

# Survey Deficiency Summary

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18 Facilities Surveyed

Surveys Taken 10/08/2014 - 11/06/2014

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## **F160 Conveyance of funds upon death.**

- D Facility failed to refund to the deceased patient's estate the balance of the patient account within 30 days for three deceased patients.

## **F170 Right to send/receive mail.**

- C Facility failed to ensure patients' mail was promptly delivered on Saturdays for all the patients residing in the facility.

## **F221 Right to be free from physical restraints.**

- D Facility failed to apply a safety device correctly resulting in the inappropriate use of a restraint for one patient.

## **F223 Right to be free of physical/verbal abuse.**

- D Facility failed to ensure a patient was safe from abuse. A nurse in the facility failed to give a patient cough medication as requested. The patient went to the cart and requested the medication, and according to a witness, the nurse pushed the patient's arm and told him not to touch the cart. There was a lot of screaming between the nurse and the patient; and a CNA intervened and took the patient back to his room. The CNA reported the incident to the director of nursing. The facility allowed the agency nurse to complete the shift. She was not removed from duty because they determined that she was not trying to harm the patient.

## **F225 Facility must not hire person with abuse history.**

- D Facility failed to conduct a thorough investigation of an allegation of abuse.
- D Facility failed to ensure an investigation of an allegation of verbal and physical abuse was reported to administration for one patient.

## **F226 Facility must have written policies in place to prevent abuse & neglect.**

- D Facility failed to implement the facility policy for investigation of an allegation of abuse for one patient.

## **F241 Dignity: Facility must allow residents to maintain his/her self-esteem & self-worth.**

- E Facility failed to treat patients with respect and dignity when three staff members referred to patients requiring assistance with feeding as a "feeder" and failed to cover a Foley catheter bag for four patients.
- D Facility failed to maintain dignity during dining for one patient in one dining room.
- D Facility failed to maintain dignity for one patient with an indwelling Foley catheter and failed to maintain dignity during dining for one patient.

- D Facility failed to maintain dignity for one patient. The nurse did the Accucheck in an open doorway visible to the public.

**F246 Right to accommodations of individual needs & preferences.**

- D Facility failed to ensure access to a call light for one patient.
- D Facility failed to place call lights within reach for two patients.

**F252 Safe, clean, comfortable & homelike environment.**

- D Facility failed to ensure patients were fed with respect and dignity when one CNA handled food barehanded and fed two patients barehanded in the dining room.

**F253 Housekeeping & maintenance services.**

- E Facility failed to ensure housekeeping and maintenance services maintained a clean, sanitary, orderly and comfortable environment in patients' rooms as evidenced by missing hooks on privacy curtains and bathroom floors dirty with build up in the corners and under the sinks. There were also paint splatters on the bathroom floors, peeling paint, dried brown substance on the toilet seats and wheelchair seats, an uncovered nebulizer mask and offensive odors.
- D Facility failed to ensure housekeeping services maintained a clean, sanitary and orderly environment in patients' rooms as evidenced by a dirty high-back chair and an offensive odor in one patient room.

**F273 Timing of assessments.**

- D Facility failed to complete a comprehensive MDS assessment within 14 days after admission for two patients.

**F278 Assessment must be conducted with the appropriate participation of health professionals.**

- E Facility failed to ensure assessments were accurate for four patients.
- D Facility failed to ensure the MDS assessment was accurate for a pressure ulcer for one patient.

**F279 Facility must develop a comprehensive care plan with objectives/timetables.**

- E Facility failed to develop a comprehensive care plan for four patients.
- D Facility failed to develop a care plan related to behavioral problems for one patient.
- D Facility failed to develop a plan of care with measurable goals and interventions to address urinary incontinence for one patient.
- D Facility failed to develop a complete and comprehensive care plan for one patient.

**F280 Care plans must be reviewed & revised by qualified persons.**

- E Facility failed to ensure care plans were updated to reflect changes in patients' status for four patients.
- D Facility failed to update a care plan for one patient reviewed for resuscitation status and failed to update a care plan for one patient reviewed for falls.
- D Facility failed to revise and update the care plan for falls for one patient.
- D Facility failed to revise the comprehensive care plan to address significant weight loss, use of diuretics and/or antidepressants for two patients.

**F281 Services must meet professional standards of quality.**

- D Facility failed to follow a physician's order to remove a lidocaine patch after 12 hours for one patient.

