



U.S. Department
of Veterans Affairs

5500 Armstrong Road
Battle Creek, MI 49037
www.battlecreek.va.gov

In Reply Refer To: 515/012GR

February 14, 2022

Ms. Carly MacDonald, Administrator
Michigan Home for Veterans of Grand Rapids
3000 Monroe Ave. NE
Grand Rapids, MI 49505

Dear Ms. MacDonald,

The Battle Creek VAMC Survey Team conducted the annual survey of the Michigan Home for Veterans in Grand Rapids on October 18 – 21, 2021. There were deficiencies cited that you were notified of in a letter dated January 11, 2022.

The Corrective Action Plan you submitted for the Nursing Home on February 4, 2022 has been accepted and completed. I find the Michigan Home for Veterans in Grand Rapids Nursing Home in compliance with all VA standards. Your facility is granted full certification until the next VA survey. Thank you for your continued support of our nation's Veterans

If you have any questions, please contact Kirk T. Watson, SVH VA Medical Center Representative, who coordinates the survey team's activities at (616) 249-5362.

Sincerely,

Michelle Martin
Medical Center Director

cc: State Department of Veterans Affairs (official overseeing facility operations)
cc: VISN 10 Director
cc: Executive Director, Geriatrics and Extended Care (12GEC)

Department of Veterans Affairs -

SURVEY CLASS

Annual Survey

SURVEY YEAR

2021

COMPLETION DATE

10/20/2021

NAME OF FACILITY

Grand RapidsN

STREET ADDRESS

3000 Monroe Ave. N.E.

CITY

Grand Rapids

STATE

MI

ZIP CODE

49505

SURVEYED BY (VHA Field Activity of Jurisdiction)

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NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
1000	51.40(a) Basic rate. Except as provided in § 51.41, VA will pay per diem for care provided to an eligible veteran at a State home at the lesser of the following rates: (1) One-half of the daily cost of the care for each day the veteran is in the State home, as calculated under paragraph (b) of this section. (2) The basic per diem rate for each day the veteran is in the State home. The basic per diem rate is established by VA for each fiscal year in accordance with 38 U.S.C. 1741(a) and (c). Note to paragraph (a): To determine the number of days that a veteran was in a State home, see paragraph (c) of this section.	(M) Met					
1001	51.40(b) How to calculate the daily cost of a veteran's care. The daily cost of care consists of those direct and indirect costs attributable to care at the State home, divided by the total number of residents serviced by the program of care. Cost principles are set forth in Office of Management and Budget (OMB) regulations. 2 CFR §§ 200.400-200.475.	(M) Met					

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1002	51.40(c)(1) Determining whether a veteran spent a day receiving nursing home or domiciliary care—(1) Nursing homes. VA will pay per diem for each day that the veteran is receiving nursing home care and has an overnight stay at the State home. Per diem also will be paid for a day when there is no overnight stay if the State home nursing home care program has an occupancy rate of 90 percent or greater on that day. However, these payments will be 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 stay could occur more than once in a calendar year once there is an overnight stay in the State home between hospital stays) and only for the first 12 days in a calendar year during which the veteran is absent for purposes other than receiving hospital care. Occupancy rate is calculated by dividing the total number of residents (including nonveterans) in the nursing home on that day by the total recognized nursing home capacity in that State home.	(M) Met					
1003	51.41(a) Contract or VA provider agreement required. VA and State homes may enter into both contracts and provider agreements. VA will pay for each eligible veteran's care through either a contract or a provider agreement (called a "VA provider agreement"). Eligible veterans are those who: (1) Are in need of nursing home care for a VA adjudicated service connected disability, or (2) Have a singular or combined rating of 70 percent or more based on one or more service connected disabilities or a rating of total disability based on individual unemployability and are in need of nursing home care.	(M) Met					
1004	51.41(b) Payments under contracts. Contracts under this section will be subject to this part to the extent provided for in the contract and will be governed by federal acquisition law and regulation. Contracts for payment under this section will provide for payment either: (1) At a rate or rates negotiated between VA and the State home; or (2) On request from a State home that provided nursing home care on August 5, 2012, for which the State home was eligible for payment under 38 U.S.C. 1745(a)(1), at a rate that reflects the overall methodology of reimbursement for such care that was in effect for the State home on August 5, 2012.	(M) Met					

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1005	<p>51.41(c) Payments under VA provider agreements. (1) State homes must sign an agreement to receive payment from VA for providing care to certain eligible veterans under a VA provider agreement. VA provider agreements under this section will provide for payments at the rate determined by the following formula. For State Homes in a metropolitan statistical area, use the most recently published CMS Resource Utilization Groups (RUG) case mix levels for the applicable metropolitan statistical area. For State Homes in a rural area, use the most recently published CMS Skilled Nursing Prospective Payment System case mix levels for the applicable rural area. To compute the daily rate for each State home, multiply the labor component by the State home wage index for each of the applicable case mix levels; then add to that amount the non labor component. Divide the sum of the results of these calculations by the number of applicable case mix levels. Finally, add to this quotient the amount based on the CMS payment schedule for physician services. The amount for physician services, based on information published by CMS, is the average hourly rate for all physicians, with the rate modified by the applicable urban or rural geographic index for physician work, then multiplied by 12, then divided by the number of days in the year. (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a VA provider agreement. Also, as a condition of receiving payments under paragraph (c) of this section, the State home must agree not to accept drugs and medicines from VA provided under 38 U.S.C. 1712(d) on behalf of veterans covered by this section and corresponding VA regulations (payment under paragraph (c) of this section includes payment for drugs and medicines). (3) Agreements under paragraph (c) of this section will be subject to this part, except to the extent that this part conflicts with this section. For purposes of this section, the term "per diem" in part 51 includes payments under provider agreements. (4) If a veteran receives a retroactive VA service-connected disability rating and becomes a veteran identified in paragraph (a) of this section, the State home may request payment under the VA provider agreement for nursing home care back to the retroactive effective</p>	(M) Met					

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	date of the rating or February 2, 2013, whichever is later. For care provided after the effective date but before February 2, 2013, the State home may request payment at the special per diem rate that was in effect at the time that the care was rendered.						

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1006	51.41(d)-(g) VA signing official. (d) VA provider agreements must be signed by the Director of the VA medical center of jurisdiction or designee. (e) Forms. Prior to entering into a VA provider agreement, State homes must submit to the VA medical center of jurisdiction a completed VA Form 10-10EZ, Application for Medical Benefits (or VA Form 10-10EZR, Health Benefits Renewal Form, if a completed VA Form 10-10EZ is already on file at VA), and a completed VA Form 10-10SH, State Home Program Application for Care—Medical Certification, for the veterans for whom the State home will seek payment under the provider agreement. After VA and the State home have entered into a VA provider agreement, forms for payment must be submitted in accordance with paragraph (a) of this section. VA Forms 10-10EZ and 10-10EZR are set forth in full at §58.12 of this chapter and VA Form 10-10SH is set forth in full at §58.13 of this chapter. (f) Termination of VA provider agreements. (1) A State home that wishes to terminate a VA provider agreement with VA must send written notice of its intent to the Director of the VA medical center of jurisdiction at least 30 days before the effective date of termination of the agreement. The notice shall include the intended date of termination. (2) VA provider agreements will terminate on the date of a final decision that the home is no longer recognized by VA under §51.30. (g) Compliance with Federal laws. Under provider agreements entered into under this section, State homes are not required to comply with reporting and auditing requirements imposed under the Service Contract Act of 1965, as amended (41 U.S.C. 351, et seq.); however, State homes must comply with all other applicable Federal laws concerning employment and hiring practices including the Fair Labor Standards Act, National Labor Relations Act, the Civil Rights Acts, the Age Discrimination in Employment Act of 1967, the Vocational Rehabilitation Act of 1973, Worker Adjustment and Retraining Notification Act, Sarbanes-Oxley Act of 2002, Occupational Health and Safety Act of 1970, Immigration Reform and Control Act of 1986, Consolidated Omnibus Reconciliation Act, the Family and Medical Leave Act, the Americans with Disabilities Act, the Uniformed Services Employment and Reemployment Rights Act, the Immigration and Nationality Act, the Consumer Credit Protection Act, the Employee Polygraph	(M) Met					

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	Protection Act, and the Employee Retirement Income Security Act.						
1007	51.42(a)(1) Forms required—(1) Forms required at time of admission or enrollment. As a condition for receiving payment of per diem under this part, the State home must submit the forms identified in paragraphs (a)(1)(i) and (ii) of this section to the VA medical center of jurisdiction for each veteran at the time of the veteran's admission to or enrollment in a State home. If the home is not a recognized State home, the home must, after recognition, submit forms for Veterans who received care on and after the date of the completion of the VA survey that provided the basis for determining that the home met the standards of this part. The State home must also submit the appropriate form with any request for a change in the type of per diem paid on behalf of a veteran as a result of a change in the veteran's program of care or a change in the veteran's service-connected disability rating that makes the veteran's care eligible for payment under § 51.41. Copies of VA Forms can be obtained from any VA Medical Center and are available on our website at www.va.gov/vaforms . The required forms are: (i) A completed VA Form 10-10EZ, Application for Medical Benefits (or VA Form 10-10EZR, Health Benefits Renewal Form, if a completed Form 10-10EZ is already on file at VA). Note 1 to paragraph (a)(1)(i): Domiciliary applicants and residents must complete the financial disclosure sections of VA Forms 10-10EZ and 10-10EZR, and adult day health care applicants may be required to complete the financial disclosure sections of these forms in order to enroll with VA. Although the nursing home applicants or residents or adult day health care participants do not complete the financial disclosure sections of VA Forms 10-10EZ and 10-10EZR, an unsigned form is incomplete, and VA will not accept the form. (ii) A completed VA Form 10-10SH, State Home Program Application for Care—Medical Certification.	(M) Met					
1008	51.42(a)(2) Form required for monthly payments. Except as provided in paragraphs (b)(1) and (2) of this section, VA pays per diem on a monthly basis for care provided during the prior month. To receive payment, the State must submit each month to the VA a completed VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed.	(M) Met					

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1009	51.42(b)(1) Commencement of payments— (1) Per diem payments for a newly recognized State home. No per diem payments will be made until VA recognizes the home and each veteran resident for whom VA pays per diem is verified as being eligible; however, per diem payments will be made retroactively for care that was provided on and after the date of the completion of the VA survey that provided the basis for determining that the home met the standards of this part.	(M) Met					
1010	51.42(b)(2) Per diem payments for capacity certified under § 51.30(c). Per diem will be paid for the care of veterans in capacity certified in accordance with § 51.30(c) retroactive to the date of the completion of the survey if the Director certifies the capacity as a result of that survey.	(M) Met					
1011	51.42(b)(3) Payments for eligible veterans. When a State home admits or enrolls an eligible veteran, VA will pay per diem under this part from the date of receipt of the completed forms required by this section, except that VA will pay per diem from the date care began if the Director receives the completed forms no later than 10 calendar days after care began. VA will make retroactive payments of per diem under paragraphs (b)(1) and (2) of this section only if the Director receives the completed forms that must be submitted under this section.	(M) Met					
1012	51.43(a) In addition to the per diem payments under § 51.40 of this part, the Secretary will furnish drugs and medicines to a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving nursing home care in a State home if—(1) The veteran: (i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and needs the drugs and medicines for a service connected disability; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability; or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability.	(M) Met					

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1013	51.43(b) VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by § 17.96 of this chapter, subject to the limitation in § 51.41(c)(2).	(M) Met					
1014	51.43(c) VA may furnish a drug or medicine under paragraph (a) of this section and under § 17.96 of this chapter only if the drug or medicine is included on VA's National Formulary, unless VA determines a non-Formulary drug or medicine is medically necessary.	(M) Met					
1015	51.43(d) VA may furnish a drug or medicine under this section and under § 17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement.	(M) Met					
1016	51.43(e) As a condition for receiving drugs or medicine under this section or under § 17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran.	(M) Met					

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1017	<p>51.50(a)-(i) A veteran is an eligible veteran for the purposes of payment of per diem for nursing home care under this part if VA determines that the veteran needs nursing home care; is not barred from receiving care based on his or her service (see 38 U.S.C. 5303, 5303A), is not barred from receiving VA pension, compensation or dependency and indemnity compensation based on the character of a discharge from military service (see 38 CFR 3.12) and is within one of the following categories:</p> <p>(a) Veterans with service-connected disabilities;</p> <p>(b) Veterans who are former prisoners of war, who were awarded the Purple Heart, or who were awarded the medal of honor under 10 U.S.C. 3741, 6241, or 8741 or 14 U.S.C. 491;</p> <p>(c) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty;</p> <p>(d) Veterans who receive disability compensation under 38 U.S.C. 1151;</p> <p>(e) Veterans whose entitlement to disability compensation is suspended because of the receipt of retired pay;</p> <p>(f) Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that such veterans' continuing eligibility for nursing home care is provided for in the judgment or settlement described in 38 U.S.C. 1151;</p> <p>(g) Veterans who VA determines are unable to defray the expenses of necessary care as specified under 38 U.S.C. 1722(a);</p> <p>(h) Veterans solely seeking care for a disorder associated with exposure to a toxic substance or radiation, for a disorder associated with service in the Southwest Asia theater of operations during the Persian Gulf War, as provided in 38 U.S.C. 1710(e), or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998, as provided and limited in 38 U.S.C. 1710(e);</p> <p>(i) Veterans who agree to pay to the United States the applicable co-payment determined under 38 U.S.C. 1710(f) and 1710(g). Note 1 to paragraph (i): Neither enrollment in the VA healthcare system nor eligibility to enroll is required to be an eligible veteran for the purposes of payment of per diem for nursing home care.</p>	(M) Met					

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1018	51.59(a) Definition of emergency. For the purposes of this section, emergency means an occasion or instance where all of the following are true: (1) It would be unsafe for veterans receiving care at a State home to remain in that home. (2) The State is not, or believes that it will not be, able to provide care in the State home on a temporary or long-term basis for any or all of its veteran residents due to a situation involving the State home, and not due to a situation where a particular veteran's medical condition requires that the veteran be transferred to another facility, such as for a period of hospitalization. (3) The State determines that the veterans must be evacuated to another facility or facilities.	(M) Met					
1019	51.59(b) General authority to pay per diem during a relocation period. Notwithstanding any other provision of this part, VA will continue to pay per diem for a period not to exceed 30 calendar days for any eligible veteran who resided in a State home, and for whom VA was paying per diem, if such veteran is evacuated during an emergency into a facility other than a VA nursing home, hospital, domiciliary, or other VA site of care if the State is responsible for providing or paying for the care. VA will not pay per diem under this section for more than 30 calendar days of care provided in the evacuation facility, unless the official who approved the emergency response under paragraph (e) of this section determines that it is not reasonably possible to return the veteran to a State home within the 30-calendar-day period, in which case such official will approve additional period(s) of no more than 30 calendar days in accordance with this section. VA will not pay per diem if VA determines that a veteran is or has been placed in a facility that does not meet the standards set forth in paragraph (c)(1) of this section, and VA may recover all per diem paid for the care of the veteran in that facility.	(M) Met					

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1020	51.59(c)(1) Selection of evacuation facilities. The following standards and procedures in paragraphs (c)(1) through (3) apply to the selection of an evacuation facility in order for VA to continue to pay per diem during an emergency. These standards and procedures also apply to evacuation facilities when veterans are evacuated from a nursing home in which care is being provided pursuant to a contract under 38 U.S.C. 1720. (1) Each veteran who is evacuated must be placed in a facility that, at a minimum, will meet the needs for food, shelter, toileting, and essential medical care of that veteran.	(M) Met					
1021	51.59(c)(2) For veterans evacuated from nursing homes, the following types of facilities may meet the standards under paragraph (c)(1) of this section: (i) VA Community Living Centers; (ii) VA contract nursing homes; (iii) Centers for Medicare and Medicaid Services certified facilities; and (iv) Licensed nursing homes. Note 1 to paragraph (c)(2): If none of the above options are available, veterans may be evacuated temporarily to other facilities that meet the standards under paragraph (c)(1) of this section.	(M) Met					
1022	51.59(e) Approval of response. Per diem payments will not be made under this section unless and until the Director of the VA medical center of jurisdiction or the director of the VISN in which the State home is located (if the VAMC Director is not capable of doing so) determines, that an emergency exists and that the evacuation facility meets VA standards set forth in paragraph (c)(1) of this section.	(M) Met					

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1028	<p>51.70(a) 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:</p> <p>(a) Exercise of rights.</p> <p>(1) 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.</p> <p>(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights.</p> <p>(3) The resident has the right to freedom from chemical or physical restraint.</p> <p>(4) 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.</p> <p>(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.</p>	(M) Met					
1029	<p>51.70(b)(1)-(2) Notice of rights and services. (1) 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 notification must be made prior to or upon admission and periodically during the resident's stay. (2) 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.</p>	(M) Met					

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1030	<p>51.70(b)(3)-(6) (3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status;</p> <p>(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</p> <p>(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.</p> <p>(6) The facility management must furnish a written description of legal rights which includes:</p> <p>(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>(ii) A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p>	(M) Met					

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1031	<p>51.70(b)(7)-(8) (7) The facility management must have written policies and procedures regarding advance directives (e.g., living wills) that 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.</p> <p>(8) The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.</p>	(M) Met					
1032	<p>51.70(b)(i) Notification of changes. (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 member when there is—</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §51.80(a) of this part.</p>	(M) Met					

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1033	51.70(b)(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 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. (iii) The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.	(M) Met					
1034	51.70(c)(1)-(2) Protection of resident funds. (1) 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) through (c)(6) of this section.	(M) Met					
1035	51.70(c)(3) Deposit of funds. (i) Funds in excess of \$100. The facility management must deposit any residents' 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 resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's 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					
1036	51.70(c)(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 from the resident or his or her legal representative.	(M) Met					

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1037	51.70(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.	(M) Met					
1038	51.70(c)(6) Assurance of financial security. The facility 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.	(M) Met					
1039	51.70(d) Free choice. The resident has the right 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.	(M) Met					

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1040	<p>51.70(e) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>(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.</p> <p>(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;</p> <p>(3) The resident's right to refuse release of personal and clinical records does not apply when—</p> <p>(i) The resident is transferred to another health care institution; or</p> <p>(ii) Record release is required by law.</p>	(N) Not Met	<p>Based on observation and interview, the nursing home did not ensure a resident's right to privacy and confidentiality of clinical records. Findings include:</p> <ul style="list-style-type: none"> On 10/20/21 at approximately 10:10 a.m., a medication cart was observed with the computer screen open and unattended in the hallway across from the nursing station in 2 Blue; the speech therapist was present during the observation. At the time of the observation, two residents were in the hallway walking near the medication cart. Information that was visible from the medication computer screen included Resident #106's name, date of birth, social security number, and medications such as calcium carbonate, furosemide, Levemir® insulin, sennosides, and Eliquis®. The nursing assistant (NA), who was at the nursing station, indicated the licensed practical nurse (LPN) who was working with the medication cart "may be with another resident." At 10:17 a.m., the LPN returned to the medication cart. When asked about the computer screen, the LPN enabled the privacy screen but did not provide additional information about leaving the computer screen open and unattended. On 10/20/21 at 11:23 a.m., the same LPN was observed leaving the medication cart and the computer screen open to perform a fingerstick for blood glucose test for Resident #106. The medication cart was left in the main hallway across from nursing station; the medication cart was easily accessible and in a busy hallway. <p>SCOPE AND SEVERITY: D.</p>	<insert CAP details here>			

