Lisa Martin	Parameter and Parameter Add and State of the Add an		***************************************		
Michelle.Crawford_Gra					
Patricia Steward2		·			
Patricia.Beckmann_Gra	-1444-044		The A		
Susan Honaker					

Department of Veterans Affairs -

(Standards - Domiciliary)

SURVEY CLASS

SURVEY YEAR

COMPLETION DATE

Annual Survey

2015

3/27/2015

NAME OF FACILITY

STREET ADDRESS

CITY

STATE

ZIP CODE

Grand RapidsD

3000 Monroe Ave. N.E.

Grand Rapids

MI

49505

SURVEYED BY (VHA Field Activity of Jurisdiction)

Caleb.Hart_Gra

Curtis.Bruer_Gra

Debra.Wilcox_Gra

Eric George

Lisa Martin

Michelle.Crawford_GraPatricia Steward2

Patricia.Beckmann_GraSusan Honaker

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
159	Governance and Operation The facility is governed and managed effectively.	(M) Met					·
	A. The facility has a governing body or designated persons so functioning with full legal authority and responsibility for the operation of the facility.						
160	B. Written administrative policies, procedures, and controls are established, implemented and reviewed at least annually to promote the orderly and efficient management of the facility.	(M) Met					
161	C. There are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.	(M) Met	·				
162	D. Written personnel policies and procedures are established and implemented to facilitate sound patient care and personnel practices.	(M) Mel					
163	E. The facility has an ongoing staff development program including orientation of new employees and inservice education related to the needs and care of domiciliary patients.	(M) Met					
164	F. There is evidence of input from all services to management by regular meetings and systematic review of the domiciliary program.	(M) Met					
165	Safety. The facility shall be structinally safe and maintained to protect the health and safety of patients, personnel and visitors. A. The facility has a current State Fire Marshall's certificate or documented evidence of compliance with life safetycodes.	(M) Met					
166	B. The facility has a current report by a qualified VA Life Safety engineer or specialist that the facility is in compliance with the provisions of the Life Safety code currently in force, applicable to domiciliaries.	(M) Met					

FINAL PROPOSED RATING/ STATE CORRECTIVE COMPLETION NO. STANDARD DESCRIPTION **RATING EXPLANATORY STATEMENTS** DATE VA FOLLOW UP **ACTION PLAN** DATE (M) Met C. There is evidence that reported life safety deficiencies have been or are being corrected. 168 D. The facility has available an emergency (M) Met source of electrical power to provide essential service when normal electrical supply is Interrupted. 169 E. The buildings are accessible to and safe for (M) Met persons with handicaps. 170 F. The facility has a program for prevention (M) Met and control of infection. 171 G. Linens are handled, stored, processed and (M) Met transported in such a manner as to maintain a clean environment and prevent infection. 172 H. The facility has an ongoing program of (M) Met integrated post management 173 I. Cleaning agents, maintenance supplies and (M) Met pesticides are stored under safe and sanitary conditions. 3. Physical Environment. The facility provides (M) Met a fnctional, aesthetically pleasing, sanitory, and comfortable environment for patients, personnel, and visitors. A. The facility employs a supervisor of sanitation with sufficiently trained personnel to maintain a safe, clean and orderly environment. 175 B. The buildings are maintained in a clean, (M) Met attractive, and comfortable manner. 176 C. Acceptable practices are employed for (M) Met maintenance and repair of equipment, buildings, and grounds. 177 4. Medical Care. There is a comprehensive (M) Met ambulatory medical care program designed to meet the needs of domiciliary patients. A. The facility ensures the provision of professional medical services for the patients. (M) Met 178 B. Each patient has a primary physician responsible for the patient's medical care. 179 C. Patients are classified according to (M) Met domiciliary care required. 180 D. A patient treatment plan is established and (M) Met maintained for each domiciliary patient.