**F282 Services must be provided by qualified persons.**

- D Facility failed to follow care plan interventions for bed and chair alarms, implement care plan interventions for falls and follow the care plan for activities of daily living (ADL) assistance for three patients.
- D Facility failed to follow plan of care interventions for a pressure ulcer.

**F309 Each resident must receive care for highest well-being.**

- D Facility failed to provide the necessary care and services related to physician ordered medications or complete a pain assessment for two patients.

**F311 Appropriate treatment & services to maintain or improve ADLs.**

- D Facility failed to provide assistance with ADL for one patient.

**F312 Resident receives services to maintain good nutrition/grooming/hygiene.**

- D Facility failed to provide assistance with daily oral hygiene for three patients.

**F314 Resident does not develop pressure sores.**

- E Facility failed to ensure that wound assessments and documentation were accurate and complete and that physician orders were followed for pressure reduction for two patients.
- D Facility failed to provide treatments and assessments for one patient with pressure ulcers.
- D Facility failed to ensure interventions were in place for one patient with pressure ulcers.

**F315 Incontinent resident receives appropriate treatment and services.**

- D Facility failed to complete a bladder assessment and develop an individualized toileting plan for one patient with urinary incontinence.
- D Facility failed to perform a quarterly bladder assessment for one patient.

- D Facility failed to complete a bladder assessment to determine an individualized bladder training program for one patient with urinary incontinence.

**F319 Psychosocial adjustment difficulty.**

- D Facility failed to provide structured monitoring or interventions for behaviors exhibited by one patient with behavioral problems.

**F322 Tube feeding/prevention.**

- D Facility failed to provide routine gastrostomy care in accordance with facility policy for one patient.
- D Facility failed to check for proper enteral feeding tube placement prior to administering medications for one patient.

**F323 Accident hazards.**

- G Facility failed to ensure the proper use of a mechanical lift including use of the sling, locking and spreading the legs of the lift, and assistance of two persons at all times which resulted in a fall for two patients. This failure resulted in a left lower extremity muscle tear (harm) for one patient.
- G Facility failed to ensure a mechanical lift was used during a transfer of a non-weight bearing resident resulting in harm due to a fracture of the left lateral malleolus and the tibial shaft for one patient.
- E Facility failed to ensure interventions were in place and followed to prevent potential falls for two patients. The facility failed to ensure the environment was safe as evidenced by unsecured razors in one room.
- E Facility failed to ensure the environment was safe as evidenced by unsecured razors, large nail clippers, scissors and creams left in eight patient rooms.
- D Facility failed to follow the facility's smoking policy related to supervision for three patients.
- D Facility failed to ensure a safe environment in one of three linen rooms. The door was unlocked; and there were hazardous items available to the patients.

**F325 Facility must ensure acceptable parameters of nutritional status.**

- D Facility failed to implement interventions for significant weight loss for one patient.

**F332 Facility medication error rates of 5% or more.**

- D Facility failed to maintain a medication error rate of less than 5 percent.
- D Facility failed to ensure one nurse administered medications with a medication error rate of less than 5 percent. The error rate was 7.4 percent.
- D Facility failed to administer three of 26 medications without error resulting in an 11 percent medication error rate.

**F333 Residents free of significant medication errors.**

- D Facility failed to ensure significant medication errors did not occur for one patient.
- D Facility failed to prevent a significant medication error for one patient. The patient was administered one milliliter/20 milligrams of Roxanol (liquid morphine) instead of 0.1ml/2mg as ordered.

**F356 Nurse staffing data**

- C Facility failed to post accurate nurse staffing information as required. The posted staffing had not been updated for three days.

**F362 Dietary services employ sufficient staff.**

- D Facility failed to ensure the hall meal trays were passed in a timely manner for one of three halls.

**F364 Food preparation.**

- E Facility failed to prepare and serve tea that was palatable for five patients. The tea was frozen when served to the patients, and they were trying to beat the ice with a straw to break it up. It would not break.

**F371 Store, prepare, distribute, & serve food.**

- F Facility failed to maintain three dietary food storage bins in a sanitary manner.
- F Facility dietary department failed to maintain food temperatures on the steam table for two tray lines observed. Facility dietary staff failed to sanitize dishes according to manufacturer's recommendations for one of the three compartment sinks and failed to maintain a sanitary environment in the food service area and dish room.
- F Facility failed to maintain safe food temperatures and sanitary conditions in the dietary department.
- E Facility failed to serve food under sanitary conditions by failing to perform hand hygiene during dining.
- D Facility failed to ensure food was covered during delivery for one meal delivery cart.
- D Facility failed to sanitize the hands during meal tray preparation for two patients. The cook reached down and retrieved a paper menu card from the floor. She handed the card to a food server and then continued to prepare the patients' food trays without sanitizing or washing the hands.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained by two staff members during dining. Facility failed to ensure expired milk was not served, which could have affected two of the patients.