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1041	51.70(f) Grievances. A resident has the right to— (1) Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	(M) Met					
1042	51.70(g) Examination of survey results. A resident has the right to— (1) 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 client advocates, and be afforded the opportunity to contact these agencies.	(M) Met					
1043	51.70(h) Work. The resident has the right to— (1) Refuse to perform services for the facility; (2) 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; (ii) 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.	(M) Met					
1044	51.70(i) Mail. The resident must have the right to privacy in written communications, including the right to— Send and promptly receive mail that is unopened; and (2) Have access to stationery, postage, and writing implements at the resident's own expense.	(M) Met					

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1045	51.70(j)(1)-(2) Access and visitation rights. (1) The resident has the right and the facility management must provide immediate access to any resident by the following: (i) Any representative of the Under Secretary for Health; (ii) Any representative of the State; (iii) Physicians of the resident's choice (to provide care in the nursing home, physicians must meet the provisions of §51.210(j)); (iv) The State long term care ombudsman; (v) 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.	(M) Met					
1046	51.70(j)(3) 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					
1047	51.70(k) Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	(M) Met					
1048	51.70(l) Personal property. The resident has the 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 residents.	(M) Met					
1049	51.70(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.	(M) Met					
1050	51.70(n) Self Administration of drugs. An 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					

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1056	<p>51.80(a)(1)-(2) Transfer and discharge.</p> <p>(1) 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.</p> <p>(2) 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—</p> <p>(i) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home;</p> <p>(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;</p> <p>(iii) The safety of individuals in the facility is endangered;</p> <p>(iv) The health of individuals in the facility would otherwise be endangered;</p> <p>(v) The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or</p> <p>(vi) The nursing home ceases to operate.</p>	(M) Met					
1057	<p>51.80(a)(3) Documentation. When the facility 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 this in the resident's clinical record.</p>	(M) Met					
1058	<p>51.80(a)(4) Notice before transfer. Before a facility transfers or discharges a resident, the facility must—</p> <p>(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.</p> <p>(ii) Record the reasons in the resident's clinical record; and</p> <p>(iii) Include in the notice the items described in paragraph (a)(6) of this section.</p>	(M) Met					

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1059	51.80(a)(5) Timing of the notice. (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, (ii) Notice may be made as soon as practicable before transfer or discharge when— (A) The safety of individuals in the facility would be endangered; (B) The health of individuals in the facility would be otherwise endangered; (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;	(M) Met					
1060	51.80(a)(6) Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement that the resident has the right to appeal the action to the State official designated by the State; and (v) The name, address and telephone number of the State long term care ombudsman.	(M) Met					
1061	51.80(a)(7) Orientation for transfer or discharge. A facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility	(M) Met					
1062	51.80(b)(1) Notice of bed-hold policy and readmission— (1) 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 the resident and a family member or legal representative that specifies—	(M) Met					
1063	51.80(b)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.	(M) Met					

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1064	51.80(b)(3) Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room, if the resident requires the services provided by the facility.	(M) Met					
1065	51.80(c) Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.	(M) Met					
1066	51.80(d) Admissions policy. The facility 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 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 resident's income or resources.	(M) Met					
1072	51.90(a) Restraints. (1) The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. (i) Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. (ii) Physical restraint is any method of 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. (2) The facility management uses a system to achieve a restraint-free environment. (3) The facility management collects data about the use of restraints. (4) When alternatives to the use of restraint are ineffective, a restraint must be safely and appropriately used.	(M) Met					

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1073	<p>51.90(b) Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.</p> <p>(1) Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.</p> <p>(2) Physical abuse includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.</p> <p>(3) Sexual abuse includes sexual harassment, sexual coercion, and sexual assault.</p> <p>(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.</p> <p>(5) Involuntary seclusion 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.</p>	(M) Met					
1074	<p>51.90(c)(1) Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. (1) The facility management must:</p> <p>(i) Not employ individuals who—</p> <p>(A) Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or</p> <p>(B) Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and</p> <p>(ii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p>	(M) Met					
1075	<p>51.90(c)(2) The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.</p>	(M) Met					

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1076	51.90(c)(3) The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	(M) Met					
1077	51.90(c)(4) The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.	(M) Met					
1083	51.100(a)-(b)A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. (a) Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (b) Self-determination and participation. The resident has the right to— (1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (2) Interact with members of the community both inside and outside the facility; and (3) Make choices about aspects of his or her life in the facility that are significant to the resident.	(M) Met					
1084	51.100(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 management of the facility by the council.	(M) Met					

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1085	51.100(d) Participation in resident and family groups. (1) A resident has the right to organize and participate in resident groups in the facility; (2) A resident's family has the right to meet in the facility with the families of other residents in the facility; (3) The facility management must provide the council and any resident or family group that exists with private space; (4) Staff or visitors may attend meetings at the group's invitation; (5) The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; (6) The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility	(M) Met					
1086	51.100(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 religious counseling by clergy of various faith groups.	(M) Met					
1087	51.100(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					
1088	51.100(g)(1) Patient Activities. (1) The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	(M) Met					

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1089	51.100(g)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who— (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body.	(M) Met					
1090	51.100(h)(1) Social Services. (1) The facility management must provide medically related social services to attain or maintain the highest practicable mental and psychosocial well being of each resident;	(M) Met					
1091	51.100(h)(2) For each 120 beds, a nursing home must 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 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 equaling at least one-half FTE and a nursing home with 180 beds must employ qualified social workers who work for a total period equaling at least one and one-half FTE).	(M) Met					
1092	51.100(h)(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 (Note: A master's degree social worker with experience in long-term care is preferred), and (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 working directly with individuals.	(M) Met					
1093	51.100(h)(4) The facility management must have sufficient support staff to meet patients' social services needs.	(M) Met					
1094	51.100(h)(5) Facilities for social services must ensure privacy for interviews.	(M) Met					
1095	51.100(i)(1) 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					

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1096	51.100(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) Met					
1097	51.100(i)(3) Clean bed and bath linens that are in good condition;	(M) Met					
1098	51.100(i)(4) Private closet space in each resident room, as specified in §51.200(d)(2)(iv) of this part;	(M) Met					
1099	51.100(i)(5) Adequate and comfortable lighting levels in all areas;	(M) Met					
1100	51.100(i)(6) Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	(M) Met					
1101	51.100(i)(7) For the maintenance of comfortable sound levels.	(M) Met					
1107	51.110(a) 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. (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 medical assessment, including a medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.	(M) Met					
1108	51.110(b)(1) Comprehensive assessments. (1) The facility management must make a comprehensive 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; and (ii) Describing the resident's capability to perform daily life functions, strengths, performances, needs as well as significant impairments in functional capacity.	(M) Met					

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1109	51.110(b)(2) Frequency. Assessments must be conducted— (i) No later than 14 days after the date of admission; (ii) Promptly after a significant change in the resident's physical, mental, or social condition; and (iii) In no case less often than once every 12 months.	(M) Met					
1110	51.110(b)(3) 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					
1111	51.110(b)(4) 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					
1112	51.110(c)(1)-(2) Accuracy of assessments. (1) Coordination— (i) Each assessment must be conducted or coordinated with the appropriate participation of health professionals. (ii) Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the completion of the assessment. (2) Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.	(M) Met					
1113	51.110(d) Submission of assessments. Each assessment (initial, annual, change in condition, and quarterly) using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 2.0 must be submitted electronically to VA at the IP address provided by VA to the State within 30 days after completion of the assessment document.	(M) Met					

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1114	51.110(e)(1) Comprehensive care plans. (1) The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following— (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §51.120; and (ii) Any services that would otherwise be required under §51.120 of this part but are not provided due to the resident's exercise of rights under §51.70, including the right to refuse treatment under §51.70(b)(4) of this part.	(M) Met					
1115	51.110(e)(2) A comprehensive care plan must be— (i) Developed within 7 calendar days after completion of the comprehensive assessment; (ii) Prepared by an interdisciplinary team, that includes the primary physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and (iii) Periodically reviewed and revised by a team of qualified persons after each assessment.	(M) Met					

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1116	51.110(e)(3) The services provided or arranged by the facility must— (i) Meet professional standards of quality; and (ii) Be provided by qualified persons in accordance with each resident's written plan of care.	(N) Not Met	<p>Based on observation, interview and record review, the nursing home did not ensure services provided met professional standards of quality. Findings include:</p> <p>The nursing home policy titled, "Medication Procedures," and dated 03/12/21, was provided by the director of nursing on 10/20/21 at 5:27 p.m. The policy/procedure indicated, "COMPLIANCE GUIDELINES....12. Review EMAR [electronic medication administration record] to identify medication to be administered. 13. Compare medication source (bubble pack, vial, etc.) with EMAR to verify member [resident] name, medication name, form, dose, route, and time....19. Sign EMAR after administered.</p> <p>Resident #206, 2 Blue</p> <ul style="list-style-type: none"> Resident #206 was admitted to the nursing home on 12/23/2014. The resident's diagnoses included schizoaffective disorder bipolar type, "nicotine dependence, with cigarette withdrawal," and chronic obstructive pulmonary disease (COPD). A comprehensive MDS dated 10/18/21 was coded to indicate the resident scored 15 on the Brief Interview for Mental Status (BIMS) suggesting intact cognition. The resident's current care plan included a statement addressing smoking that read, "Potential risk for injury related to smoking." The corresponding goal stated "[Resident] will not suffer injury from unsafe smoking practices through the review date." Approaches included, "[Resident] may have one nicotine lozenge by mouth every 3 hours as needed for helping him to curb the urge to smoke. Date initiated 10/18/21...." The resident had a provider's order dated 10/18/21 that read, "Nicotine Polacrilex Lozenge 4 mg [milligrams] Give one lozenge by mouth every 3 hours as needed for 	<insert CAP details here>			

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			<p>curbing urge to smoke.”</p> <ul style="list-style-type: none"> On 10/20/21 at 4:10 p.m., Resident #206 approached an LPN while the LPN was preparing to administer pain medications for another resident. Resident #206 requested a nicotine lozenge. The LPN retrieved a package of nicotine gum (three pieces of gum) and handed the gum to the resident. The resident refused to take the nicotine gum and informed the LPN that he used nicotine lozenges rather than gum. When the LPN could not locate the nicotine lozenges in the medication cart, the resident pointed to a bottle that contained the nicotine lozenges in the top right drawer. The LPN placed a nicotine lozenge in a medicine cup, handed the cup to the resident and returned the bottle to the top right drawer of the medication cart. The LPN did not use the EMAR to identify the medication to be administered for Resident #206; did not compare the medication label on the bottle to the EMAR to verify resident name, medication name, form, dose, route, and time; and the LPN did not sign the EMAR after the nicotine lozenge was administered. During record review of the EMAR and interview on 10/21/21 at 7:43 a.m., the ADON indicated that the EMAR documented the last time the nicotine lozenge was administered was on 10/19/21 at 2:00 p.m.; the EMAR did not indicate the medication was administered on 10/20/21 at 4:10 p.m. as observed above. <p>SCOPE AND SEVERITY: D.</p>				

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1117	51.110(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					

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1123	<p>51.120(a)(1)-(2)Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>(a) Reporting of Sentinel Events—</p> <p>(1) Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function.</p> <p>(2) Examples of sentinel events are as follows:</p> <p>(i) Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; or</p> <p>(ii) Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or</p> <p>(iii) Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or</p> <p>(iv) Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or</p> <p>(v) Assault, homicide or other crime resulting in patient death or major permanent loss of function; or</p> <p>(vi) A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.</p>	(N) Not Met	<p>Based on observation, interview and record review, the nursing home did not provide pain management care and services for one resident to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment. Findings include:</p> <p>Pain Management</p> <p>The nursing home policy titled, "Pain Assessment & Management," and dated 05/20/21 was provided by the director of nursing on 10/19/21 at 6:25 p.m. The policy/procedure indicated, "...WHO DOES WHAT: RN [registered nurse], LPN [licensed practical nurse]....7. Identifies and documents (in the progress notes of the member [resident's] chart) onset, location, intensity, pattern, and duration of the pain. Describes the pain in the progress notes (burning, shooting, constant, intermittent, aching, throbbing). Document factors that make the pain better or worse and the impact of the pain on the member's quality of life....9. The care plan must contain cause-specific or symptomatic interventions, where appropriate, targeted to an individual's conditions, risks, and ability to cooperate. Documentation must show communication between the physician, the member/family, and interdisciplinary team with review of causes, characteristics, and options related to managing a member's pain, including non-pharmacologic measures....12. Documentation in the EMR [electronic medical record] must show how the pain is managed, monitored, and evaluated (pharmacologic and non-pharmacologic interventions). Routine evaluation of the effectiveness of care plan interventions and the status of the member's pain over time must be documented. These approaches must be consistent with the initial assessment and tools used....13. Assesses member at least quarterly,</p>	<insert CAP details here>			

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			<p>documenting whether and to what degree pain is affecting important aspects of quality of life such as the ability to perform activities of daily living (ADL) and receive ADL assistance, sleep pattern, participation in usual activities, mood, cognition, and behavior. A Pain Assessment must be completed upon admission, quarterly, and with any change in the effectiveness of a member's overall pain control."</p> <p>Resident #207, 2 Blue</p> <ul style="list-style-type: none"> Resident #207 was admitted to the nursing home on 06/17/2021. The resident's diagnoses included chronic obstructive pulmonary disease (COPD), osteoarthritis generally and in left and right wrist, polyneuropathy, and peripheral vascular disease; the resident had an artificial hip joint. The resident's most current quarterly Minimum Data Set (MDS) dated 07/14/21 was coded to indicate the resident had a Brief Interview for Mental Status (BIMS) score of 15 suggesting intact cognition. The resident required extensive assistance of one staff person with most activities of daily living (ADL) except the resident was independent with locomotion on and off the unit and eating. The MDS was coded to indicate the resident received scheduled pain medication, received PRN (as needed) pain medication or was offered and declined, and did not receive a non-medication intervention for pain. The MDS indicated the resident had frequent pain at a pain intensity level of 8 (on a scale of 0 to 10, with 10 being the worst pain possible) that did not make it difficult to sleep or limit day-to-day activities. The MDS indicated the resident used a wheelchair for mobility. The resident's current care plan included a statement addressing pain management that read, "Potential for pain r/t [related to] comorbidities." Approaches dated 06/17/21 included: <ul style="list-style-type: none"> "Monitor and assess for pain and 				

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			<p>inform DR [doctor] if not effective."</p> <ul style="list-style-type: none"> o Pain medication given as ordered by DR." o The plan of care did not address the resident's pain intensity goal. • Provider orders included the following: <ul style="list-style-type: none"> o 06/28/21: "Pregabalin Capsule 50 mg [milligrams] Give 1 capsule by mouth two times a day for neuropathic pain for 6 months." o 09/02/21: "Hydromorphone HCL [hydrochloride] Tablet 4 mg Give 1 tablet by mouth three times a day for pain." o 09/28/21: "Morphine Sulfate (Concentrate) Solution 20 MG/ML [milligrams per milliliter]. Give 0.5 mg by mouth every 2 hours as needed for breakthrough pain." o 10/09/21: "Lidocaine Cream 4% Apply to both wrists topically every day and evening shift for pain." • During an interview and record review with the assistant director of nursing (ADON) on 10/21/21 at 7:50 a.m., the ADON stated the resident "was admitted here [the nursing home] on 06/17/2021 on hospice, he had COPD, A-fib [atrial fibrillation], cardiomyopathy and encephalopathy. He quit hospice because he started improving and wanted therapy....He was on hydromorphone and morphine, the same medications he was on while on hospice care when he was admitted here [the nursing home]....the resident was kept on the same medications." The ADON indicated the resident was discharged from hospice care on 07/06/21. When asked if a comprehensive pain assessment was completed after the resident was discharged from hospice, the ADON provided a late entry to a 30-day physician note that was dated 08/04/21 and indicated, "[Resident #207] continues to have significant pain that he registers as a 7/10 most of the time. He is on a scheduled dose of Dilaudid [hydromorphone] three times a day. He has morphine 10 mg available for breakthrough pain. He 				

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			<p>was admitted to hospice services; however, on July 6 [07/06/21], [hospice care company] signed off, as he no longer met criteria for their services. [Resident #207] is able to navigate using his manual wheelchair for limited distances, owing to pain in both wrists." A comprehensive pain assessment was not provided to include the location, intensity, pattern, and duration of the pain; an acceptable pain level; and what made the pain worse or better. Another physician note dated 09/20/21 indicated, "[Resident #207] was seen at bedside today for routine visit. He is feeling uncomfortable, with arthritic symptoms in right hand. He has obvious swelling in the wrist and hand this morning....Numerous osteoarthritic changes are evident in several interphalangeal joints. Passive and active range of motion of the right wrist is somewhat limited and painful....Impressions....Chronic lumbar spinal stenosis requiring Dilaudid and morphine."</p> <ul style="list-style-type: none"> The electronic medication administration record (eMAR) was reviewed with the ADON and indicated that on 10/19/21 the resident's pain intensity score was 9 at 5:00 p.m. and morphine was administered with a follow-up pain intensity score of 3; no additional approaches were attempted following the pain score of 3. The eMAR from 10/01/21 through 10/20/21 indicated that morphine sulfate was administered concurrently with hydromorphone rather than waiting to evaluate the effectiveness of the hydromorphone before administration of the morphine. The ADON indicated hydromorphone was scheduled to be given at 8:00 a.m., 4:00 p.m., and 9:00 p.m. On 17 days from 10/01/21 through 10/20/21, Resident #207 received PRN morphine within an hour of the time hydromorphone was administered. On 10/04/21, morphine was administered at 8:14 a.m. and again at 8:18 a.m. for a pain intensity score of 7/10. Documentation 				

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			<p>(including in progress notes) did not address the location, intensity, pattern, and duration of the pain; an acceptable pain level; and what made the pain worse or better.</p> <ul style="list-style-type: none"> During observations on 10/20/21 at 4:07 p.m., Resident #207 was sitting in a motorized wheelchair positioned near a medication cart that was in front of the nursing station in 2 Blue. The resident requested pain medication from an LPN at the medication cart. The LPN reviewed the eMAR and administered hydromorphone 4 mg to the resident; the LPN stated the resident's other medication (morphine) was not available. The LPN indicated the resident just returned from pet therapy and usually liked to take both the hydromorphone and morphine when he returned because of pain. The resident went to his room after receiving hydromorphone at approximately 4:10 p.m. After the LPN found the resident's morphine sulfate, it was administered for the resident at 4:12 p.m. for pain at an intensity level of 9 according to the eMAR. During the exit conference on 10/21/21 at 10:00 a.m., leadership staff were informed about pain management concerns for Resident #207. No additional information was provided during the exit conference. In summary, a late entry to a 30-day physician note that was dated 08/04/21 indicated, "[Resident #207] continues to have significant pain that he registers as a 7/10 most of the time. He is on a scheduled dose of Dilaudid [hydromorphone] three times a day. He has morphine 10 mg available for breakthrough pain. He was admitted to hospice services; however, on July 6 [07/06/21], [hospice care company] signed off, as he no longer met criteria for their services. [Resident #207] is able to navigate using his manual wheelchair for limited distances, owing to pain in both wrists." A comprehensive pain assessment was not provided to 				