FINAL PROPOSED RATING/ STATE CORRECTIVE COMPLETION NO. STANDARD DESCRIPTION RATING **EXPLANATORY STATEMENTS** DATE VA FOLLOW UP **ACTION PLAN** DATE 181 E. Primary Care medical services are provided (M) Met for domiciliary patients as needed. 182 F. Each patient has a complete medical (M) Met re-evaluation annually and as needed. 183 G. There is provision made for preventive and (M) Met maintenance dental and other health services. 184 H. Transportation is available for patients (M) Met needing medical, dental and other health services. I Domiciliary patients are admitted to an (M) Met infirmary when necessary. (M) Met J. There is a written agreement with one or more hospitals to accept a patient requiring hospitalization. (M) Met K. Domiciliary patients are admitted to nursing home care or hospital care if medically necessary. 188 5. Nursing Care. The facility maintains an (M) Met organized nursing service with nursing personnel qualified to meet the nursing care needs of the domiciliary patient. A. A full-time qualified registered nurse is responsible for the nursing services provided the patients. 189 B. Primary Care nursing services are provided (M) Met for domiciliary patients. 190 C. Nursing services rendered are documented (M) Met in the patient's medical record. 191 D. Nursing Service participants in the (M) Met establishment and maintenance of a treatment plan for each domiciliary patient. 192 E. The facility provides for 24 hour nursing (M) Met services as required to meet the nursing care needs of the domiciliary patient. 193 6. Rehabilitation. Rehabilitation services are (M) Met provided as needed to improve and maintain maximum functioning of each domiciliary patient. A. The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patient. 194 B. Rehabilitation services are provided under a (M) Met written plan of care for each patient.

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
195	C. Specialized rehabilitation therapy rendered, progress notes, and evaluation of the treatment plan are recorded in the patient's medical record.	(M) Met					
196	7. Social Services. The facility provides professional social work services to identify and meet the social and emotional needs of patients. A. A qualified social worker is on staff or the facility has a written agreement with a qualified social worker or recognized social agency for consultation on a regularly scheduled basis.	(M) Met					
197	A written psychosocial assessment is maintained in each patient's medical record.	(M) Met					
198	C. Results of social services rendered are documented in the patient's medical record.	(M) Met					
199	D. The facility has an organized procedure for discharge and transfers.	(M) Met					
200	Dietetics. The facility provides a dietetic service that meets the daily nuritional needs of patients and ensures that special dietary needs are met. A. The dietetic service is under the direction of a qualified dietitian or a full-time dietetic service supervisor with consultation from a qualified dietitian.	(M) Met					-
201	B. Menus, to extent medically possible, are planned in accordance with the Recommended Dietary Allowances (RDA) of the Food and Nutrilion Board of the National Research Council, National Academy of Sciences.	(M) Met					
202		(M) Met					
203	served daily, with not more than a 14- hour span between substantial evening meal and breakfast.	(M) Met					
204	sanitary food handling techniques.	(M) Met					
205	F. Dining areas are large enough to accommodate all domiciliary patients.	(M) Met					
206	G. The nutritional status of each patient is monitored on a regular basis.	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	PROPOSED COMPLETION DATE \	/A FOLLOW UP	FINAL RATING/ DATE
207	9. Patient Activities. An activities program is available to the domicifiary patients and designed to enhance each patient's sense of physical, psychological, and spiritual well being. A. A member of the facilities staff is designated as responsible for the patient activities program.	(M) Met		ACTION PLAN	DAIL	A TOLLOW OF	
208	Space, equipment, and supplies for the activities program are adequate for individual and/or group activities.	(M) Met					
209	C. There are regularly scheduled activities during weekdays, evenings and weekends.	(M) Met					
210	D. Each patient's activity plan is part of the overall treatment plan.	(M) Met			÷		
211	E. Religious services and spiritual activities are provided for patients.	(M) Met					
212	F. Domiciliary patients are encouraged to participate in supervised community activities.	(M) Met		-			
213	10. Pharmacy. Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements. A. A registered pharmacist is responsible for pharmacy services.	(M) Met					
214	B. A program is established for the safe procurement, control, and distribution of drugs.	(M) Met					
215	C. There is controlled access to all drugs and substances used for treatment.	(M) Met					
	D. Patient on self-medication are instructed by qualified personnel on the proper use of drugs	(M) Met					
217	E. Provision is made for qualified nursing personnel to administer medication to patients who are not in a self-medication program.	(M) Met					
218	F. There is an established system for monitoring the outcome of drug therapy or treatment.	(M) Met					

				OTATE CONDECTIVE	PROPOSED COMPLETION		FINAL RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	DATE	VA FOLLOW UP	DATE
219	11. Medical Records. The patient's health status is documented regularly in the medical record in accordance with the treatment plan. A. Medical records are completely legible and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	(M) Met					
220	B. The facility safeguards medical record information against less, destruction or unauthorized use.	(M) Met					:
221	C. The medical record contains sufficient information to clearly identify the patient.	(M) Met					
222	12. Quality Assistance. The facility has an active quality assurance program in the domiciliary to ensure efffective utilization and delivery of patient care services.A. A member of the facilities staff or facility committee is designated as responsible for coordinating the quality assurance program.	(M) Met					
223	B. The quality assurance program emcompasses reviews of all services and programs provided for the domiciliary patients.	(M) Met					
	C. The quality assurance program encompasses ongoing utilization review.	(M) Met					
225	D. The quality assurance program is revaluated at least annually.	(M) Met					
226	Quality of Life, The domiciliary level of care fosters a quality of life conductive to self esteem, security, and personal growth. A. Palients are treated with respect and dignity.	(M) Met					