**F425 Provide routine and emergency medications; allow unlicensed personnel to administer drugs per law under supervision.**

- D Facility failed to sign out narcotic medication at the time of administration in accordance with facility policies.
- D Facility's pharmaceutical provider failed to ensure prescribed pain medications were delivered timely for one patient.

**F428 Drug regimen of resident must be reviewed by licensed pharmacist.**

- D Facility failed to act upon a recommendation from the pharmacist for one patient. The pharmacist requested a trial reduction of Restoril 30 mg for the patient. It had not been followed up with the physician.

**F431 Labeling of drugs & biologicals.**

- E Facility failed to ensure prescription medications were properly stored and labeled and the environment was clean for one medication storage room.
- E Facility failed to ensure expired medications and supplies were removed from the shelves and not available for patient use in one medication storage room.
- E Facility failed to store medications in a clean and sanitary environment in two of three medication rooms.
- D Facility failed to ensure medications were properly labeled related to insulin for one of five medication carts and one of three medication refrigerators. Facility failed to ensure expired medications were not available for patient use in two of three first aid packs.
- D Facility failed to ensure internals and externals were stored separately and failed to ensure medications were dated when opened in two medication storage units.
- D Facility failed to ensure two medication nurses did not leave medications unattended and out of their sight. The nurse set the medications on the bedside table and left them unattended as she went into the bathroom to wash her hands.
- D Facility failed to discard expired insulin and oral medications in a timely manner for three of eight medication carts.
- D Facility failed to ensure medications were stored in locked compartments when unattended and out of the nurses' sight.

**F441 Investigates, controls/prevents infections.**

- F Facility failed to follow infection control policies for two of six linen carts and two of two shower rooms.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained by two staff members during dining. The CNAs touched the patient and then did not wash their hands before feeding the patient.

- E Facility failed to ensure practices to prevent the potential spread of infection and cross contamination when a nebulizer mask was left uncovered and two denture cups were unlabeled in two rooms. Facility failed to ensure that staff members served food under sanitary conditions by failing to perform hand hygiene during dining.
- D Facility failed to follow standard infection-control procedures related to the securing of blood collection tubes.
- D Facility failed to ensure staff followed infection- control practices during a medication pass for two nurses.
- D Facility failed to ensure safe infection-control practices were implemented for three patients. A nurse used her ungloved hand and a moistened paper towel to clear saliva from a patient's face. A urine drainage bag was laying on the floor; and one garbage can in a patient room was overflowing onto the floor with trash and wet briefs.
- D Facility failed to maintain hand hygiene for one patient. The nurse did a finger stick for blood glucose monitoring and was not wearing gloves.
- D Facility failed to ensure proper infection-control practices were followed to prevent the potential spread of infections as evidenced by two nurses. They failed to use proper hand hygiene or failed to use the appropriate disinfectant to cleanse a glucometer.
- D Facility failed to follow the hand hygiene policy during a medication pass for one patient.
- D Facility failed to ensure that staff properly sanitized hands upon exiting a patient's room and failed to follow contact isolation precautions for one patient.

**F465 Facility must provide a safe, functional, sanitary, & comfortable environment for residents, staff and the public**

- D Facility failed to ensure the environment was clean, sanitary and free of offensive odors on two halls.

**F502 Provide or obtain clinical laboratory services.**

- D Facility failed to ensure laboratory tests were obtained for one patient. The physician had ordered a Depakote level, CBC and Primidone level, and it had not been done.

**F514 Criteria for clinical records.**

- D Facility failed to document care of a feeding tube for one patient.
- D Facility failed to completely and accurately document assessments of pressure ulcers or pain for two patients.
- D Facility failed to maintain a complete and accurate medical record for one patient.
- D Facility failed to have an accurate medical record related to wounds for two patients.
- D Facility failed to document significant events in the decline of one patient.

**K018 Construction of Doors**

- E Facility failed to maintain the doors protecting the corridors. There were some room doors that were sticking to the door frame.