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			<p>include the location, intensity, pattern, and duration of the pain; an acceptable pain level; and what made the pain worse or better. The eMAR from 10/01/21 through 10/20/21 indicated that morphine sulfate was administered concurrently with hydromorphone rather than waiting to evaluate the effectiveness of the hydromorphone before administration of the morphine. On 17 days from 10/01/21 through 10/20/21, Resident #207 received PRN morphine within an hour of the time hydromorphone was administered. On 10/04/21, morphine was administered at 8:14 a.m. and again at 8:18 a.m. for a pain intensity score of 7/10. Documentation (including in progress notes) did not address the location, intensity, pattern, and duration of the pain; an acceptable pain level; and what made the pain worse or better.</p> <p>SCOPE AND SEVERITY D.</p>				
1124	51.120(a)(3) The facility management must report sentinel events to the director of VA medical center of jurisdiction within 24 hours of identification. The VA medical center of jurisdiction must report sentinel events by calling VA Network Director (10N 1-22) and Office of Geriatrics and Extended Care in VA Central Office within 24 hours of notification.	(M) Met					
1125	51.120(a)(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. 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.	(M) Met					

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1126	51.120(b)(1) Activities of daily living. Based on the comprehensive assessment of a resident, the facility management must ensure that— (1) 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— (i) Bathe, dress, and groom; (ii) Transfer and ambulate; (iii) Toilet; (iv) Eat; and (v) Talk or otherwise communicate.	(M) Met					
1127	51.120(b)(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section; and	(M) Met					
1128	51.120(b)(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					
1129	51.120(c) Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident— (1) In making appointments, and (2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.	(M) Met					
1130	51.120(d) Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that— (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	(M) Met					

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1131	51.120(e)(1)-(2) Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that— (1) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (2) A resident who is incontinent of urine receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible; and	(M) Met					
1132	51.120(e)(3) A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible.	(M) Met					
1133	51.120(f) 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 to prevent further decrease in range of motion.	(M) Met					
1134	51.120(g) Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem.	(M) Met					
1135	51.120(h) Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that— (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 was unavoidable; and (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.	(M) Met					

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1136	51.120(i) Accidents. The facility management must ensure that— (1) The resident environment remains as free of accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents.	(N) Not Met	<p>Based on observation, interview and record review the nursing home did not ensure that each resident received adequate supervision to prevent accidents. Findings include:</p> <p>Accident Prevention Related to Aspiration Precautions On 10/19/21 at 6:25 p.m., the director of nursing (DON) provided a copy of the Grand Rapids Home for Veterans policy titled, "Informed Decision When Not Following Physician Ordered Diet," that was dated 04/27/21. Pertinent information from the policy stated,</p> <ul style="list-style-type: none"> • "The Grand Rapids Home for Veterans interdisciplinary team will respect the member's [resident's] right to make informed decisions regarding their recommended diet plan and discuss risk vs. [versus] benefits for the member and/or guardian to make an informed decision." • "Nursing Staff/IDT [interdisciplinary team] [will] communicate with Registered Dietitian [RD] any observed or reported non-acceptance or rejection of foods of member. Places member on alert charting for a timeframe determined by IDT." • "Upon continuation of non-acceptance of recommended diet, the RD develops an alternate diet plan with the member and/or guardian and recommends to the physician." <p>A policy titled, "Nutrition Direct Supervision Needs for Members," and dated 06/10/21, was provided to the survey team on 10/21/21 by the administrator. Pertinent information from the policy statement included the following:</p> <ul style="list-style-type: none"> • The "SLP [speech language pathologist] has developed a standardized form for swallowing guidelines and supervision levels (See Attachment A). A report will be maintained in this standardized form to provide for consistency throughout the home." • "Attachment A" stated, 	<insert CAP details here>			

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			<p>"Swallowing Guidelines and Supervision Levels – Direct Supervision: requires mod-max [moderate to maximum] support to follow strategies/precautions. Has different levels [as follows] a. Direct supervision with meal assistance – caregiver responsible for feeding and implementing the swallowing strategies b. Direct supervision with verbal cuing – do not need help with feeding but needs max cuing for CNA [certified nursing assistant] within arm's length away to follow swallow strategies/precautions for safety. c. Direct supervision – 'companion table' needs someone sitting at the table with them giving them verbal/visual/tactile cues to use swallowing strategies...."</p> <ul style="list-style-type: none"> • "The nutrition services department staff [will] organize all meal trays that require meal assistance...daily at breakfast, the nutrition service department sends up the SLP report and the Thickened Liquids report. The CENA [competency-evaluated nursing assistant], LPN, designated staff assisting with meals [will] clip the SLP report and Thickened Liquids report to the Purple Clipboard." • "The LPN, designated staff [will] observe the CENA to ensure appropriate steps are taken and carried out to provide the proper level of supervision needed at meals." <p>Resident #101, 1 Blue</p> <ul style="list-style-type: none"> • As determined through record review, Resident #101 was admitted to the nursing home on 08/16/2018 with diagnoses that included Alzheimer's disease; other medical conditions included "dysphagia, oropharyngeal phase." • The resident's most recent comprehensive MDS assessment dated 03/03/21 was coded to indicate Resident #101 had short and long-term memory problems and severely impaired cognitive skills for daily decision making based on staff assessment. According to the 				

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			<p>comprehensive MDS, the resident did not have mood or behavioral symptoms of potential distress including rejection of care, required extensive assistance with most activities of daily living including eating, did not have signs or symptoms of a possible swallowing disorder, and required a mechanically altered diet. The most recent quarterly MDS dated 09/01/21 was coded similarly to the comprehensive MDS except that the resident required total assistance with eating and had signs and symptoms of a possible swallowing disorder such as coughing or choking during meals or when swallowing medications.</p> <ul style="list-style-type: none"> During an initial tour of the unit and interview with a registered nurse (RN) on 10/19/21 at approximately 10:53 a.m., the RN reported the resident "was on hospice care; required total assist [assistance] with ADL [activities of daily living] care; had contractures in his hand, one side only; and received a pureed diet and nectar-thick liquids." A statement in the resident's care plan dated 05/07/21 indicated the resident "has chewing/swallowing difficulties related to physiological causes affecting his ability as evidenced by SLP evaluation and recommendation for mechanically altered foods and thickened liquids." The care plan goal stated, "By next review, [Resident #101] will have no significant weight changes, no signs or symptoms of dehydration, no skin breakdown, tolerate meal plan without difficulties, chewing or swallowing, comfort care." Pertinent care plan approaches included the following: <ul style="list-style-type: none"> "Diet: Puree texture, mildly thick (Nectar) liquids, no straws. SHELLFISH ALLERGY [emphasis not added]. DIRECT SUPERVISION [emphasis not added] for meal assistance. Refer to Purple clipboard." "Observe for difficulties chewing or swallowing such as watering eyes, coughing during meals, wet vocal 				

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			<p>quality, reddened face during meals, and delayed swallowing."</p> <ul style="list-style-type: none"> Another care plan regarding "self-care deficits" was dated 09/02/20 and included an approach for "DIRECT SUPERVISION for MEAL ASSISTANCE [emphasis not added] – refer to Purple clipboard. Puree texture; Nectar thick liquids. Staff ensure [Resident #101] takes small bites/sips. Sit in front of member when offering a bite and allow him to see the spoon coming towards his mouth. Offer one food at a time. Provide oral care after meals to ensure food is not being pocketed." The resident's care plan did not include individualized approaches on how to check for food pocketing as indicated on the SLP evaluation dated 05/17/21 (as below). Current provider orders included the following: <ul style="list-style-type: none"> "05/17/21 General diet. Puree texture, mildly thick/nectar consistency for [with] No straws, Red Wristband." The speech language pathology (SLP) evaluation dated 05/17/21 indicated Resident #101 had "increased pocketing of pureed textures. Some thermal/tactile stimulation was provided to improve swallow timing. This helped with swallow initiation and timing. Educated staff on placing cold spoon to lips and to tongue prior to meal and when pocketing is noted, place the cold spoon to lip and into mouth with downward pressure on the tongue. This will help to stimulation [stimulate] and clear mouth of bolus." Information on the "purple clipboard" addressed in the resident's plan of care stated, "SIDE BY SIDE [emphasis not added] (direct supervision for meal assistance) 1. STAFF ENSURE MEMBER [resident] TAKES SMALL BITES/SIPS [emphasis not added]. 2. Allow member to move around and then come back to the tray to eat. 3. Member does try to feed himself...staff offer assistance and offer bites as well. 4. PROVIDE ORAL 				

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			<p>CARE AFTER MEALS [emphasis not added] to ensure no food is being pocketed. 5. Sit in front of member when offering a bite and allow him to see the spoon coming towards his mouth."</p> <ul style="list-style-type: none"> During observations of the evening meal on 10/19/21 at approximately 5:23 p.m., Resident #101 was in the unit dining room seated in his wheelchair and receiving assistance from a nursing assistant (NA). The resident's meal tray consisted of pureed food and nectar-thick juice. The NA sat to the side of the resident, and provided the resident with small amounts of food (approximately 50% of a teaspoon). The NA alternated between the pureed food and thickened juice after every two bites. Throughout the meal observation, the resident was observed with his mouth closed after accepting a bite of food and did not appear to swallow; the NA did not check the resident's mouth for pocketing (food remaining in the resident's mouth). At approximately 5:40 p.m., the NA stopped feeding the resident and stated, "He does not want to open his mouth, I think he is done. He ate about 25% of his food and drank about 60% of his juice." The NA collected the resident's meal tray and walked toward the dining room exit. As the NA was walking away from the dining table at approximately 5:42 p.m., Resident #101 started coughing with food coming out of his mouth. The NA returned to the resident, wiped the resident's mouth with a napkin and exited the dining room. At approximately 5:50 p.m., Resident #101 was again noted coughing with food coming out of his mouth. The resident's eyes were watering as he was coughing, but the resident appeared to clear his throat after a few seconds. The surveyor located the same NA in the hallway and informed the NA about the resident coughing with food coming from his mouth. The NA told the surveyor, "I should 				

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			<p>probably get some towels and check his mouth." At approximately 5:55 p.m., the NA was observed with a washcloth and mouth swabs. The NA coached the resident verbally to open his mouth; however, the resident did not respond to the verbal command. When asked if the NA was aware of techniques including how to encourage the resident to open his mouth, the NA said she was not aware the resident needed swallowing precautions and stated, "I know he coughs after meals because of allergies; that's what I was told." The NA was not aware of the swallowing techniques in the SLP evaluation, the resident's plan of care, or the information on the purple clipboard.</p> <ul style="list-style-type: none"> On 10/19/21 at 5:57 p.m., a licensed practical nurse (LPN) who had not been in the dining room was informed about the observations of Resident #101. The LPN stated, "I told them [NA's] to call me if you needed me. I will check the resident right now and talk with the NA [about the swallowing techniques]." <p>Resident #104, 2 Blue</p> <ul style="list-style-type: none"> As determined through record review, Resident #104 was admitted to the nursing home on 01/29/2019 with diagnoses that included unspecified dementia with behavioral disturbance; other medical conditions included "dysphagia, oropharyngeal phase." The resident's most recent comprehensive MDS dated 08/17/21 was coded to indicate Resident #104 had a Brief Interview for Mental Status (BIMS) score of one suggesting severely impaired cognition. According to the comprehensive MDS, Resident #104 required extensive to total assistance with bed mobility, transfers, toilet use, and eating; did not have signs or symptoms of a possible swallowing disorder; and received a mechanically altered diet. A statement in the current plan of care dated 09/30/20 indicated the resident had "chewing/swallowing 				

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			<p>difficulties related to physiological causes affecting his ability to safely consume regular textures and thin liquids as evidenced by SLP assessment and recommendations for mechanically altered diet and thickened liquids." The care plan goal stated, "By next review, [Resident #104] will have 1. No significant weight changes. 2. No signs or symptoms of dehydration....4. Tolerate meal plan without difficulty chewing or swallowing." Pertinent care plan approaches included the following:</p> <ul style="list-style-type: none"> o "Diet: General diet, puree texture (Dysphagia 1) mildly thick (nectar) liquids, straws ok. He requires direct meal assistance. See Purple clipboard." o "Monitor/document/report PRN [as needed] any s/sx [signs or symptoms] of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, appearing concerned during meals." • Current provider orders included the following: <ul style="list-style-type: none"> o "03/08/21 General diet: puree texture, mildly thick/nectar consistency, for [with] straws ok, Red wristband." o "09/13/21 DIRECT SUPERVISION FOR MEAL ASSISTANCE [emphasis not added]." • The SLP "treatment and evaluation" for the time period between 08/17/21 and 09/15/21 indicated the resident was evaluated after staff reported "increased pocketing of bolus and increased fatigue and coughing." According to the SLP evaluation, the resident "presented with moderate oropharyngeal dysphagia...screened to ensure diet tolerance and noted to tolerate diet with minimal difficulties; staff was re-educated on compensatory strategies and safe swallow precautions. Recommendations [for care] included instruct family/staff in compensation techniques, analyze oral function and develop and instruct in compensatory 				

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			<p>strategies in order to improve ability to meet primary nutrition/hydration needs and safely consume highest level of oral intake." The SLP progress note dated 09/13/21 documented staff were trained "in use of thermal/tactile stimulation use when member starts to hold food in his mouth of placing a cold spoon to lips and bringing spoon to lips like you are giving a bite. The visual of seeing spoon come at the mouth as well as cold touch may help him to initiate a swallow. Discontinue with feeding member if he becomes fatigued and consistently demonstrates oral holding of food and liquid. Also, important to note, ensure member is fully awake and alert before offering food/drink."</p> <ul style="list-style-type: none"> Information on the "purple clipboard" stated, "DIRECT SUPERVISION FOR MEAL ASSISTANCE [emphasis not added]. 1. Small bites and sips. 2. Place cold spoon to lips and move the spoon towards mouth like food is coming in if member is holding food/liquid in his mouth. 3. DO NOT FEED MEMBER IF HE IS NOT FULLY AWAKE AND ALERT [emphasis not added]." During observations of the noon meal on 12/19/21 at approximately 12:17 p.m. in the unit dining room, Resident #104 was observed seated in a wheelchair being assisted to eat by an NA. At the time of observation, the resident's meal tray consisted of pureed food, nectar thick juice and apple sauce. The resident's eyes were closed throughout the meal; however, the resident opened his mouth when the spoon touched the resident's lips. The resident coughed briefly when eating and drinking but was able to clear his throat. It was noted that the NA used a teaspoon and provided heaping spoonfuls of food for the resident with each bite. The NA did not implement swallowing techniques consistent with the SLP recommendations, the resident's plan of care, and information contained on the purple clipboard. When asked if 				

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			<p>the resident required swallowing precautions, the NA said, "Nothing much except I have to make sure he is awake because he can pocket his food." On 10/20/21 at 11:00 a.m., the surveyor interviewed the NA who assisted the resident with the noon meal on 12/19/21 about the purple clipboard. The NA pointed to the location of the clipboard but was not aware of specific precautions on the clipboard other than that the NA was to ensure the resident was awake.</p> <p>Resident #105, 2 Blue</p> <ul style="list-style-type: none"> As determined through record review, Resident #105 was admitted to the nursing home on 08/10/2017 with medical conditions including "dysphagia unspecified." The Significant Change in Status Assessment (SCSA) MDS dated 11/25/20 was coded to indicate Resident #105 had a Brief Interview for Mental Status (BIMS) score of 15 suggesting intact cognition. According to the SCSA MDS, the resident did not have mood or behavioral symptoms of potential distress including rejection of care, and required supervision with eating. The MDS indicated the resident did not have signs or symptoms of a possible swallowing disorder and received a mechanically altered diet. The most recent quarterly MDS dated 08/27/21 was coded similarly. A statement in the current plan of care dated 03/26/20 indicated the resident had "chewing and swallowing difficulties related to dysphagia." The care plan goal stated "by next review: 1. No significant weight changes. 2. No sign or symptom of dehydration....4. Tolerate meal plan without difficulty chewing or swallowing." Pertinent care plan approaches included the following: <ul style="list-style-type: none"> "Adaptive equipment: insulated mug, scoop bowl, soup spoon and nosey cup." "Main entrée served in scoop plate/dish. Small scoop bowl and black handled built up utensils provided." 				

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			<ul style="list-style-type: none"> o "Diet history – 10/23/20 diet texture upgrade to minced/dysphagia. 2. No other changes. General diet, puree texture, mildly thick/nectar thick consistency. No straws. HS [evening] snack. Allowable: for puffy popcorn, Hershey kisses/bars, Reese's PB cups, cold cereal soaked in thin milk, regular potato chips, cake soaked in ice cream." o "Provide: Dysphagia [level] 1, NAS [no added salt] level 1, NCS [no concentrated sweets] - level 2, nectar thick liquids, no straws. Allowable: for puffy popcorn, Hershey kisses/bars, Reese's PB [peanut butter] cups, cold cereal soaked in thin milk, regular potato chips, cake soaked in ice cream." o "DIRECT SUPERVISION [emphasis not added]: See Purple clipboard." • Current provider orders included the following: <ul style="list-style-type: none"> o "01/04/21 General diet: Puree texture, mildly thick/nectar thick consistency, for Straws okay. Allowable: puffy popcorn, Hershey kisses/bars, Reese's PB cups, cold cereal soaked in thin milk, regular potato chips, cake soaked in ice cream. Red wristband." • The inpatient speech pathology evaluation dated 10/18/20 indicated the resident "presented with suspected chronic oropharyngeal dysphagia characterized by disorganized oral manipulation, suspected delayed swallow response time and reduced hyolaryngeal excursion. Patient reports baseline diet of puree and nectar and [at] the vets [Veteran's] home. No overt s/s [signs and symptoms of] aspiration were observed with nectar thickened liquids today. Effortful, poorly coordinated mastication noted of moist ground solids. Continue to recommend baseline diet, dysphagia [level] 1 nectar thickened liquids at this time. Suspect dysphagia due to history of prior R CVA [right-sided cerebrovascular accident]." 				