					STATE PROPOSED		FINAL
				STATE CORRECTIVE	COMPLETION		RATING/
NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	ACTION PLAN	DATE	VA FOLLOW UP	DATE
227	B. There is input to the domiciliary program	(N) Not Met	Based on resident group interview and	<insert cap="" details="" here=""></insert>			
	through a patient advisory council.		staff interview, the facility failed to				
1			act upon the concerns of residents		1		
1			and the resident council regarding				
			resident care and life in the facility by				
1			providing access to and effective		1		
			ombudsman/ advocacy program.				
	1		The findings include:				
			A review the council minutes for May				
			2014 revealed that domiciliary				
			residents inquired about an				
			ombudsman representative. According to the group minutes, residents noted				
			that the person listed as their				
			ombudsman was actually not their		l l		
			ombudsman. Further review of the		1 1		
			minutes for 2014 revealed that the				
			concern regarding advocacy was				
1			consistent.				1 1
			A group interview meeting with				
			residents residing in the domiciliary				
1	1		was conducted on March 25th at	•		•	
			approximately 10:10 AM, Domiciliary				
1			residents stated that they had written	İ	1 [1
			letters to government officials				
			regarding issues with care at the				
			facility. Residents presented letters				
			that they had written to state senators				
			about their grievances and also				
	1		presented copies of articles written				
			about the issues surrounding staffing				
			and care at the facility. An online				
ŀ			search confirmed the residents had				
			expressed their concerns regarding				
1			conditions at the facility and the state representatives called for an]		
1			investigation in the home regarding the				1
			lack of care provided to the resident				
1			members in 2013.				
1			Domiciliary residents also stated that				
1			they had issues with a particular nurse				
			who verbally berated them and would				
			not assist them with nursing services.				
	•		A review of the grievances filed by		- -		
1	İ	1	domiciliary residents confirmed that				
			residents had expressed fear,				
1			disrespect and harassment from a				
1		1	head nurse. Further review of the				
			grievances revealed that the nurse in				
1		1	question was given at least one written	•			
1			reprimand for verbal comments made				
1		1	to a resident. In another grievance the				1
1			nurse was asked to completely				
•	•		·	. •	• •		*

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE	PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
			investigate resident incidents before taking disciplinary actions. In both instances, residents claimed that they were disrespected and harassed. An interview with the Administrator was conducted on 3/26/15 at approximately 5:30 PM. The Administrator revealed the current long term care ombudsman stated that his purpose was to handle issues with skilled nursing residents. The Administrator added that the ombudsman stated that he would address issues from domiciliary residents only if approached. An interview was conducted via phone with the Michigan Office of Services to the Aging (OSA). The state long term care ombudsman office explained that the domiciliary was not licensed and was not covered by the current ombudsman. The office staff provided veteran's assistance contact information for the county that the facility resides in.				
	C. A homelike environment is provided.	(M) Met					:
229	procedures concerning the rights and responsibilities of the domiciliary patient.	(M) Mel					
230	E. Patients are oriented to the policies and procedures of the domiciliary on admission.	(M) Met					
231	F. Patients may manage personal financial affairs or are given an accounting as required by state law, of financial transactions made on their behalf.	(M) Met					

Department of Veterans Affairs -

(Standards - Domiciliary)

SURVEY CLASS Annual Survey	SURVEY YEAR 2015	COMPLETION DATE 3/27/2015			
NAME OF FACILITY Grand RapidsD	STREET ADDRESS 3000 Monroe Ave. N.E.	,	<u>CITY</u> Grand Rapids	<u>STATE</u> MI	ZIP CODE 49505
Caleb.Hart_Gra					
Curtis.Bruer_Gra	***************************************				
Debra.Wilcox_Gra					
Eric George	P				······································
Lisa Martin			ann kin mi ^{re} killir k ^{ar} ii		
Michelle.Crawford_Gra	Mildedwards and a second account.				<u>.</u>
Patricia Steward2					
Patricia.Beckmann_Gra					
Susan Honaker			•		