- E Facility failed to maintain the doors protecting the corridors. There were doors sticking to the door frames.
- D Facility failed to ensure corridor doors would resist the passage of smoke.
- D Facility failed to maintain the doors protecting the corridors. One of the door closures had been disassembled.

#### **K025 Smoke Partition Construction**

- F Facility failed to maintain the smoke and fire barriers. There were penetrations in the fire wall.
- E Facility failed to ensure fire barrier's one-hour fire- rated construction is maintained. There were penetrations in the fire wall.
- D Facility failed to ensure smoke partition's construction is maintained. There were penetrations in the fire wall.
- D Facility failed to maintain the smoke barriers. There were two penetrations around the gas pipe located in the ceiling.

#### **K029 Hazardous Areas Separated By Construction**

- E Facility failed to ensure hazardous area's construction is maintained. There was no door closure on the medical records storage room.
- D Facility failed to ensure hazardous area's one hour fire rated construction is maintained.

#### **K038 Exit Accessible At All Times**

- F Facility failed to provide egress signage with the lettering on a contrasting background.
- D Facility failed to maintain the exit access. The seven exit doors did not have the signage posted on how to open the door in case of an emergency.

#### **K050 Fire Drills**

- E Facility failed to conduct all required fire drills.

#### **K051 Fire Alarm System**

- D Facility failed to have smoke detectors away from direct air flow.
- D Facility failed to ensure smoke detectors were located outside of direct air flow.

#### **K052 Testing of Fire Alarm**

- D Facility failed to provide a manual pull station at the front entrance.

#### **K056 Auto Sprinkle Sys. Of Standard Approved Type**

- F Facility failed to ensure all areas were sprinkled. The top of stairwell to the roof was not sprinklered.



### **K061 Automatic Sprinkler - Main Control Valve**

- D Facility failed to supervise the sprinkler system's post indicating valve.

### **K062 Automatic Sprinkler - Maintenance**

- F Facility failed to maintain the sprinkler system. There were some corroded sprinkler heads. There were no sprinkler heads in the canopy outside the kitchen door.
- E Facility failed to ensure sprinkler heads were free of corrosion and foreign materials.
- E Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. There was corrosion on several sprinkler heads.
- D Facility failed to maintain the automatic sprinkler system. There were multiple corroded and tarnished sprinkler heads.
- D Facility failed to maintain the sprinkler heads free of corrosion.
- D Facility failed to maintain the automatic sprinkler system in reliable operating condition.
- D Facility failed to maintain the required number of spare sprinklers heads or the sprinkler wrench inside the sprinkler head box.
- D Facility failed to maintain the sprinkler system. The sprinkler head in the kitchen walk-in freezer was corroded.

### **K064 Portable Fire Extinguishers**

- F Facility failed to ensure fire extinguishers had been serviced with the six-year maintenance requirement.

### **K066 Smoking Regulations**

- E Facility failed to comply with the required adopted smoking regulations. The facility failed to provide metal containers with self-closing cover devices into which ashtrays can be emptied where smoking was permitted.
- D Facility failed to provide metal containers with self-closing lids in all smoking areas.
- D Facility failed to provide metal containers with self-closing cover devices into which ashtrays can be emptied readily where smoking was permitted.
- D Facility failed to provide metal containers with self-closing lids in designated smoking areas.

### **K067 Ventilating Equipment**

- E Facility failed to maintain fire/smoke dampers. Two of the dampers did not operate correctly when the fire alarm was sounded.
- E Facility failed to maintain the bathroom ventilating fans.

- E Facility failed to maintain the heating, ventilating and air-conditioning (HVAC) system. The facility was unable to provide documentation that the fire dampers were inspected every four years.

#### **K069 Commercial Cooking Equip. Meets Requirements**

- F Facility failed to ensure commercial cooking equipment was maintained when deficiencies were identified.
- E Facility failed to protect their cooking facilities. The exhaust hood system filters were dirty.
- E Facility failed to protect the cooking facilities.
- D Facility failed to have cooking appliances located under the hood and maintain the suppression system components.

#### **K071 Linen And Trash Chutes**

- F Facility laundry and trash chutes and rooms that were dedicated for that purpose were not properly protected.

#### **K076 Nonflammable Medical Gas Systems**

- E Facility failed to protect the oxygen storage room.
- D Facility failed to properly store portable oxygen cylinders.
- D Facility failed to maintain piped-in medical gas system and its components. The oxygen manifold and storage for the piped-in medical gas storage location is not protected from accumulations of ice or snow in the winter and is not protected against the direct rays of the sun for extreme temperatures in the summer.