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			<p>Recommendations: dysphagia I (pureed) foods and nectar liquids...precautions – assist with tray set-up, elevate HOB [head of bed] as high as tolerated during meals, mindful eating with minimal distractions, keep HOB elevated after meals for at least 30 minutes to reduce reflux risks, and alternate liquids and solids for sensing effect on a 1:2 [alternate one sip of liquids with two bites of solids] ratio.”</p> <ul style="list-style-type: none"> On 10/20/21 at approximately 8:40 a.m., the resident was observed eating the breakfast meal while in bed with the head of the bed elevated approximately 70 degrees; an NA was sitting at the resident's bedside. At the time of the observation, the resident was eating pureed food and drinking nectar-thick liquids using a noney cup with a straw; the straw was provided in conflict with the resident's plan of care that stated, “No straws.” The resident finished his breakfast meal at approximately 9:00 a.m. Throughout the meal, the resident was noted with intermittent coughing that was brief. The resident was able to clear his throat and stated he was “okay” when asked by the surveyor. The NA did not provide the resident with cueing to alternate solids and liquids and the resident did not alternate the solids and liquids. At 9:10 a.m., the wound care nurse entered the resident's room in preparation for wound care. The NA stated, “I think it will be fine to lay him flat [for wound care].” The NA was unable to articulate swallowing precautions such as keeping the head of the bed elevated after meals for 30 minutes as indicated in the speech pathology evaluation dated 10/18/20. At this point, the surveyor asked about the resident lying flat for wound care. The wound care nurse stated, “We can continue with his wound care and keep the head of bed elevated since the dressing change does not require that he lays flat in bed.” Following the meal observation on 10/20/21, the surveyor reviewed the purple clipboard with the ADON. It 				

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			<p>was noted that information on Resident #105's swallowing and/or feeding techniques was not included on the purple clipboard. The ADON indicated the information "must have been discontinued;" however, no documentation was provided to confirm this statement.</p> <p>Systems-level Review</p> <ul style="list-style-type: none"> On 10/20/21 at approximately 10:00 a.m., the SLP was interviewed about internal processes to ensure safety and prevention of aspiration for residents who were determined to be at risk for choking and/or aspiration. During the interview, the SLP reported the nursing home had implemented the use of the purple clipboard approximately two years ago to "ensure staff awareness of swallowing techniques and feeding strategies." The SLP stated that individualized information about a resident's swallowing/feeding techniques was added to the purple clipboard and the resident's care plan for use by the NAs during meals. When informed about the meal observations involving Resident #101, Resident #104 and Resident #105, the SLP stated that staff education had been provided on the use of the purple clipboard. The SLP added, "I noticed the breakdown and the disconnect [between resident care plans and staff assistance during meals]. We are planning to provide another video in Relias™ [electronic learning and management system]. We do have staff turnover, and this could be one reason there is such a gap in knowledge." <p>SCOPE AND SEVERITY: E.</p>				

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING/ DATE
1137	51.120(j) Nutrition. Based on a resident's 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					
1138	51.120(k) Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health.	(M) Met					

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1139	<p>51.120(l) Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services:</p> <p>(1) Injections; (2) Parenteral and enteral fluids; (3) Colostomy, ureterostomy, or ileostomy care; (4) Tracheostomy care; (5) Tracheal suctioning; (6) Respiratory care; (7) Foot care; and (8) Prostheses.</p>	(N) Not Met	<p>Based on observation, interview and record review, the nursing home did not provide a resident with proper foot care. Findings include:</p> <p>Resident #104, 2 Blue</p> <ul style="list-style-type: none"> As determined through record review, Resident #104 was admitted to the nursing home on 01/29/2019 with diagnoses that included unspecified dementia with behavioral disturbance. The resident's most recent comprehensive MDS assessment dated 08/17/21 was coded to indicate Resident #104 had a Brief Interview for Mental Status (BIMS) score of one suggesting severely impaired cognition. According to the comprehensive MDS, Resident #104 required extensive to total assistance with bed mobility, transfers, dressing, personal hygiene, and toilet use. A statement in the resident's current care plan dated 05/18/20 and updated on 05/17/21 indicated the resident had a "self-care deficit related to Dementia and physical impairments." One of the care plan approaches stated the resident was "dependent on 2 staff for personal hygiene and oral care." Review of the most recent podiatry exam dated 01/31/20 indicated, "Resident #104 had history of fungal toenails that are in need of care. There are toe deformities present x [for] many years...toenails are long, severely thickened, dystrophic." There were no subsequent podiatry consults following the 01/31/20 podiatry exam; this was confirmed by the ADON. During an observation of foot care provided by two nursing assistants on 10/20/21 at approximately 10:23 a.m., Resident #104 was observed with long toenails on both feet. The toenails curled down and extended approximately 0.5 cm (centimeters) beyond the nail bed. When the NAs were asked about the toenails, both NAs reported the licensed nurses "were responsible for trimming the toenails since the foot 	<insert CAP details here>			

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			<p>doctor [podiatrist] has not been coming to the building because of COVID [coronavirus disease 2019 restrictions]."</p> <ul style="list-style-type: none"> The surveyor discussed concerns regarding the resident's toenails with the ADON on 10/20/21 at 11:30 a.m. and also during the status meeting on 10/20/21 beginning at 4:00 p.m. The ADON said the podiatrist had not been coming to the nursing home due to COVID-19 restrictions; however, the podiatrist was scheduled to visit the nursing home in the "coming weeks." Licensed nurses were responsible for toenail trimming and care if the podiatrist was not available; however, it was not indicated that toenail trimming and care was provided for Resident #104. At the status meeting on 10/20/21, the director of nursing (DON) stated the resident would be included on the list of residents to be seen by the podiatrist and "nail care may be delayed depending on how soon the resident's guardian provides his consent." <p>SCOPE AND SEVERITY: D.</p> 				
1140	<p>51.120(m)(1) Unnecessary drugs—(1) General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:</p> <ul style="list-style-type: none"> (i) In excessive dose (including duplicate drug therapy); or (ii) For excessive duration; or (iii) 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 reduced or discontinued; or (vi) Any combinations of the reasons above. 	(M) Met					

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1141	51.120(m)(2) Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that— (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	(M) Met					
1142	51.120(n) Medication Errors. The facility management must ensure that— (1) Medication errors are identified and reviewed on a timely basis; and (2) strategies for preventing medication errors and adverse reactions are implemented.	(M) Met					
1148	51.130(a) 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, and training of the nursing services staff.	(M) Met					
1149	51.130(b) The facility management must provide registered nurses 24 hours per day, 7 days per week.	(M) Met					
1150	51.130(c) The director of nursing service must designate a registered nurse as a supervising nurse for each tour of duty. (1) 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 home. (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 home.	(M) Met					

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1151	51.130(d) The facility management must provide nursing services to ensure that there is direct care nurse staffing of no less than 2.5 hours per patient per 24 hours, 7 days per week in the portion of any building providing nursing home care.	(M) Met					
1152	51.130(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					
1155	51.140(a) 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 dietitian either full-time, part-time, or on a consultant basis. (1) If a dietitian is not employed, 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 Academy of Nutrition and Dietetics.	(M) Met					
1156	51.140(b) Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	(M) Met					
1157	51.140(c) Menus and nutritional adequacy. Menus must— (1) 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.	(M) Met					
1158	51.140(d) Food. Each resident receives and the facility provides— (1) Food prepared by methods that conserve nutritive value, flavor, and appearance; (2) Food that is palatable, attractive, and at the proper temperature; (3) Food prepared in a form designed to meet individual needs; and (4) Substitutes offered of similar nutritive value to residents.	(M) Met					
1159	51.140(e) Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) Met					

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1160	51.140(f) Frequency of meals. (1) Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. (2) There must be no more than 14 hours between a substantial evening meal and the availability of breakfast the following day, except as provided in (f)(4) of this section. (3) The facility staff must offer snacks at bedtime daily. (4) When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day.	(M) Met					
1161	51.140(g) Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) Met					

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1162	51.140(h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly.	(N) Not Met	<p>Based on observation, interview and record review, the nursing home did not serve food under sanitary conditions. Findings include:</p> <p>A policy dated 04/16/21 and titled, "Protocol for supervising, training and placing new and existing volunteers at the home," was received by the survey team. The policy indicated, "Safety Management...Hand washing - Hand Hygiene is absolutely essential for prevention and control of infection. It is the single most important thing that can be done to prevent the spread of infections. It is important for volunteers to follow these hand hygiene guidelines at all times."</p> <p>Resident #303 and Resident #304, 3 South</p> <ul style="list-style-type: none"> On 10/20/21 at 1:00 p.m., a dining observation was being conducted in 3 South. A volunteer entered the 3 South dining area, approached Resident #304, and asked, "Would you like to receive communion?" The volunteer took a communion wafer out of a plastic container using bare hands and placed the wafer in Resident #304's mouth; the tips of the fingers on the volunteer's right hand were in close proximity to the resident's lips. No hand hygiene was observed being conducted following this observation. At 1:03 p.m., the volunteer approached Resident #303 and said, "Would you like to receive communion?" The volunteer reached inside the plastic container, retrieved another communion wafer, and placed the wafer in Resident #303's mouth using an ungloved hand; the tips of the volunteer's fingers were in close proximity to Resident #303's lips. The volunteer then placed the lid on the plastic container and left the dining area. No hand hygiene was observed being conducted following this observation. At 1:06 p.m., the surveyor spoke with the unit licensed practical 	<insert CAP details here>			

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			<p>nurse (LPN) about the observation. The LPN indicated the person providing communion was a volunteer who recently started visiting the nursing home. The LPN indicated she would inform the supervisor of the observation in case the volunteer was going to other units in the facility.</p> <ul style="list-style-type: none"> On 10/21/21 at 8:06 a.m., an interview was conducted with an RN who indicated she was from infection control. The RN told the surveyor that volunteer visits resumed in the facility on 10/14/21. The RN said that the volunteer received a broad orientation on infection control on the first day of orientation. The RN said that it would "absolutely be expected that there would be hand hygiene between residents and that gloves would be worn...." On 10/21/21 at 9:17 a.m., a joint interview was conducted with the nurse educator (NE) and the nursing home administrator (NHA). The NE told the surveyor that "the volunteers get the same Day 1 education that everyone gets, I go over hand hygiene such as when, where and how to wash hands and watch them perform hand hygiene." The NHA presented the surveyor with documents from 07/26/21 that showed that the volunteer referenced in the finding received education regarding hand hygiene. <p>Resident #208, 2 North</p> <ul style="list-style-type: none"> On 10/19/21 at 5:06 p.m. during medication pass observations in the 2 North dining room, a nursing assistant (NA) provided a meal tray for Resident #208. A corn muffin on the meal tray fell on the table and the NA picked up the corn muffin with an ungloved hand, set-up the resident's tray, removed the paper covering from the resident's straw and inserted the straw into a carton of milk, touching the straw with an ungloved hand. <p>SCOPE AND SEVERITY: D.</p>				

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1168	51.150(a) 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 lists 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					
1169	51.150(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					
1170	51.150(c) 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					
1171	51.150(d) 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.	(M) Met					

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1172	51.150(e)(1) Physician delegation of tasks. (1) Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: (i) a certified physician assistant or a certified nurse practitioner, or (ii) a clinical nurse specialist who— (A) Is acting within the scope of practice as defined by State law; and (B) Is under the supervision of the physician. Note to paragraph (e): An individual with experience in long term care is preferred.	(M) Met					
1173	51.150(e)(2) The primary physician may not delegate 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.	(M) Met					
1176	51.160(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— (1) 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.	(M) Met					
1177	51.160(b) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.	(M) Met					
1180	51.170(a)-(c) (a) A facility 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; (b) A facility may charge a resident an additional amount for routine and emergency dental services; and (c) A facility must, if necessary, assist the resident— (1) In making appointments; (2) By arranging for transportation to and from the dental services; and (3) Promptly refer residents with lost or damaged dentures to a dentist.	(M) Met					

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1183	51.180(a) 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 nursing staff. (a) Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	(M) Met					
1184	51.180(b) Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located or a VA pharmacist under VA contract 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					
1185	51.180(c) Drug regimen review. (1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. (2) The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon.	(M) Met					
1186	51.180(d) Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	(M) Met					
1187	51.180(e)(1) 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					

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1188	51.180(e)(2) The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.	(M) Met					

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1194	<p>51.190(a) The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection control program. The facility management must establish an infection control program under which it—</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p>	(N) Not Met	<p>Based on observation, interview and record review, the nursing home did not maintain an infection prevention and control program designed to help prevent the development and transmission of disease and infection. Findings include:</p> <p>Elsevier's Clinical Skills extended text titled, "Hand Hygiene," and dated May 2021, was retrieved online. The document indicated, "Health care team members should wash hands with antimicrobial soap and water in these situations:</p> <ul style="list-style-type: none"> • When hands are visibly dirty • When hands are visibly soiled with blood or other bodily fluids • When hands are contaminated with proteinaceous material.... <p>If hands are not visibly soiled or do not meet any of the above criteria, health care team members should use an alcohol-based hand rub for routinely decontaminating hands in these situations:</p> <ul style="list-style-type: none"> • Before and after direct contact with patients • Before and after donning clean or sterile gloves.... • After contact with a patient's intact skin (e.g., taking a pulse or blood pressure, lifting a patient) • After contact with bodily fluids or excretions, mucous membranes, nonintact skin, and wound dressings • When moving from a contaminated body site to a clean body site during care • After contact with inanimate objects (including medical equipment) in the immediate vicinity of a patient...." <p>Resident #105, 2 Blue</p> <ul style="list-style-type: none"> • As determined through record review, Resident #105 was admitted to the nursing home on 08/10/2017. • On 10/20/21 at approximately 9:40 a.m., two NAs were observed providing incontinence care for Resident #105. One NA donned two pairs of gloves, wiped fecal matter 	<insert CAP details here>			

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			<p>from the resident's buttocks using a washcloth, doffed one pair of gloves, and wiped the resident's buttocks a second time with another washcloth. The NA doffed the second pair of gloves, donned another pair of gloves without first conducting hand hygiene, and proceeded to cleanse the resident's lower extremities with body wash. When asked about the use of "double" gloves, the NA said, "I used two gloves because it is a lot easier when you are in the middle of cleaning [providing incontinence care]." At 9:58 a.m., the same NA changed gloves without performing hand hygiene and was observed cleaning the wash basin that was used during care with a wet paper towel. The NA dried the wash basin with another paper towel and placed the wash basin in the resident's closet. Then the NA doffed gloves and donned another pair of gloves without conducting hand hygiene. The ADON stated, "She should have used a disinfectant or soap and water [to clean the wash basin]."</p> <ul style="list-style-type: none"> On 10/20/21 at approximately 11:30 a.m., the surveyor interviewed the DON and asked if double gloving was permitted in the nursing home. The DON said, "The use of double gloves is not a standard of practice, and the NA should not have used double gloves." When asked about conducting hand hygiene between glove changes, the DON said, "That is a standard of practice, and everyone is expected to conduct hand hygiene between glove changes." <p>SCOPE AND SEVERITY: D.</p>				

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1195	51.190(b) Preventing spread of infection. (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	(M) Met					
1196	51.190(c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) Met					

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1199	<p>51.200(a) The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.</p> <p>(a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p>	(N) Not Met	<p>Means of Egress General Based on observation and interview on 10/19/21 between 1:45 p.m. and 2:50 p.m., the means of egress was not maintained in accordance with NFPA 101 7.1.10.1 and 19.2.3.4(5). Findings include:</p> <ul style="list-style-type: none"> The means of egress in the Two South corridor was obstructed by stored items and an isolation barrier installed for coronavirus disease 2019 (COVID-19) precautions. The corridor was restricted to four feet four inches from eight feet and no interim life safety measure (ILSM) was provided. The means of egress in the Two North corridor to the elevator and stairwell lobby of Two South was obstructed by an arts and crafts table which restricted the width of the corridor to less than 60 inches. <p>The director of maintenance confirmed the observations on the date and at the times noted above.</p> <p>Egress Doors Based on observation and interview on 10/19/21 between 11:15 a.m. and 11:45 a.m., special locking arrangements were not conducted in accordance with NFPA 101 19.2.2.2.5.1, 19.2.2.2.5.2, and 19.2.2.2.6. Findings include:</p> <ul style="list-style-type: none"> Stairway exit doors from the Three South Unit were locked and secured for the safety of residents. The locks were releasable by a manual release switch at the nursing station and by activating the fire alarm. During interviews with staff, two nurses on the unit were unfamiliar with how to unlock the stairway exit doors. <p>The director of maintenance confirmed the findings on the date and at the times noted above.</p> <p>Protection – Other Based on observation, interview and document review between 10/19/21 at 11:30 a.m. and 10/20/21 at 10:30 a.m., the facility did not ensure fire rated barriers and protective openings were maintained in accordance with NFPA 101 8.3.3.1, 8.3.3.2.3, 8.3.3.3, NFPA</p>	<insert CAP details here>			

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			<p>80 4.1.4.1, 4.1.4.3, 5.2.2.4, 5.2.3.5.2, 5.5.4, and 5.5.5. Findings include:</p> <ul style="list-style-type: none"> • Fire door inspections, while performed semi-annually, did not include the specific locations of fire doors or individual identifiers. The inspection documentation referenced only unit numbers where multiple fire doors were located. • There was an opening in the fire barrier wall in the resident dining room on Three South where a mounted wall clock had been removed. • Double fire rated doors between Two North and Two South had paper covering the windows and tape applied, for privacy and COVID-19 precautions. • Double fire doors in the basement between the McLeish and Mann Buildings would not fully close when released leaving a gap at the meeting edges. An overcut astragal also created a gap at the meeting edge of the doors. • The fire rated door to the nursing administration area in the Mann Building was propped open by contact on a high point on the floor and would not close and latch when released. The door also had surface damage on the hinge side. The director of maintenance confirmed the observations on the dates and at the times noted above. <p>Existing – Hazardous Area Enclosures Based on observation and interview on 10/20/21 between 11:00 a.m. and 2:50 p.m., doors to hazardous areas were not always maintained in accordance with NFPA 101 19.3.2.1.2 and 19.3.2.1.3. Findings include: The door to oxygen room 165 would not close and latch when released.</p> <ul style="list-style-type: none"> • The door to soiled utility room 235 would not close and latch when released. • The door to linen storage room 368 would not close and latch when released. <p>The director of maintenance confirmed the observations on the date and at</p>				

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			<p>the times noted above.</p> <p>Cooking Facilities Based on observation and interview on 10/20/21 between 9:25 a.m. and 10:30 a.m., the facility did not protect cooking facilities in accordance with NFPA 101 19.3.2.5.4. Findings include:</p> <ul style="list-style-type: none"> An electric, residential-style kitchen stove was provided in the large activities room in the basement of the Mann Building. Cooking spray and cooking oils were observed in the area around the stove along with several frying pans. Staff stated the stove was used for preparing food on the cooktop and baking in the oven on occasion. During the survey, the stove was continuously powered, and no fire suppression system or electrical safeguards were in place. An electric, residential-style kitchen stove was provided in room A21, The Inn. At the time of survey, the stove was accessible to the main corridor on the first floor of the Mann Building. Pots and frying pans were observed in the stove area with signs of usage indicating the stove was used to cook. Raw food ingredients were also observed in the area of the stove. The stove had stored items on it which were removed at the time observation. The stove was continuously powered, and no fire suppression system or electrical safeguards were in place. The director of maintenance confirmed the observations on the date and at the times noted above. <p>Existing – Sprinkler System Installation Based on an observation and interview on 10/19/21 at 2:28 p.m., the facility did not install sprinkler systems in accordance with NFPA 13 8.7.2.2.1. Findings include:</p> <ul style="list-style-type: none"> A single, standard, sidewall pendant sprinkler was installed in a storage room in Two North by stairwell C that was greater than 18 feet long, not providing full coverage of the 				

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			<p>space. The director of maintenance confirmed the observation on the date and at the time noted above.</p> <p>Sprinkler System – Maintenance and Testing Based on interview and document review between 10/19/21 at 10:45 a.m. and 10/20/21 at 2:30 p.m., the facility did not ensure water-based fire protection systems were inspected, tested, and maintained in accordance with NFPA 101 9.7.5, 9.7.8, and NFPA 25 4.3.1, 4.3.2, 4.3.3, Table 5.1.1.2, 5.2.1.1.1, 5.2.1.1.2, 5.2.1.2, Table 7.1.1.2, 7.2.2.4, Table 7.2.2.4, 7.3.2.1, 7.4.1, Table 8.1.1.2, 8.3.3.1, 8.3.3.2, 8.3.3.4, 8.4.2, 8.4.3, 13.4.2.1, and 13.6.2.1. Findings include:</p> <ul style="list-style-type: none"> • An escutcheon was loose on the sprinkler in resident room 338. • An escutcheon was loose on the sprinkler in resident room 327. • An escutcheon was loose on the sprinkler in resident room 321. • An escutcheon was missing on the sprinkler in resident room 237. • An escutcheon was loose on the sprinkler in resident room 236. • An escutcheon was loose on the sprinkler in the laundry room for Two South. • A sidewall pendant sprinkler was recessed into the wall in central bathing room for Two North. • A standard pendant sprinkler was recessed into the ceiling in the ground floor central dining room in the back by the "Kozy Kerner." • A standard pendant sprinkler was recessed into the ceiling near the dishwashing line in the central kitchen area on the ground floor. • A sprinkler was covered with dust and debris near the dishwashing line in the central kitchen area on the ground floor. • A standard pendant sprinkler was recessed into the ceiling in the central kitchen area near the entrance from the elevator lobby. • A recessed sprinkler was missing 				

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			<p>a cap and was covered with sawdust in the Woodshop room.</p> <ul style="list-style-type: none"> • A standard pendant sprinkler was recessed into the ceiling in One Red central bathing room. • A standard pendant sprinkler was recessed into the ceiling in trash chute room 183. • A standard pendant sprinkler was recessed into the ceiling in One Blue central bathing room. • A recessed sprinkler was missing part of its assembly in the dining room in Two Red. • An escutcheon was loose on the sprinkler in the central bathing room of Two Red. • The ceiling tile around a standard pendant sprinkler was missing in central bathing room 213. • Documentation provided for the annual sprinkler, hydrant, and fire pump inspection, testing, and maintenance had significant gaps in documentation. No flow rates were indicated for the fire pump test to compare results to the pump nameplate, and the pump performance curve was not provided to compare previous results. • Documentation was not available to show that the automatic transfer switch for the fire pump was being tested. • Flows for hydrants were not provided in documentation of tests to ensure adequate water supply was available to private water mains for hydrant flows in an emergency. • Two hydrants were found inoperable during testing conducted in July of 2021. No documentation was available to show hydrants were repaired and upon inspection of hydrants there was no indication that they are out of service. • No documentation was available to show that five-year internal check valve inspections had been performed. • No documentation was available to show that backflow preventors were tested. 				

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			<p>The director of maintenance confirmed the observations on the dates and at the times noted above.</p> <p>Existing – Corridors – Construction of Walls Based on observation and interview between 10/19/21 at 10:52 a.m. and 10/20/21 at 1:58 p.m., walls and ceilings were not maintained to resist the passage of smoke in accordance with NFPA 101 19.3.6.2.1, 19.3.6.2.3, and 19.3.6.2.4. Findings include:</p> <ul style="list-style-type: none"> • A ceiling tile was missing in resident bedroom 332 in the McLeish Building. • A ceiling tile was missing in resident bedroom 226 in the McLeish Building. • A ceiling tile was missing in the central bathing room for Two North. • Several ceiling tiles were missing in the bowling alley. • A wall was damaged leaving the wall not intact in resident room 247. <p>The director of maintenance confirmed the observations on the dates and at the times noted above.</p> <p>Utilities – Gas and Electric Based on observation and interview between 10/19/21 at 10:50 a.m. and 10/20/21 at 1:25 p.m., electrical systems were not maintained in accordance with NFPA 101 NFPA 70 110.26(A), 110.12(B), and 406.6. Findings include:</p> <ul style="list-style-type: none"> • An outlet was missing a faceplate cover in resident room 334 in the McLeish Building. • An electrical panel was blocked by stored items in the woodshop room. • An outlet was damaged in resident room 278 of the Mann Building. <p>The director of maintenance confirmed the observations on the dates and at the times noted above.</p> <p>Heating, Ventilation, and Air Conditioning (HVAC) Based on an observation and interview on 10/20/21 at 10:55 a.m., the facility</p>				

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			<p>did not maintain HVAC equipment in accordance with NFPA 99 9.3.1.1 and ASHRAE 170 Table 9.1. Findings include:</p> <ul style="list-style-type: none"> Trash chute room 183 had an exhaust fan installed and operating in the room to create negative pressure but the cover was almost completely occluded with dust and debris, preventing the fan from operating properly. <p>The director of maintenance confirmed the observation on the date and at the time noted above.</p> <p>Elevators Based on interview and document review between 10/19/21 at 10:00 a.m. and 10/20/21 at 4:30 p.m., elevators were not maintained in accordance with NFPA 101 9.4.2.2 and ASME 17.1 and 17.3. Findings include:</p> <ul style="list-style-type: none"> No documentation was available to show that firefighter recall functions on the elevators were tested properly. <p>The director of maintenance confirmed the finding on the dates and at the times noted above.</p> <p>Existing – Rubbish Chutes, Incinerators, and Laundry Chutes Based on an observation and interview on 10/20/21 at 2:06 p.m., not all linen chute doors were maintained in accordance with NFPA 101 19.5.4.1, 9.5.1.2, and 8.3.3.3. Findings include:</p> <ul style="list-style-type: none"> The linen chute door in room 235 would not close and latch under its own power. <p>The director of maintenance confirmed the observation on the date and at the time noted above.</p> <p>Electrical Systems – Essential Electrical System Maintenance and Testing Based on interview and document review on 10/18/21 between 9:30 a.m. and 4:30 p.m., generator fuel testing was not being conducted in accordance with NFPA 110 8.3.6. Findings include:</p> <ul style="list-style-type: none"> No documentation was available 				

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			<p>to show the facility was conducting fuel sample testing. The director of maintenance confirmed the finding on the date and at the time noted above.</p> <p>Electrical Equipment – Other Based on observation and interview between 10/19/21 at 11:19 a.m. and 10/20/21 at 2:28 p.m., the facility did not have a process in place to ensure visual inspections were conducted of resident introduced electrical equipment and that equipment was appropriate for the resident care vicinity in accordance with NFPA 99 10.4.2.1 and 10.4.2.3. Findings include:</p> <ul style="list-style-type: none"> • An oil diffuser was in the resident care vicinity in resident room 321 with no proof of inspection. • An oil diffuser was in resident room 214 with no proof of inspection. • An alarm clock was in resident room 209 with no proof of inspection. • A lamp and clock were in resident room 201 with no proof of inspection. • A fan was in resident room 172 with no proof of inspection. • A fan was in resident room 173 with no proof of inspection. • A radio was in resident room 147 with no proof of inspection. • A lamp was in resident room 103 with no proof of inspection. • A radio was in resident room 114 with no proof of inspection. • A lamp and alarm clock were in resident room 276 with no proof of inspection. • An alarm clock and sound machine were in resident room 282 with no proof of inspection. • A fan was in resident room 281 with no proof of inspection. • An alarm clock and fan were in resident room 275 with no proof of inspection. • A fan was in resident room 271 with no proof of inspection. • A radio was in resident room 245 with no proof of inspection. 				

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			<ul style="list-style-type: none"> • An alarm clock was in resident room 204 with no proof of inspection. • A lamp was in resident room 206 with no proof of inspection. • A fan was in resident room 208 with no proof of inspection. • A fan was in resident room 210 with no proof of inspection. • An alarm clock was in resident room 212 with no proof of inspection. • An alarm clock and radio were in resident room 214 with no proof of inspection. <p>The director of maintenance confirmed the observations on the dates and at the times noted above.</p> <p>Electrical Equipment – Power Cords and Extension Cords Based on observation and interview between 10/19/21 at 11:22 a.m. and 10/20/21 at 2:30 p.m., adequate controls for the introduction of electrical extension cords, outlet adapters and power strips were not in accordance with the following: Power strips, electrical extension cords, and outlet adapters in a resident care vicinity are only used for components of movable resident-care-related electrical equipment (RCREE) assemblies that have been assembled by qualified personnel and meet the conditions of NFPA 99 10.2.3.6. Power strips, electrical extension cords, and outlet adapters in the resident care vicinity may not be used for non-RCREE (e.g., personal electronics), except in long-term care resident rooms that do not use RCREE. Power strips, electrical extension cords, and outlet adapters for RCREE meet UL (Underwriters Laboratories) 1363A or UL 60601-1. Power strips, electrical extension cords, and outlet adapters for non-RCREE in the resident care rooms (outside of vicinity) meet UL 1363. In non-resident care rooms, power strips meet other UL standards. All Power strips, electrical extension cords, and outlet adapters are used with general precautions. Extension cords are not</p>				

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			<p>used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which installed and meet the conditions of NFPA 99 10.2.3.6 and 10.2.4. Further, power cords, extension cords, and power taps were not listed for the use or used and maintained in accordance with NFPA 99 10.2.2.1.1, 10.2.2.2, 10.2.2.3.7, 10.2.2.3.5, 10.2.3.6, 10.2.4.2.1, 10.3.1.</p> <p>Findings include:</p> <ul style="list-style-type: none"> • A plug was damaged with the plug in the outlet and base of the plug pulled away exposing internal components of the plug for a decorative night light in resident room 322. • A wheeled vital sign machine was plugged into a relocatable power tap (RPT) located on the floor in the treatment room of Three South. • A damaged RPT was in resident room 228. • An RPT was in use in the resident care vicinity with resident medical equipment and also in use in resident room 214. • An RPT was suspended in air by tightly pulled appliance cords to an electrical kettle and microwave in the dining room in Two South. • An RPT was suspended in the air by a tightly pulled appliance cord and was being used for a space heater under a desk in the nursing administration area on the ground floor of the Mann Building. • A resident bed power cord had exposed conducts due to lack of cord strain relief at the plug, in resident room 178. • An RPT was hanging from a hook in medication room 155 in One Red. • An extension cord was in use as a permanent solution in the medication room for One Blue. • A resident bed was plugged into an RPT on the floor with the bed power cord showing signs of damage to the cord insulation in room 282. 				

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			<ul style="list-style-type: none"> • A CPAP device was plugged into an RPT in resident room 277. A multiplug, wall-tap adapter was also in use in this room in the resident care vicinity. • An extension cord was in service for a fan in the resident care vicinity in resident room 275. • An RPT was plugged into another RPT in a series in resident room 273. • A damaged and broken RPT was in service in staff lounge room 244. • An unlisted multiplug, wall-tap adapter was in use in the resident care vicinity with a CPAP (continuous positive airway pressure) device plugged into it in resident room 205. • An RPT was plugged in and hanging from an outlet causing strain on the plug, in room 240. <p>The director of maintenance confirmed the observations on the dates and at the times noted above.</p> <p>Gas Equipment – Cylinder and Container Storage</p> <p>Based on an observation and interview on 10/20/21 at 1:54 p.m., the facility did not properly store all portable oxygen cylinders in accordance with NFPA 99 11.6.5.2. Findings include:</p> <ul style="list-style-type: none"> • A used oxygen cylinder was stored in the same cart as the full cylinders in oxygen storage room Two Red. <p>The director of maintenance confirmed the observation on the date and at the time noted above.</p> <p>SCOPE AND SEVERITY: F.</p>				

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1200	<p>51.200(b) Emergency power.</p> <p>(1) An emergency electrical power system must 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.</p> <p>(2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p> <p>(3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.</p> <p>(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p>	(M) Met					
1201	<p>51.200(c) Space and equipment. Facility management must—</p> <p>(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</p> <p>(2) Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p>	(M) Met					

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1202	51.200(d)(1) Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents: (1) Bedrooms must— (i) Accommodate 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 double 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 bedroom for every 30 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 (x) Have a floor at or above grade level.	(M) Met					
1203	51.200(d)(2) The facility management must provide each resident with— (i) A separate bed of proper size and height for the safety of the resident; (ii) A clean, comfortable mattress; (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.	(M) Met					
1204	51.200(e) 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.	(M) Met					
1205	51.200(f) Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from— (1) Resident rooms; and (2) Toilet and bathing facilities.	(M) Met					

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1206	51.200(g) Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must— (1) Be well lighted; (2) Be well ventilated; (3) Be adequately furnished; and (4) Have sufficient space to accommodate all activities.	(M) Met					
1207	51.200(h)(1) 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;	(M) Met					
1208	51.200(h)(2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;	(M) Met					
1209	51.200(h)(3) Equip corridors with firmly secured handrails on each side; and	(M) Met					
1210	51.200(h)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.	(M) Met					
1216	51.210(a) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident. (a) Governing body. (1) 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 (2) 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 operation and management of the facility.	(M) Met					

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1217	51.210(b) Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Office of Geriatrics and Extended Care, VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change: (1) The State agency and individual responsible for oversight of a State home facility; (2) The State home administrator; (3) The director of nursing services (or other individual in charge of nursing services); and (4) The State employee responsible for oversight of the State home if a contractor operates the State home	(M) Met					
1218	51.210(c)(1)-(6) Required Information. The facility management must submit the following to the director of the VA medical center of jurisdiction as part of the application for recognition and thereafter as often as necessary to be current or as specified: (1) The copy of legal and administrative action establishing the State-operated facility (e.g., State laws); (2) Site plan of facility and surroundings; (3) Legal title, lease, or other document establishing right to occupy facility; (4) Organizational charts and the operational plan of the facility; (5) The number of the staff by category indicating full-time, part-time and minority designation (annual at time of survey); (6) The number of nursing home patients who are veterans and non-veterans, the number of veterans who are minorities and the number of non-veterans who are minorities (annual at time of survey);	(M) Met					

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1219	51.210(c)(7)-(11) (7) Annual State Fire Marshall's report; (8) Annual certification from the responsible State Agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A, which is available at any VA medical center and at http://www.va.gov/vaforms); (9) Annual certification for Drug-Free Workplace Act of 1988 (VA Form 10-0143, which is available at any VA medical center and at http://www.va.gov/vaforms); (10) Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144, which is available at any VA medical center and at http://www.va.gov/vaforms); and (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 10-0144A, which is available at any VA medical center and at http://www.va.gov/vaforms).	(M) Met					
1220	51.210(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-veteran residents must be spouses of veterans, or parents any of whose children died while serving in the Armed Forces.	(M) Met					
1221	51.210(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.	(M) Met					
1222	51.210(f) Licensure. The facility and facility management must comply with applicable State and local licensure laws.	(M) Met					
1223	51.210(g) Staff qualifications. (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.	(M) Met					

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1224	<p>51.210(h) Use of outside resources.</p> <p>(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p>	(M) Met					
1225	<p>51.210(i) Medical director.</p> <p>(1) The facility management must designate a primary care physician to serve as medical director.</p> <p>(2) The medical director is responsible for—</p> <p>(i) Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services;</p> <p>(ii) Directing and coordinating medical care in the facility;</p> <p>(iii) Helping to arrange for continuous physician coverage to handle medical emergencies;</p> <p>(iv) Reviewing the credentialing and privileging process;</p> <p>(v) Participating in managing the environment by reviewing and evaluating incident reports or summaries of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and</p> <p>(vi) Monitoring employees' health status and advising the administrator on employee-health policies.</p>	(M) Met					

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1226	<p>51.210(j) Credentialing and Privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician 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 of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance.</p> <p>(1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care.</p> <p>(2) The facility management must verify and uniformly apply the following core criteria: current licensure; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide.</p> <p>(3) The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credentials file must indicate that these criteria are uniformly and individually applied.</p> <p>(4) The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility.</p> <p>(5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.</p> <p>(6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted.</p>	(M) Met					

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1227	51.210(k)(1)-(2) Required training of nursing aides. (1) 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. (2) The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: (i) 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 the State.	(M) Met					
1228	51.210(k)(3)-(4) (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 or competency evaluation program 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 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.	(M) Met					

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1229	<p>51.210(5)-(6) (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 monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>(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 outcome of these reviews. The in-service training must—</p> <p>(i) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;</p> <p>(ii) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and</p> <p>(iii) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p>	(M) Met					
1230	<p>51.210(l) Proficiency of Nurse aides. The facility 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.</p>	(M) Met					

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1231	<p>51.210(m)(1) Level B Requirement Laboratory services.</p> <p>(1) 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.</p> <p>(i) If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services.</p> <p>(ii) If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes, and regulations.</p> <p>(iii) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations.</p> <p>(iv) 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.</p> <p>(v) Such services must be available to the resident seven days a week, 24 hours a day.</p>	(M) Met					
1232	<p>51.210(m)(2) The facility management must—</p> <p>(i) Provide or obtain laboratory services only when ordered by the primary physician;</p> <p>(ii) Promptly notify the primary physician of the findings;</p> <p>(iii) Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and</p> <p>(iv) File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.</p>	(M) Met					

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1233	51.210(n)(1) Radiology and other diagnostic services. (1) The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations. (ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations. (iii) Radiologic and other diagnostic services must be available 24 hours a day, seven days a week.	(M) Met					
1234	51.210(n)(2) The facility must— (i) Provide or obtain radiology and other diagnostic services 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 signed and dated reports of x-ray and other diagnostic services.	(M) Met					
1235	51.210(o)(1) Clinical records. (1) The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized.	(M) Met					
1236	51.210(o)(2) Clinical records must be retained for— (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law.	(M) Met					
1237	51.210(o)(3) The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	(M) Met					

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1238	51.210(o)(4) The facility management must keep confidential all information contained in the 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; (iv) The resident or; (v) The resident's authorized agent or representative.	(M) Met					
1239	51.210(o)(5) The clinical record must contain— (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The plan of care and services provided; (iv) The results of any pre-admission screening conducted by the State; and (v) Progress notes.	(M) Met					
1240	51.210(p)(1) Quality assessment and assurance. (1) Facility management must maintain a quality assessment and assurance committee consisting of— (i) The director of nursing services; (ii) A primary physician designated by the facility; and (iii) At least 3 other members of the facility's staff.	(M) Met					
1241	51.210(p)(2) The quality assessment and assurance 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	(M) Met					
1242	51.210(p)(3) Identified quality deficiencies are corrected within an established time period. (4) The VA Under Secretary for Health may not require disclosure of the records of such committee unless such disclosure is related to the compliance with requirements of this section.	(M) Met					
1243	51.210(q)(1) 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					

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1244	51.210(q)(2) 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					
1245	51.210(r) Transfer agreement. (1) The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that— (i) 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 (ii) 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. (2) 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					
1246	51.210(s) Compliance with Federal, State, and local laws and professional standards. The facility management must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This includes the Single Audit Act of 1984 (Title 31, Section 7501 et seq.) and the Cash Management Improvement Acts of 1990 and 1992 (Public Laws 101-453 and 102-589, see 31 USC 3335, 3718, 3720A, 6501, 6503)	(M) Met					

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1247	51.210(t) Relationship to other Federal regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other Federal laws and regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, national origin, handicap, or age (38 CFR part 18); protection of human subjects of research (45 CFR part 46), section 504 of the Rehabilitation Act of 1993, Public Law 93-112; Drug-Free Workplace Act of 1988, 38 CFR part 48; section 319 of Public Law 101-121; Title VI of the Civil Rights Act of 1964, 38 CFR 18.1-18.3. Although these regulations are not in themselves considered requirements under this part, their violation may result in the termination or suspension of, or the refusal to grant or continue payment with Federal funds.	(M) Met					
1248	51.210(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.	(M) Met					

Department of Veterans Affairs -

SURVEY CLASS

Annual Survey

SURVEY YEAR

2021

COMPLETION DATE

10/20/2021

NAME OF FACILITY

Grand RapidsN

STREET ADDRESS

3000 Monroe Ave. N.E.

CITY

Grand Rapids

STATE

MI

ZIP CODE

49505

Andrew Holter

April Bernabe

Kirk.Watson_TL

Lori Anderson

Monica Zehner

Nicholas Metheny

Teverlyn Allen



U.S. Department
of Veterans Affairs

5500 Armstrong Road
Battle Creek, MI 49037
www.battlecreek.va.gov

In Reply Refer To: 515/012GR

February 22, 2022

Ms. Carly MacDonald, Administrator
Michigan Home for Veterans of Grand Rapids
3000 Monroe Ave. NE
Grand Rapids, MI 49505

Dear Ms. MacDonald,

The Battle Creek VAMC Survey Team conducted the annual survey of the Michigan Home for Veterans in Grand Rapids on October 18 – 21, 2021. There were deficiencies cited that you were notified of in a letter dated January 11, 2022.