#### **K104 Penetration of Smoke Barriers**

- E Facility failed to ensure smoke barrier walls were designated to resist the passage of smoke. There were penetrations in the fire wall.
- E Facility failed to maintain all fire and smoke compartments. There were penetrations in the fire wall.

#### **K130 Other LSC Deficiency Not On 2786**

- E Facility failed to protect all fire rated assemblies. There were unsealed penetrations in the fire wall.
- D Facility failed to conduct the required health care emergency preparedness drills.
- D Facility failed to maintain the fire doors.

#### **K140 Master Alarm Panels**

- D Facility failed to maintain piped-in medical gas system and its components. One of the master alarms does not indicate a trouble signal.

**K144 Generators**

- F Facility failed to conduct the required monthly 30 minutes test on their two generators.
- D Facility failed to run the generator for at least 30 minutes under load.
- D Facility failed to exercise the generator under load for 30 minutes during January and February of 2014.

**K147 Electrical Wiring and Equipment**

- E Facility failed to maintain electrical wiring and equipment in accordance with the National Electrical Code.
- E Facility failed to maintain the electrical equipment. The facility did not conduct the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas.
- E Facility failed to maintain the electrical system. There were multi-plug adapters being used in patient rooms.
- D Facility failed to provide a sufficient number of receptacles so as to avoid the need for extension cords or multiple outlet adapters.
- D Facility failed to protect electrical splices. There was exposed 220 volt electrical splices in two patient rooms.

**K155 Fire Alarm System Out of Service**

- D Facility failed to notify the authority having jurisdiction during the interrupted service of the fire alarm system.

**N1410 Disaster Preparedness; Fire Safety Procedures Plan**

Facility failed to exercise an earthquake drill annually.

**N629 Infection Control; Disinfect Contaminated Items**

Facility failed to ensure one nurse disinfected a glucometer with the correct product. The nurse used alcohol instead of sani-wipes. This was a type C pending penalty.

Facility failed to disinfect contaminated articles and surfaces as evidenced by a dried brown substance on the potty chairs and wheelchair seats and an uncovered nebulizer mask in four patient rooms. This was a type C pending penalty.

**N645 Nursing Services**

Facility failed to ensure housekeeping and maintenance services maintained a clean, sanitary, orderly and comfortable environment in patients' rooms as evidenced by missing hooks on privacy curtains and bathroom floors dirty with build up in the corners and under the sinks. There were also paint splatters on the bathroom floors, peeling paint, dried brown substance on the toilet seats and wheelchair seats, an uncovered nebulizer mask and offensive odors. This was a type C pending penalty.

Facility failed to ensure the environment was safe as evidenced by unsecured razors, large nail clippers, scissors and creams left in eight patient rooms.

**N727 Pharmaceutical Services**

Facility failed to ensure internals and externals were stored separately in two medication storage areas. This was a type C pending penalty.

Facility failed to ensure medications were stored in locked compartments when unattended and out of the nurses' sight. This was a type C pending penalty.

**N728 Basic Services; Pharmaceutical Services**

Facility failed to ensure two medication nurses did not leave medications unattended and out of their sight. The nurse set the medications on the bedside table and left them unattended as she went into the bathroom to wash her hands. This was a type C pending penalty.

**N765 Food and Dietetic Services; Freezer Temperature**

Facility failed to ensure practices to prevent the potential spread of infection were maintained by two staff members during dining. The CNAs touched the patient and then did not wash their hands before feeding the patient. This was a type C pending penalty.

Facility failed to serve food under sanitary conditions by failing to perform hand hygiene during dining. This was a type C pending penalty.

**N831 Building Standards**

Facility failed to provide air intakes at the appropriate placement in the facility. They were located at least 25 feet away from outdoor air intakes.

**N831 Building Standards; Construction**

Facility failed to ensure outdoor gas piping was located where it will be protected from physical damage.

**N835 Building Standards; Approval of New Construction**

Facility failed to get prior approval from the Department of Health before alterations to the facility were made. A clean agent fire suppression system was installed in the ground floor computer room.

**N847 Building Standards; Hot Water Temperature**

Facility failed to provide hot water at each hot water outlet. The water temperature was less than 90 degrees in several patient rooms when the hot water was turned on.

**N901 New Code Compliance**

Facility failed to protect the cooking equipment in the therapy department.

## **N902 Elimination of Fire Hazards**

Facility staff failed to recognize the steps required during a fire drill.