The Corrective Action Plan you submitted for the Domiciliary on February 17, 2022 has been accepted and completed. I find the Michigan Home for Veterans in Grand Rapids Domiciliary in compliance with all VA standards. Your facility is granted full certification until the next VA survey. Thank you for your continued support of our nation's Veterans

If you have any questions, please contact Kirk T. Watson, SVH VA Medical Center Representative, who coordinates the survey team's activities at (616) 249-5362.

Sincerely,

Michelle Martin
Medical Center Director

cc: State Department of Veterans Affairs (official overseeing facility operations)
cc: VISN 10 Director
cc: Executive Director, Geriatrics and Extended Care (12GEC)

Department of Veterans Affairs -

SURVEY CLASS

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SURVEYED BY (VHA Field Activity of Jurisdiction)

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2000	51.40 Basic per diem rates (a) Basic rate. Except as provided in § 51.41, VA will pay per diem for care provided to an eligible veteran at a State home at the lesser of the following rates: (1) One-half of the daily cost of the care for each day the veteran is in the State home, as calculated under paragraph (b) of this section. (2) The basic per diem rate for each day the veteran is in the State home. The basic per diem rate is established by VA for each fiscal year in accordance with 38 U.S.C. 1741(a) and (c). Note to paragraph (a): To determine the number of days that a veteran was in a State home, see paragraph (c) of this section.	(M) Met					
2001	51.40 Basic per diem rates (b) How to calculate the daily cost of a veteran's care. The daily cost of care consists of those direct and indirect costs attributable to care at the State home, divided by the total number of residents serviced by the program of care. Cost principles are set forth in Office of Management and Budget (OMB) regulations. 2 CFR §§ 200.400-200.475.	(M) Met					
2002	51.40 Basic per diem rates (c) Determining whether a veteran spent a day receiving nursing home or domiciliary care. (2) Domiciliaries. VA will pay per diem for each day that the veteran is receiving domiciliary care and has an overnight stay at the State home. VA will also pay per diem during any absence of 96 or fewer consecutive hours for purposes other than receiving hospital care at VA expense, but VA will not pay per diem for any part of the absence if it continues for longer than 96 consecutive hours. Absences that are not interrupted by at least 24 hours of continuous residence in the State home are considered one continuous absence.	(M) Met					

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2003	51.42 Payment procedures (a) Forms required--(1) Forms required at time of admission or enrollment. As a condition for receiving payment of per diem under this part, the State home must submit the forms identified in paragraphs (a)(1)(i) and (ii) of this section to the VA medical center of jurisdiction for each veteran at the time of the veteran's admission to or enrollment in a State home. If the home is not a recognized State home, the home must, after recognition, submit forms for Veterans who received care on and after the date of the completion of the VA survey that provided the basis for determining that the home met the standards of this part. The State home must also submit the appropriate form with any request for a change in the type of per diem paid on behalf of a veteran as a result of a change in the veteran's program of care or a change in the veteran's service-connected disability rating that makes the veteran's care eligible for payment under § 51.41. Copies of VA Forms can be obtained from any VA Medical Center and are available on our website at www.va.gov/vaforms . The required forms are: (i) A completed VA Form 10-10EZ, Application for Medical Benefits (or VA Form 10-10EZR, Health Benefits Renewal Form, if a completed Form 10-10EZ is already on file at VA). Note 1 to paragraph (a)(1)(i): Domiciliary applicants and residents must complete the financial disclosure sections of VA Forms 10-10EZ and 10-10EZR, and adult day health care applicants may be required to complete the financial disclosure sections of these forms in order to enroll with VA. Although the nursing home applicants or residents or adult day health care participants do not complete the financial disclosure sections of VA Forms 10-10EZ and 10-10EZR, an unsigned form is incomplete, and VA will not accept the form. (ii) A completed VA Form 10-10SH, State Home Program Application for Care—Medical Certification.	(M) Met					
2004	51.42 Payment procedures (a) Forms required--(2) Form required for monthly payments. Except as provided in paragraphs (b)(1) and (2) of this section, VA pays per diem on a monthly basis for care provided during the prior month. To receive payment, the State must submit each month to the VA a completed VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed.	(M) Met					

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2005	51.42 Payment procedures (b) Commencement of payments- (1) Per diem payments for a newly recognized State home. No per diem payments will be made until VA recognizes the home and each veteran resident for whom VA pays per diem is verified as being eligible; however, per diem payments will be made retroactively for care that was provided on and after the date of the completion of the VA survey that provided the basis for determining that the home met the standards of this part.	(M) Met					
2006	51.42 Payment procedures (b) Commencement of payments- (2) Per diem payments for capacity certified under § 51.30(c). Per diem will be paid for the care of veterans in capacity certified in accordance with § 51.30(c) retroactive to the date of the completion of the survey if the Director certifies the capacity as a result of that survey.	(M) Met					
2007	51.42 Payment procedures (b) Commencement of payments- (3) Payments for eligible veterans. When a State home admits or enrolls an eligible veteran, VA will pay per diem under this part from the date of receipt of the completed forms required by this section, except that VA will pay per diem from the date care began if the Director receives the completed forms no later than 10 calendar days after care began. VA will make retroactive payments of per diem under paragraphs (b)(1) and (2) of this section only if the Director receives the completed forms that must be submitted under this section.	(M) Met					
2008	51.43 Drugs and medicines for certain veterans (b) VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by § 17.96 of this chapter, subject to the limitation in § 51.41(c)(2).	(M) Met					
2009	51.43 Drugs and medicines for certain veterans (c) VA may furnish a drug or medicine under paragraph (a) of this section and under § 17.96 of this chapter only if the drug or medicine is included on VA's National Formulary, unless VA determines a non-Formulary drug or medicine is medically necessary.	(M) Met					

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2010	51.43 Drugs and medicines for certain veterans (d) VA may furnish a drug or medicine under this section and under § 17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement.	(M) Met					
2011	51.43 Drugs and medicines for certain veterans (e) As a condition for receiving drugs or medicine under this section or under § 17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran.	(M) Met					

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2012	<p>51.51 Eligible veterans--domiciliary care (a) A veteran is an eligible veteran for the purposes of payment of per diem for domiciliary care in a State home under this part if VA determines that the veteran is not barred from receiving care based on his or her service (see 38 U.S.C. 5303, 5303A), is not barred from receiving VA pension, compensation or dependency and indemnity compensation based on the character of a discharge from military service (see 38 CFR 3.12), and the veteran is: (1) A veteran whose annual income does not exceed the maximum annual rate of pension payable to a veteran in need of regular aid and attendance; or (2) A veteran who VA determines has no adequate means of support. The phrase "no adequate means of support" refers to an applicant for domiciliary care whose annual income exceeds the rate of pension described in paragraph (a)(1) of this section, but who is able to demonstrate to competent VA medical authority, on the basis of objective evidence, that deficits in health or functional status render the applicant incapable of pursuing substantially gainful employment, as determined by the Chief of Staff of the VA medical center of jurisdiction, and who is otherwise without the means to provide adequately for himself or herself, or be provided for in the community. (b) For purposes of this section, the eligible veteran must be able to perform the following: (1) Daily ablutions, such as brushing teeth, bathing, combing hair, and body eliminations, without assistance. (2) Dress himself or herself with a minimum of assistance. (3) Proceed to and return from the dining hall without aid. (4) Feed himself or herself. (5) Secure medical attention on an ambulatory basis or by use of a personally propelled wheelchair. (6) Have voluntary control over body eliminations or have control by use of an appropriate prosthesis. (7) Participate in some measure, however slight, in work assignments that support the maintenance and operation of the State home. (8) Make rational and competent decisions as to his or her desire to remain in or leave the State home.</p>	(M) Met					

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2013	51.59 Authority to continue payment of per diem when veterans are relocated due to emergency (a) Definition of emergency. For the purposes of this section, emergency means an occasion or instance where all of the following are true: (1) It would be unsafe for veterans receiving care at a State home to remain in that home. (2) The State is not, or believes that it will not be, able to provide care in the State home on a temporary or long-term basis for any or all of its veteran residents due to a situation involving the State home, and not due to a situation where a particular veteran's medical condition requires that the veteran be transferred to another facility, such as for a period of hospitalization. (3) The State determines that the veterans must be evacuated to another facility or facilities.	(M) Met					
2014	51.59 Authority to continue payment of per diem when veterans are relocated due to emergency (b) General authority to pay per diem during a relocation period. Notwithstanding any other provision of this part, VA will continue to pay per diem for a period not to exceed 30 calendar days for any eligible veteran who resided in a State home, and for whom VA was paying per diem, if such veteran is evacuated during an emergency into a facility other than a VA nursing home, hospital, domiciliary, or other VA site of care if the State is responsible for providing or paying for the care. VA will not pay per diem under this section for more than 30 calendar days of care provided in the evacuation facility, unless the official who approved the emergency response under paragraph (e) of this section determines that it is not reasonably possible to return the veteran to a State home within the 30-calendar-day period, in which case such official will approve additional period(s) of no more than 30 calendar days in accordance with this section. VA will not pay per diem if VA determines that a veteran is or has been placed in a facility that does not meet the standards set forth in paragraph (c)(1) of this section, and VA may recover all per diem paid for the care of the veteran in that facility.	(M) Met					

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2015	51.59 Authority to continue payment of per diem when veterans are relocated due to emergency (c) Selection of evacuation facilities. The following standards and procedures in paragraphs (c)(1) through (3) apply to the selection of an evacuation facility in order for VA to continue to pay per diem during an emergency. These standards and procedures also apply to evacuation facilities when veterans are evacuated from a nursing home in which care is being provided pursuant to a contract under 38 U.S.C. 1720. (1) Each veteran who is evacuated must be placed in a facility that, at a minimum, will meet the needs for food, shelter, toileting, and essential medical care of that veteran.	(M) Met					
2016	51.59 Authority to continue payment of per diem when veterans are relocated due to emergency (c) Selection of evacuation facilities. (3) For veterans evacuated from domiciliaries, the following types of facilities may meet the standards in paragraph (c)(1) of this section: (i) Emergency evacuation facilities identified by the city or State; (ii) Assisted living facilities; and (iii) Hotels.	(M) Met					
2017	51.59 Authority to continue payment of per diem when veterans are relocated due to emergency (e) Approval of response. Per diem payments will not be made under this section unless and until the Director of the VA medical center of jurisdiction or the director of the VISN in which the State home is located (if the VAMC Director is not capable of doing so) determines, that an emergency exists and that the evacuation facility meets VA standards set forth in paragraph (c)(1) of this section.	(M) Met					

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2023	<p>51.70 Resident rights. 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:</p> <p>(a) Exercise of rights.</p> <p>(1) 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.</p> <p>(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights.</p> <p>(3) The resident has the right to freedom from chemical or physical restraint.</p> <p>(4) 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.</p> <p>(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.</p>	(M) Met					
2024	<p>51.70 Resident rights (b) Notice of rights and services.</p> <p>(1) 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 notification must be made prior to or upon admission and periodically during the resident's stay.</p> <p>(2) 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.</p>	(M) Met					

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2025	<p>51.70 Resident rights (b) Notice of rights and services.</p> <p>(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status;</p> <p>(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</p> <p>(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.</p> <p>(6) The facility management must furnish a written description of legal rights which includes:</p> <p>(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>(ii) A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p>	(M) Met					

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2026	<p>51.70 Resident rights (b) Notice of rights and services.</p> <p>(7) The facility management must have written policies and procedures regarding advance directives (e.g., living wills) that 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.</p> <p>(8) The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.</p>	(M) Met					
2027	<p>51.300 Resident rights and behavior; State home practices; quality of life (a) Notice of rights and services—notification of changes.</p> <p>(1) Facility management must immediately inform the resident and consult with the primary care physician when there is (i) An accident involving the resident that results in injury and has the potential for requiring physician intervention; (ii) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either lifethreatening conditions or clinical complications); (iii) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (iv) A decision to transfer or discharge the resident from the facility as specified in paragraph (d) of this section.</p>	(M) Met					

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2028	51.300 Resident rights and behavior; State home practices; quality of life (a) Notice of rights and services--notification of changes. (2) The facility management must also promptly notify the resident when there is (i) A change in room or roommate assignment as specified in §51.100(f)(2); or (ii) A change in resident rights under Federal or State law or regulations as specified in § 51.70(b)(1). (3) The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member, but the resident has the right to decide whether to have the State home notify his or her legal representative or interested family member of changes.	(M) Met					
2029	51.70 Resident rights (c) Protection of resident funds. (1) 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) through (c)(6) of this section.	(M) Met					
2030	51.70 Resident rights (c) Protection of resident funds. (3) Deposit of funds. (i) Funds in excess of \$100. The facility management must deposit any residents' 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 resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's 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					

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2031	51.70 Resident rights (c) Protection of resident funds. (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 from the resident or his or her legal representative.	(M) Met					
2032	51.70 Resident rights (c) Protection of resident funds. (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.	(M) Met					
2033	51.70 Resident rights (c) Protection of resident funds. (6) Assurance of financial security. The facility 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.	(M) Met					
2034	51.70 Resident rights (d) Free choice. The resident has the right 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.	(M) Met					

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2035	51.70 Resident rights (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.	(M) Met					
2036	51.70 Resident rights (f) Grievances. A resident has the right to— (1) Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	(M) Met					
2037	51.70 Resident rights (g) Examination of survey results. A resident has the right to— (1) 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 client advocates, and be afforded the opportunity to contact these agencies.	(M) Met					

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2038	51.300 Resident rights and behavior; State home practices; quality of life (b) Work. The resident must participate, based on his or her ability, in some measure, however slight, in work assignments that support the maintenance and operation of the State home. The State Home management must create a written policy to implement the work requirement. The resident is encouraged to participate in vocational and employment services, which are essential to meeting the psychosocial needs of the resident. The resident must perform work for the facility after the State home has accomplished the following: (1) The facility has documented the resident's need or desire to work in the comprehensive care plan; (2) The comprehensive care plan described in § 51.310 specifies the nature of the work performed and whether the work is unpaid or paid; (3) Compensation for work for which the facility would pay a prevailing wage if done by non-residents is paid at or above prevailing wages for similar work in the area where the facility is located; and (4) The facility consulted with and the resident agrees to the work arrangement described in the comprehensive care plan.	(M) Met					
2039	51.70 Resident rights (h) Work. The resident has the right to— (2) 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; (ii) 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.	(M) Met					
2040	51.70 Resident rights (i) Mail. The resident must have the right to privacy in written communications, including the right to— Send and promptly receive mail that is unopened; and (2) Have access to stationery, postage, and writing implements at the resident's own expense.	(M) Met					

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2041	51.70 Resident rights (j) Access and visitation rights. (1) The resident has the right and the facility management must provide immediate access to any resident by the following: (i) Any representative of the Under Secretary for Health; (ii) Any representative of the State; (iii) Physicians of the resident's choice (to provide care in the nursing home, physicians must meet the provisions of §51.210(j)); (iv) The State long term care ombudsman; (v) 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.	(M) Met					
2042	51.70 Resident rights (j) Access and visitation rights. (3) 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					
2043	51.70 Resident rights (k) Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	(M) Met					
2044	51.70 Resident rights (l) Personal property. The resident has the 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 residents.	(M) Met					

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2045	51.300 Resident rights and behavior; State home practices; quality of life (c) Married couples. The resident has the right, if space is available within the existing facility, to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. If the State home determines existing space is not available to allow married residents to share rooms, the State home will make accommodations for the privacy of married residents.	(M) Met					

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2046	51.70 Resident rights (n) Self Administration of drugs. An 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	(N) Not Met	<p>Based on observation, interview and record review, the domiciliary interdisciplinary team did not determine that a resident could safely self-administer medication. Findings include:</p> <p>During an initial interview with the domiciliary registered nurse (RN) on 10/18/21 at 9:48 a.m., the RN indicated that residents were evaluated for self-administration of medication upon admission and every six (6) months thereafter, unless the resident experienced a change in cognition. The RN indicated the domiciliary used a tool in PointClickCare® (PCC) called, "Self-Administration of Medication" and components of the assessment included, "determining if the resident is fully capable of or requires assistance with storing medications in a secured location, administration of medications (oral, topical, eye drops, ointments, etc.), stating the name of medications and their prescribed use, reading medication/prescription label, identifying side effects, stating what meds [medications] are to be taken/proper dosage/dispensing proper amount of medications, and correctly identifying situations that require the administration of PRN medications."</p> <p>Resident #203</p> <ul style="list-style-type: none"> Resident #203 was admitted to domiciliary on 05/04/2011. The resident's diagnoses included diabetes mellitus and major depressive disorder. The resident's service plan dated February 2020 included a statement addressing self-administration of medication and indicated, "Member will take meds as prescribed at least 95% of the time." The service plan did not include approaches to meet the goal. Staff indicated during interview that if medication was not used when it was time to reorder the medication, that would be an indication that the resident had not taken his medication as prescribed. There was no other method 	<insert CAP details here>			

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			<p>used to determine if the resident took "medication as prescribed 95% of the time."</p> <ul style="list-style-type: none"> Resident #203's provider orders for medication included the following: <ul style="list-style-type: none"> 11/04/20: "Deep Nasal Spray 1 spray in both nostrils every 8 hours as needed...." 02/26/21: "Atorvastatin Calcium Tablet 40 mg [milligrams] Give 1 tablet by mouth at bedtime for lipids related to HYPERLIPIDEMIA. unsupervised self-administration." 04/28/21: "Fiber Tablet Give 2 tablets by mouth one time a day for HYPERLIPIDEMIA.... unsupervised self-administration." 04/28/21: "Calcium Antacid Tablet Chewable 500 mg (Calcium Carbonate Antacid) Give 2 tablets by mouth as needed for HEARTBURN." 04/28/21: "Acetaminophen Tablet 325 mg Give 2 tablets by mouth every 6 hours as needed for pain or fever....unsupervised self-administration." 04/29/21: "Aspirin Tablet 81 mg Give 1 tablet by mouth one time a day for cardiac arrhythmia. unsupervised self-administration." 07/12/21: "Ventolin [Proair] HFA [hydrofluoroalkane] Aerosol Solution 108 (90 Base) MCG/ACT [micrograms per actuation] (Albuterol Sulfate HFA) 2 puffs inhale orally as needed for Wheezing unsupervised self-administration Six (6X) times a day, as needed." 09/23/21: Sertraline HCL [hydrochloride] Tablet 25 mg Give 1 tablet by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE PSYCHOTIC SYMPTOMS unsupervised self-administration Take with 25 mg. with 50 mg = 75 mg." 09/23/21: "Sertraline HCL Tablet 50 mg Give 1 tablet by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE PSYCHOTIC SYMPTOMS unsupervised self-administration Take with 50 mg. 				

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			<p>with 25 mg = 75 mg."</p> <ul style="list-style-type: none"> o 09/19/21: "Risperidone 3 mg tablet Give 1 tablet by mouth at bedtime unsupervised self-administration." o 10/06/21: "Propranolol HCL Tablet 10 mg Give 1 tablet by mouth one time a day for HTN [hypertension]...." o 10/06/21: "Tamsulosin HCL 0.4 mg Give 1 capsule one time a day for BENIGN PROSTATIC HYPERPLASIA..." o 10/06/21: "Famotidine Tablet 20 mg Give 1 tablet by mouth one time a day for GASTRO-ESOPHAGEAL REFLUX DISEASE...unsupervised self-administration." <ul style="list-style-type: none"> • During an observation and interview on 10/18/21 at 12:34 p.m. in Resident #203's room in the domiciliary, Resident #203 stated, "I take my own meds [medication]." When asked about storage of his medication, Resident #203 unlocked the top drawer of a chest, removed medications from the drawer, and self-administered several pills stored in a multiday medication container. The resident said, "I take my meds most of the time when I remember to take them....I forget to take them sometimes, but I usually remember." • An assessment had been conducted by the interdisciplinary team at the domiciliary to determine if the resident could safely self-administer medication in February 2020; no further assessment had been conducted. During an interview on 10/19/21 at 8:23 a.m., the ADON and charge nurse confirmed that the service plan did not include interventions to ensure the resident remembered to take his medications. <p>SCOPE AND SEVERITY: D.</p>				

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2052	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge— (1) 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. (2) 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 (i) The transfer or discharge is necessary for the resident's welfare, including because the domiciliary resident's health has improved sufficiently so the resident no longer needs the services provided by the domiciliary; (ii) The resident is in need of a higher level of long term or acute care; (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; (vi) The domiciliary ceases to operate; or (vii) The resident ceases to meet any of the eligibility criteria of § 51.51.	(M) Met					
2053	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge-- (3) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (vii) of this section, the primary care physician must document the transfer and circumstances in the resident's clinical record.	(M) Met					

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2054	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge-- (4) Notice before transfer. Before a facility transfers or discharges a resident, the facility must (i) Notify the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner he or she understands. The resident has the right to decide whether to have the State home notify his or her legal representative or interested family member of changes. (ii) Record the reasons in the resident's clinical record; and (iii) Include in the notice the items described in paragraph (d)(6) of this section.	(M) Met					
2055	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge-- (5) Timing of the notice. (i) The notice of transfer or discharge required by paragraph (d)(4) of this section must be made by the facility at least 30 calendar days before the resident is transferred or discharged, except when specified in paragraph (d)(5)(ii) of this section, (ii) Notice may be made as soon as practicable before transfer or discharge when (A) The safety of individuals in the facility would be endangered; (B) The health of individuals in the facility would be otherwise endangered; (C) The resident's health improves sufficiently so the resident no longer needs the services provided by the domiciliary; or (D) The resident's needs cannot be met in the domiciliary.	(M) Met					
2056	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge-- (6) Contents of the notice. The written notice specified in paragraph (d)(4) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement that the resident has the right to appeal the action to the State official designated by the State; and (v) The name, address and telephone number of the State long term care ombudsman.	(M) Met					

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2057	51.300 Resident rights and behavior; State home practices; quality of life (d) Transfer and discharge-- (7) Orientation for transfer or discharge. The facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.	(M) Met					
2058	51.300 Resident rights and behavior; State home practices; quality of life (e) Notice of bed-hold policy and readmission—notice before transfer. The State home must have a written bed-hold policy, including criteria for return to the facility. The facility management must provide written information to the resident about the State home bed-hold policy upon enrollment, annually thereafter, and before a State home transfers a resident to a hospital. A Resident has the right to decide whether to have the State home notify his or her legal representative or interested family member of transfers.	(M) Met					
2059	51.80 Admission, transfer, and discharge rights (b) Notice of bed-hold policy and readmission-- (2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.	(M) Met					
2060	51.80 Admission, transfer, and discharge rights (b) Notice of bed-hold policy and readmission-- (3) Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room, if the resident requires the services provided by the facility.	(M) Met					
2061	51.80 Admission, transfer, and discharge rights (c) Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.	(M) Met					

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2062	51.80 Admission, transfer, and discharge rights (d) Admissions policy. The facility 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 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 resident's income or resources.	(M) Met					
2068	51.90 Resident behavior and facility practices (a) Restraints. (1) The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. (i) Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. (ii) Physical restraint is any method of 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. (2) The facility management uses a system to achieve a restraint-free environment. (3) The facility management collects data about the use of restraints. (4) When alternatives to the use of restraint are ineffective, a restraint must be safely and appropriately used.	(M) Met					

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2069	<p>51.90 Resident behavior and facility practices (b) Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.</p> <p>(1) Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.</p> <p>(2) Physical abuse includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.</p> <p>(3) Sexual abuse includes sexual harassment, sexual coercion, and sexual assault.</p> <p>(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.</p> <p>(5) Involuntary seclusion 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.</p>	(M) Met					
2070	<p>51.90 Resident behavior and facility practices (c) Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>(1) The facility management must:</p> <p>(i) Not employ individuals who—</p> <p>(A) Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or</p> <p>(B) Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and</p> <p>(ii) Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p>	(M) Met					

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2071	51.90 Resident behavior and facility practices (c) Staff treatment of residents. (2) The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.	(M) Met					
2072	51.90 Resident behavior and facility practices (c) Staff treatment of residents. (3) The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	(M) Met					
2073	51.90 Resident behavior and facility practices (c) Staff treatment of residents. (4) The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.	(M) Met					
2079	51.100 Quality of life. A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. (a) Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (b) Self-determination and participation. The resident has the right to— (1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; (2) Interact with members of the community both inside and outside the facility; and (3) Make choices about aspects of his or her life in the facility that are significant to the resident.	(M) Met					
2080	51.100 Quality of life (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 management of the facility by the council.	(M) Met					

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2081	51.100 Quality of life (d) Participation in resident and family groups. (1) A resident has the right to organize and participate in resident groups in the facility; (2) A resident's family has the right to meet in the facility with the families of other residents in the facility; (3) The facility management must provide the council and any resident or family group that exists with private space; (4) Staff or visitors may attend meetings at the group's invitation; (5) The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; (6) The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility	(M) Met					
2082	51.100 Quality of life (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 religious counseling by clergy of various faith groups.	(M) Met					
2083	51.100 Quality of life (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					
2084	51.300 Resident rights and behavior; State home practices; quality of life (f) Resident activities. (1) The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	(M) Met					
2085	51.300 Resident rights and behavior; State home practices; quality of life (f) Resident activities. (2) The activities program must be directed by a qualified coordinator.	(M) Met					

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2086	51.300 Resident rights and behavior; State home practices; quality of life (g) Social services. (1) The State home must provide social work services to meet the social and emotional needs of residents to attain or maintain the highest practicable mental and psychosocial well-being of each resident.	(M) Met					
2087	51.300 Resident rights and behavior; State home practices; quality of life (g) Social services. (2) The State home must have a sufficient number of social workers to meet residents' needs.	(M) Met					
2088	51.300 Resident rights and behavior; State home practices; quality of life (g) Social services. (3) The State home must have a written policy on how it determines qualifications of social workers. It is highly recommended, but not required, that 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 (Note: A master's degree social worker with experience in long-term care is preferred), and (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 working directly with individuals.	(M) Met					
2089	51.300 Resident rights and behavior; State home practices; quality of life (g) Social services. (4) The facility management must have sufficient support staff to meet patients' social services needs.	(M) Met					
2090	51.300 Resident rights and behavior; State home practices; quality of life (g) Social services. (5) Facilities for social services must ensure privacy for interviews.	(M) Met					
2091	51.300 Resident rights and behavior; State home practices; quality of life (h) 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					
2092	51.300 Resident rights and behavior; State home practices; quality of life (h) Environment. (2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) Met					

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2093	51.300 Resident rights and behavior; State home practices; quality of life (h) Environment. (3) Clean bed and bath linens that are in good condition; and	(M) Met					
2094	51.300 Resident rights and behavior; State home practices; quality of life (h) Environment. (4) Private closet space in each resident's room, as specified in §51.200(d)(2)(iv).	(M) Met					
2100	51.310 Resident admission, assessment, care plan, and discharge. The State home must conduct accurate, written, medical and comprehensive assessments of each resident's medical and functional capacity upon admission, annually, and as required by a change in the resident's condition. The comprehensive assessment will use information from the medical assessment, and both assessments will inform the comprehensive care plan. The State home must have a written policy to determine how to coordinate and complete the comprehensive assessment process, including how it will review, and revise the comprehensive assessment in implementing the comprehensive care plan. The State home must review comprehensive assessments annually, and promptly after every significant change in the resident's physical, mental, or social condition. (a) Admission orders and medical assessment. At the time each resident is admitted, the State home must have physician orders for the resident's immediate care. A medical assessment, including a medical history and physical examination, must be performed by a physician, or other health care provider qualified under State law, and recorded in the medical record no later than 7 calendar days after admission, unless one was performed no earlier than 5 calendar days before admission and the findings were recorded in the medical record. The medical assessment will be part of the comprehensive assessment.	(M) Met					

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2101	51.310 Resident admission, assessment, care plan, and discharge (b) Comprehensive assessments. (1) The state home must complete a comprehensive assessment of each resident no later than 14 calendar days after admission, annually, and as required by a change in the resident's condition. (2) Each comprehensive assessment must be conducted or coordinated by a registered nurse with the participation of appropriate healthcare professionals, including at least one physician, the registered nurse, and one social worker. The registered nurse must sign and certify the assessment. The comprehensive assessment is to determine the care, treatment, and services that will meet the resident's initial and continuing needs. It is an objective evaluation of a resident's health and functional status, describing the resident's capabilities and impairments in performing activities of daily living, strengths, and needs. The assessment gathers information through collection of data, observation, and examination.	(M) Met					

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2102	<p>51.310 Resident admission, assessment, care plan, and discharge (c) Comprehensive care plans.</p> <p>(1) The State home must develop a comprehensive care plan for each resident based on the comprehensive assessment, and develop, review, and revise the comprehensive care plan following each comprehensive assessment. The comprehensive care plan must include measurable objectives and timetables to address a resident's emotional, behavioral, social, and physical needs, with emphasis on assisting each patient to achieve and maintain an optimal level of self-care and independence. The comprehensive care plan must describe the following, as appropriate to the resident's circumstances: (i) The services that are to be furnished to support the resident's highest practicable emotional, behavioral, social rehabilitation, and physical well-being; (ii) The specific work the resident agrees to do to share in the maintenance and operation of the State home upon consultation with the interdisciplinary team, and whether that work is paid or unpaid; and (iii) Any services that would otherwise be required under § 51.350 but are not provided due to the resident's exercise of rights under § 51.70, including the right in § 51.70(b)(4) to refuse treatment.</p>	(N) Not Met	<p>Based on observation, interview and record review, the domiciliary did not develop and revise comprehensive care plans for each resident based on the comprehensive assessment. Findings include:</p> <p>The domiciliary policy titled, "INTERDISCIPLINAY TEAM CONFERENCE," dated 04/16/21 was provided by the director of nursing (DON) on 10/19/21 at 8:20 a.m. The policy/procedure indicated, "...8. All problems and goals will be reviewed and discussed in the care plan section of EMR [electronic medical record]."</p> <p>Resident #101</p> <ul style="list-style-type: none"> As determined through record review, Resident #101 was admitted to the domiciliary on 01/31/1992 with diagnoses that included benign prostatic hyperplasia (BPH). Other medical conditions included orthostatic hypotension and insomnia. Review of the most recent long-term care evaluation (resident assessment) dated 06/24/21 indicated the resident was "alert and oriented, communicates verbally, has clear speech and pleasant mood and [the resident] sleeps intermittently at night." The resident had a current provider order dated 05/03/21 that read, "Melatonin capsule 3 mg. [milligrams] Give 2 caps [capsules] orally at bedtime for sleep [sleepless] nights related to INSOMNIA, UNSPECIFIED unsupervised self-administration." During an interview with Resident #101 on 10/18/21 at approximately 12:10 p.m., when asked about his sleep, the resident said, "I do not really sleep. It's hard to sleep [at night] when all I do is lay in bed during the day and watch TV. Sometimes, I fall asleep while the TV is on and if I do not open the blinds, it is hard to tell if it is daylight or not." When asked what alleviated his sleeping difficulties, the resident said, "I take 	<insert CAP details here>			

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			<p>this pill [the resident showed the surveyor a bottle of melatonin]. They do not really help...at least I do not think so. Maybe I need to wait and see if they will work. I have only been taking them for a few weeks."</p> <ul style="list-style-type: none"> The resident's service plan (comprehensive care plan) dated 04/02/21 did not address concerns with insomnia or approaches to promote sleep; this was confirmed by the RN and assistant director of nursing (ADON) during an interview on 10/19/21 at 8:30 a.m. Review of the service plan indicated there was no individualized care plan addressing the resident's complaints of insomnia. <p>SCOPE AND SEVERITY: D.</p>				
2103	51.310 Resident admission, assessment, care plan, and discharge (c) Comprehensive care plans. (2) A comprehensive care plan must be: (i) Developed no later than 21 calendar days after admission; and (ii) Prepared by an interdisciplinary team of health professionals that may include the primary care physician or a Licensed Independent Practitioner (or designated Physician's Assistant or Nurse Practitioner), a social worker, and a registered nurse who have responsibility for the resident, and other staff in appropriate disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident and the resident's family (subject to the consent of the resident) or the resident's legal representative, if appropriate; (iii) Reviewed periodically and revised consistent with the most recent comprehensive assessment by a team of qualified persons no less often than semiannually; and (iv) Revised promptly after a comprehensive assessment reveals a significant change in the resident's condition.	(M) Met					
2104	51.310 Resident admission, assessment, care plan, and discharge (c) Comprehensive care plans. (3) The services provided by the facility must (i) Meet professional standards of quality; and (ii) Be provided by qualified persons in accordance with each resident's written comprehensive care plan.	(M) Met					

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2105	51.310 Resident admission, assessment, care plan, and discharge (d) Discharge summary. (1) Prior to discharging a resident, the State home must prepare a discharge summary that includes (i) A summary of the resident's stay, the resident's status at the time of the discharge, and the resident's progress on the comprehensive care plan in paragraph (b)(2) of this section; and (ii) A post-discharge comprehensive care plan that is developed with the participation of the resident. (2) A resident has the right to decide if he or she would like to involve his or her legal representative or interested family member in development of a post-discharge plan.	(M) Met					
2111	51.120 Quality of care (j) Nutrition. Based on a resident's 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					
2112	51.120 Quality of care (m) Unnecessary drugs— (1) General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: (i) In excessive dose (including duplicate drug therapy); or (ii) For excessive duration; or (iii) 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 reduced or discontinued; or (vi) Any combinations of the reasons above.	(M) Met					

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2113	51.120 Quality of care (m) Unnecessary drugs-- (2) Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that-- (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	(M) Met					
2114	51.120 Quality of care (n) Medication Errors. The facility management must ensure that-- (1) Medication errors are identified and reviewed on a timely basis; and (2) strategies for preventing medication errors and adverse reactions are implemented.	(M) Met					
2115	51.320 Quality of care. The State home must provide each resident with the care described in this subpart in accordance with the assessment and comprehensive care plan. (a) Reporting of sentinel events. (1) A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function. (2) Examples of sentinel events are as follows: (i) Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; (ii) Any suicide of a resident; (iii) Assault, homicide or other crime resulting in resident death or major permanent loss of function; or (iv) A resident fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.	(M) Met					
2116	51.320 Quality of care (a) Reporting of sentinel events. (3) The State home must report sentinel events to the Director no later than 24 hours after identification. The VA medical center of jurisdiction must report sentinel events by notifying the VA Network Director (10N1- 10N22) and the Director, Office of Geriatrics and Extended Care – Operations (10NC4) no later than 24 hours after notification.	(M) Met					

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2117	51.320 Quality of care (a) Reporting of sentinel events. (4) The State home must establish a mechanism to review and analyze a sentinel event resulting in a written report to be submitted to the VA Medical Center of jurisdiction no later than 10 working days following the event. 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 the State home.	(M) Met					
2118	51.320 Quality of care (b) Activities of daily living. Based on the comprehensive assessment of a resident, the State home must ensure that 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, and the resident is given appropriate treatment and services to maintain or improve his activities of daily living. This includes the resident's ability to: (1) Bathe, dress, and groom; (2) Transfer and ambulate; (3) Toilet; (4) Eat; and (5) Talk or otherwise communicate.	(M) Met					
2119	51.320 Quality of care (c) Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing, the State home must, if necessary, assist the resident: (1) In making appointments; and (2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.	(M) Met					
2120	51.320 Quality of care (d) Mental and psychosocial functioning. Based on the comprehensive assessment of a resident, the State home must assist a resident who displays mental or psychosocial adjustment difficulty obtain appropriate treatment and services to correct the assessed problem.	(M) Met					
2121	51.320 Quality of care (e) Accidents. The State home must ensure that: (1) The resident environment remains as free of accident hazards as possible; and (2) Each resident receives adequate supervision and assistive devices to prevent accidents.	(M) Met					

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2122	51.320 Quality of care (f) Nutrition. The State home must follow § 51.120(j) regarding nutrition in providing domiciliary care.	(M) Met					
2123	51.320 Quality of care (g) Special needs. The State home must provide residents with the following services, if needed: (1) Injections; (2) Colostomy, ureterostomy, or ileostomy care; (3) Respiratory care; (4) Foot care; and (5) Non-customized or non-individualized prosthetic devices.	(M) Met					
2124	51.320 Quality of care (h) Unnecessary drugs. The State home must ensure that the standards set forth in § 51.120(m) regarding unnecessary drugs are followed in providing domiciliary care.	(M) Met					
2125	51.320 Quality of care (i) Medication errors. The State home must ensure that the standards set forth in § 51.120(n) regarding medication errors are followed in providing domiciliary care.	(M) Met					
2131	51.330 Nursing care. The State home must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs of all residents within the facility, 24 hours a day, 7 days a week, as determined by their comprehensive assessments and their comprehensive care plans. 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, and training of the nursing service's staff.	(M) Met					
2137	51.140 Dietary service. 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 dietitian either full-time, part-time, or on a consultant basis. (1) If a dietitian is not employed, 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 Academy of Nutrition and Dietetics.	(M) Met					

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2138	51.140 Dietary service (b) Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	(M) Met					
2139	51.140 Dietary service (c) Menus and nutritional adequacy. Menus must— (1) 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.	(M) Met					
2140	51.140 Dietary service (d) Food. Each resident receives and the facility provides— (1) Food prepared by methods that conserve nutritive value, flavor, and appearance; (2) Food that is palatable, attractive, and at the proper temperature; (3) Food prepared in a form designed to meet individual needs; and (4) Substitutes offered of similar nutritive value to residents.	(M) Met					
2141	51.140 Dietary service (e) Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) Met					
2142	51.350 Provision of certain specialized and environmental requirements (a) Dietary services. (1) There must be no more than 14 hours between a substantial evening meal and the availability of breakfast the following day, except as provided in (a)(3) of this section. (2) The facility staff must offer snacks at bedtime daily. (3) Sixteen hours may elapse between a substantial evening meal and breakfast the following day when a nourishing snack is offered at bedtime.	(M) Met					
2143	51.140 Dietary service (g) Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) Met					
2144	51.140 Dietary service (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly.	(M) Met					

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2147	51.340 Physician and other licensed medical practitioner services. The State home must provide its residents the primary care necessary to enable them to attain or maintain the highest practicable physical, mental, and psychosocial well-being. When a resident needs care other than the State home is required to provide under this subpart, the State home is responsible to assist the resident to obtain that care. The State home must ensure that a physician personally approves in writing a recommendation that an individual be admitted to a domiciliary. Each resident must remain at all times under the care of a licensed medical practitioner assigned by the State home. The name of the practitioner will be listed in the resident's medical record. The State home must ensure that all of the following conditions in paragraphs (a) through (e) of this section are met:	(M) Met					
2148	51.340 Physician and other licensed medical practitioner services (a) Supervision of medical practitioners. Any licensed medical practitioner who is not a physician may provide medical care to a resident within the practitioner's scope of practice without physician supervision when permitted by State law.	(M) Met					
2149	51.340 Physician and other licensed medical practitioner services (b) Availability of medical practitioners. If the resident's assigned licensed medical practitioner is unavailable, another licensed medical practitioner must be available to provide care for that resident.	(M) Met					
2150	51.340 Physician and other licensed medical practitioner services (c) Visits. The primary care physician or other licensed medical practitioner, for each visit required by paragraph (d) of this section, must (1) Review the resident's total program of care, including medications and treatments; (2) Write, sign, and date progress notes; and (3) Sign and date all orders.	(M) Met					
2151	51.340 Physician and other licensed medical practitioner services (d) Frequency of visits. The primary care physician or other licensed medical practitioner must conduct an in-person medical assessment of the resident at least once a calendar year, or more frequently based on the resident's condition.	(M) Met					
2152	51.340 Physician and other licensed medical practitioner services (e) Availability of emergency care. The State home must assist residents in obtaining emergency care.	(M) Met					

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2157	51.170 Dental services (a) A facility 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; (b) A facility may charge a resident an additional amount for routine and emergency dental services; and (c) A facility must, if necessary, assist the resident— (1) In making appointments; (2) By arranging for transportation to and from the dental services; and (3) Promptly refer residents with lost or damaged dentures to a dentist.	(M) Met					
2160	51.180 Pharmacy services. 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 nursing staff. (a) Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	(M) Met					
2161	51.180 Pharmacy services (b) Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located or a VA pharmacist under VA contract 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					
2162	51.350 Provision of certain specialized and environmental requirements (b) Pharmacy services. (1) The drug regimen of each resident must be reviewed at least once every six months by a licensed pharmacist. (2) The pharmacist must report any irregularities to the primary care physician and the director of nursing, and these reports must be acted upon.	(M) Met					

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2163	51.180 Pharmacy services (d) Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	(M) Met					
2164	51.180 Pharmacy services (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					
2165	51.180 Pharmacy services (e) Storage of drugs and biologicals. (2) The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.	(M) Met					
2171	51.190 Infection control. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection control program. The facility management must establish an infection control program under which it— (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	(M) Met					
2172	51.190 Infection control (b) Preventing spread of infection. (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	(M) Met					

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2173	51.190 Infection control (c) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) Met					
2176	51.200 Physical environment (c) Space and equipment. Facility 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 operating condition.	(M) Met					
2177	51.200 Physical environment (d) Resident rooms. (2) The facility management must provide each resident with— (i) A separate bed of proper size and height for the safety of the resident; (ii) A clean, comfortable mattress; (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.	(M) Met					
2178	51.200 Physical environment (e) 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.	(M) Met					
2179	51.200 Physical environment (g) Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must— (1) Be well lighted; (2) Be well ventilated; (3) Be adequately furnished; and (4) Have sufficient space to accommodate all activities.	(M) Met					
2180	51.200 Physical environment (h) 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;	(M) Met					

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2181	51.200 Physical environment (h) Other environmental conditions. (2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;	(M) Met					
2182	51.200 Physical environment (h) Other environmental conditions. (4) Maintain an effective pest control program so that the facility is free of pests and rodents.	(M) Met					

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2183	51.350 Provision of certain specialized and environmental requirements (c) Life safety from fire. The facility must meet the applicable requirements of the National Fire Protection Association's NFPA 101, Life Safety Code, as incorporated by reference in § 51.200.	(N) Not Met	<p>Protection – Other Based on observation, interview and document review on 10/18/21 between 9:30 a.m. and 4:00 p.m., the domiciliary did not ensure fire rated barriers and protective openings were maintained in accordance with NFPA 101 8.3.3.1, 8.3.3.2.3, 8.3.3.3, NFPA 80 5.2.2.4, 5.2.3.5.2, 5.5.4, 5.5.5, and 5.5.7. Findings include:</p> <ul style="list-style-type: none"> • Fire door inspections, while performed semi-annually, did not include the specific locations of fire doors or individual identifiers. The inspection documentation referenced only unit numbers where multiple fire doors were located. • The fire rated door between the domiciliary and the nursing home day room did not have a self-closing or automatic closing device. The device had been removed leaving holes in the door which were not properly filled. Other damage to the fire door was also observed. • The fire rated door to the domiciliary pantry was not equipped with a self-closing or automatic closing device. • The single fire rated door in the corridor leading to the elevator lobby between Three North and Three South had paint covering the fire rating label. • The fire rated door leading to Stairwell C from Three North did not close and latch when released; latching hardware and associated equipment required repair to ensure the door operated properly. <p>The director of maintenance confirmed the findings on the date and at the times noted above.</p> <p>Existing – Sprinkler System Installation Based on observation and interview on 10/18/21 at 1:40 p.m., the domiciliary did not install sprinkler systems in accordance with NFPA 13 8.7.2.2.1. Findings include:</p> <ul style="list-style-type: none"> • A single standard sidewall pendant sprinkler was installed in the Three North laundry room which was 	<insert CAP details here>			

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			<p>greater than 18 feet long; the pendant sprinkler did not cover the entire space. The director of maintenance confirmed the observation on the date and at the time noted above.</p> <p>Sprinkler System – Maintenance and Testing Based on interview and document review from 10/18/21 at 9:30 a.m. to 10/19/21 at 9:30 a.m., the facility did not ensure water-based fire protection systems were inspected, tested, and maintained in accordance with NFPA 101 9.7.5, 9.7.8, and NFPA 25 4.3.1, 4.3.2, 4.3.3, Table 5.1.1.2, 5.2.1.1.1, 5.2.1.1.2, 5.2.1.2, Table 7.1.1.2, 7.2.2.4, Table 7.2.2.4, 7.3.2.1, 7.4.1, Table 8.1.1.2, 8.3.3.1, 8.3.3.2, 8.3.3.4, 8.4.2, 8.4.3, 13.4.2.1, and 13.6.2.1. Findings include:</p> <ul style="list-style-type: none"> • Storage was within 18 inches of the sprinkler in the linen room on Three North. • An escutcheon plate was hanging on a sidewall pendant sprinkler in room 318. • A string was wrapped around a sprinkler pendant in resident room 302. • Documentation provided for annual sprinkler, hydrant, and fire pump inspection, testing, and maintenance had significant gaps in documentation. No flow rates were indicated for fire pump testing to compare results to the pump nameplate, and the pump performance curve was not provided to compare previous results. • Documentation was not available to show that the automatic transfer switch for the fire pump was being tested. • Flows for hydrants were not indicated in test documentation to ensure adequate water supply was available to private water mains for hydrant flows in an emergency. • Two hydrants were found inoperable during testing conducted in July of 2021. No documentation was available to show hydrants were 				

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			<p>repaired and upon inspection of the hydrants there was no indication that they were out of service.</p> <ul style="list-style-type: none"> No documentation was available to show that five-year internal check valve inspections had been performed. No documentation was available to show that backflow preventers were tested. <p>The director of maintenance confirmed the findings on the dates and at the times noted above.</p> <p>Electrical Systems – Essential Electrical System Maintenance and Testing Based on interview and document review on 10/18/21 between 9:30 a.m. and 4:30 p.m., generator fuel testing was not being conducted in accordance with NFPA 110 8.3.6. Findings include:</p> <ul style="list-style-type: none"> No documentation was available to show the domiciliary was conducting fuel sample testing. <p>The director of maintenance confirmed the finding on the date and at the times noted above.</p> <p>Electrical Equipment – Other Based on observation and interview on 10/18/21 between 1:50 p.m. and 2:21 p.m., the domiciliary did not have a process in place to ensure visual inspections were conducted of resident introduced electrical equipment and that equipment was appropriate for the resident care vicinity in accordance with NFPA 99 10.4.2.1 and 10.4.2.3. Findings include:</p> <ul style="list-style-type: none"> A lamp and clock were in resident room 312 with no proof of inspection. A fan was in resident room 314 with no proof of inspection. A lamp and fan were in resident room 303 with no proof of inspection. A fan was in resident room 302 with no proof of inspection. <p>The director of maintenance confirmed the observations on the date and at the times noted above.</p>				

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			SCOPE AND SEVERITY: F.				
2184	51.350 Provision of certain specialized and environmental requirements (d) Privacy. The facility must provide the means for visual privacy for each resident.	(M) Met					
2190	51.210 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident. (a) Governing body. (1) 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 (2) 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 operation and management of the facility.	(M) Met					
2191	51.210 Administration (b) Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Office of Geriatrics and Extended Care, VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change: (1) The State agency and individual responsible for oversight of a State home facility; (2) The State home administrator; (3) The director of nursing services (or other individual in charge of nursing services); and (4) The State employee responsible for oversight of the State home if a contractor operates the State home	(M) Met					

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2192	51.210 Administration (c) Required Information. The facility management must submit the following to the director of the VA medical center of jurisdiction as part of the application for recognition and thereafter as often as necessary to be current or as specified: (1) The copy of legal and administrative action establishing the State-operated facility (e.g., State laws); (2) Site plan of facility and surroundings; (3) Legal title, lease, or other document establishing right to occupy facility; (4) Organizational charts and the operational plan of the facility; (5) The number of the staff by category indicating full-time, part-time and minority designation (annual at time of survey); (6) The number of nursing home patients who are veterans and non-veterans, the number of veterans who are minorities and the number of non-veterans who are minorities (annual at time of survey);	(M) Met					
2193	51.210 Administration (c) Required information. (7) Annual State Fire Marshall's report; (8) Annual certification from the responsible State Agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A, which is available at any VA medical center and at http://www.va.gov/vaforms); (9) Annual certification for Drug-Free Workplace Act of 1988 (VA Form 10-0143, which is available at any VA medical center and at http://www.va.gov/vaforms); (10) Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144, which is available at any VA medical center and at http://www.va.gov/vaforms); and (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 10-0144A, which is available at any VA medical center and at http://www.va.gov/vaforms).	(M) Met					
2194	51.210 Administration (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-veteran residents must be spouses of veterans, or parents any of whose children died while serving in the Armed Forces.	(M) Met					

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2195	51.210 Administration (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.	(M) Met					
2196	51.210 Administration (f) Licensure. The facility and facility management must comply with applicable State and local licensure laws.	(M) Met					
2197	51.210 Administration (g) Staff qualifications. (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.	(M) Met					
2198	51.210 Administration (h) Use of outside resources. (1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished 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 services. (3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.	(M) Met					

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2199	51.210 Administration (i) Medical director. (1) The facility management must designate a primary care physician to serve as medical director. (2) The medical director is responsible for— (i) 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 medical emergencies; (iv) Reviewing the credentialing and privileging process; (v) Participating in managing the environment by reviewing and evaluating incident reports or summaries 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.	(M) Met					

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2200	<p>51.210 Administration (j) Credentialing and Privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician 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 of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance.</p> <p>(1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care.</p> <p>(2) The facility management must verify and uniformly apply the following core criteria: current licensure; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide.</p> <p>(3) The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credentials file must indicate that these criteria are uniformly and individually applied.</p> <p>(4) The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility.</p> <p>(5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.</p> <p>(6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted.</p>	(M) Met					

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2201	51.210 Administration (k) Required training of nursing aides. (1) 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. (2) The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: (i) 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 the State.	(M) Met					
2202	51.210 Administration (k) Required training of nursing aides. (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 or competency evaluation program 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 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.	(M) Met					

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2203	51.210 Administration (k) Required training of nursing aides.(5)-(6) (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 monetary compensation, the individual must complete a new training and competency evaluation program or a new 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 outcome of these reviews. The in-service training must— (i) 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 aides' 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.	(M) Met					
2204	51.210 Administration (l) Proficiency of Nurse aides. The facility 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.	(M) Met					

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2205	<p>51.210 Administration (m) Level B Requirement Laboratory services.</p> <p>(1) 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.</p> <p>(i) If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services.</p> <p>(ii) If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes, and regulations.</p> <p>(iii) If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations.</p> <p>(iv) 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.</p> <p>(v) Such services must be available to the resident seven days a week, 24 hours a day.</p>	(M) Met					
2206	<p>51.210 Administration (m) Level B Requirement Laboratory services. (2) The facility management must—</p> <p>(i) Provide or obtain laboratory services only when ordered by the primary physician;</p> <p>(ii) Promptly notify the primary physician of the findings;</p> <p>(iii) Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and</p> <p>(iv) File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.</p>	(M) Met					

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2207	51.210 Administration (n) Radiology and other diagnostic services. (1) The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations. (ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations. (iii) Radiologic and other diagnostic services must be available 24 hours a day, seven days a week.	(M) Met					
2208	51.210 Administration (n) Radiology and other diagnostic services. (2) The facility must— (i) Provide or obtain radiology and other diagnostic services 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 signed and dated reports of x-ray and other diagnostic services.	(M) Met					
2209	51.210 Administration (o) Clinical records. (1) The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are— (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized.	(M) Met					
2210	51.210 Administration (o) Clinical records. (2) Clinical records must be retained for— (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law.	(M) Met					
2211	51.210 Administration (o) Clinical records. (3) The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	(M) Met					

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2212	51.210 Administration (o) Clinical records. (4) The facility management must keep confidential all information contained in the 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; (iv) The resident or; (v) The resident's authorized agent or representative.	(M) Met					
2213	51.210 Administration (o) Clinical records. (5) The clinical record must contain— (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The plan of care and services provided; (iv) The results of any pre-admission screening conducted by the State; and (v) Progress notes.	(M) Met					
2214	51.210 Administration (p) Quality assessment and assurance. (1) Facility management must maintain a quality assessment and assurance committee consisting of— (i) The director of nursing services; (ii) A primary physician designated by the facility; and (iii) At least 3 other members of the facility's staff.	(M) Met					
2215	51.210 Administration (p) Quality assessment and assurance. (2) The quality assessment and assurance 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	(M) Met					
2216	51.210 Administration (p) Quality assessment and assurance. (3) Identified quality deficiencies are corrected within an established time period. (4) The VA Under Secretary for Health may not require disclosure of the records of such committee unless such disclosure is related to the compliance with requirements of this section.	(M) Met					

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2217	51.210 Administration (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					
2218	51.210 Administration (q) Disaster and emergency preparedness. (2) 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					
2219	51.210 Administration (r) Transfer agreement. (1) The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that— (i) 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 (ii) 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. (2) 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					
2220	51.210 Administration (s) Compliance with Federal, State, and local laws and professional standards. The facility management must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This includes the Single Audit Act of 1984 (Title 31, Section 7501 et seq.) and the Cash Management Improvement Acts of 1990 and 1992 (Public Laws 101-453 and 102-589, see 31 USC 3335, 3718, 3720A, 6501, 6503)	(M) Met					

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2221	51.210 Administration (t) Relationship to other Federal regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other Federal laws and regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, national origin, handicap, or age (38 CFR part 18); protection of human subjects of research (45 CFR part 46), section 504 of the Rehabilitation Act of 1993, Public Law 93-112; Drug-Free Workplace Act of 1988, 38 CFR part 48; section 319 of Public Law 101-121; Title VI of the Civil Rights Act of 1964, 38 CFR 18.1-18.3. Although these regulations are not in themselves considered requirements under this part, their violation may result in the termination or suspension of, or the refusal to grant or continue payment with Federal funds.	(M) Met					
2222	51.210 Administration (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.	(M) Met					

Department of Veterans Affairs -

SURVEY CLASS

Annual Survey

SURVEY YEAR

2021

COMPLETION DATE

10/20/2021

NAME OF FACILITY

Grand RapidsD

STREET ADDRESS

3000 Monroe Ave. N.E.

CITY

Grand Rapids

STATE

MI

ZIP CODE

49505

Andrew Holter

April Bernabe

Kirk.Watson_TL

Monica Zehner

Nicholas Metheny

Teverlyn Allen
