

Survey Deficiency Summary

22 Facilities Surveyed

Surveys Taken 11/07/13-12/19/13

F157 Notification of changes to designated individuals that affect resident well-being.

- J Facility failed to notify the physician of use of a multipodus boot and failed to notify the physician of pressure wound progression for one patient resulting in harm to the patient. Facility failed to notify the physician of psychotropic medication recommendations for one patient. This placed one patient in immediate jeopardy.
- G Facility failed to notify the physician of the application of an ace bandage, resulting in the development of pressure ulcers and actual harm to the patient.
- D Facility failed to notify the physician of a change in condition for one patient.

F159 Management of resident's funds by facility upon written authorization.

- D Facility failed to ensure patients had access to personal funds on an ongoing basis for two patients interviewed. The business office was not open on the weekends and the patient could not access their monies.
- D Facility failed to ensure patients had access to petty cash when requested on an ongoing basis for two patients. The business office was closed on the weekend.

F164 Right to privacy & confidentiality.

- D Facility nurse failed to promote care for a patient in a manner that maintained her privacy during medication administration. The nurse administered nose spray and eye drops without closing the privacy curtain.
- D Facility medications nurses failed to promote care to maintain patient's full visual privacy during medication administration.

F170 Right to send/receive mail.

- D Facility failed to deliver mail to the patients for one of six days mail was delivered to the facility.
- C Facility failed to ensure patients' mail was promptly delivered on Saturdays.

F205 Notice of bed-hold policy & readmission.

- D Facility failed to provide written notice of the facility's bed-policy.

F221 Right to be free from physical restraints.

- D Facility failed to keep one patient free of a restraint.
- D Facility failed to assess the use of a restraint for one patient.

17-Jan-14

F224 Mistreatment, neglect, misappropriation of resident property.

- F Facility failed to prevent misappropriation of controlled substances for 13 patients. An LPN had been taking patient's discontinued medications and signing as needed medications as administered to patients but in actuality was keeping the medications. The facility did a through investigation but did not reimburse the affected patients for the controlled substances which were taken. This was a sub-standard quality of care citation.

F225 Facility must not hire person with abuse history.

- D Facility failed to follow policy and procedures for a sexual abuse investigation for two patients and failed to investigate an attempted removal of a pain patch for one patient.
- D Facility failed to report an allegation of abuse to the state survey agency for one patient.

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

- D Facility failed to conduct an investigation of misappropriation of patient funds for one patient
- D Facility failed to implement policies and procedures on abuse prevention for one patient.
- D Facility failed to implement the abuse policy for one patient. The patient had a wallet with money in it missing, and the facility had not followed their policy for misappropriation.

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

- E Facility failed to promote care for patients in a manner to enhance each patient's dignity by serving milk in milk cartons without providing a glass, not ensuring patients sitting at the same table received their meals at the same time and staff referring to patients as "feeders."
- D Facility failed to request and obtain permission prior to entering the patient's room for two patients.
- D Facility failed to maintain or enhance each patient's dignity. The patient waited at a table for a long time to be served while everyone else around her was eating.
- D Facility failed to maintain and enhance each patient's dignity by referring to patients that need assistance with eating as "feeders."
- D Facility failed to provide timely meal service for one patient.
- D Facility failed to enhance the patients' dignity by serving milk in milk cartons during two dining observations. The staff also stood while feeding two patients.

F244 Facility follow-up on family group meetings.

- E Facility failed to act upon grievances from the resident council for two consecutive months.

F246 Right to accommodations of individual needs & preferences.

- D Facility failed to provide the call light within reach for one patient.

F248 Ongoing activities program to reflect resident's needs.

- D Facility failed to provide activities sufficient to meet patient needs on the dementia unit.

F250 Medically related social services.

- D Facility failed to provide social services for two patients.
- D Facility failed to provide dental services for one patient.

F253 Housekeeping & maintenance services.

- D Facility failed to ensure one hall was odor free. A stale urine odor was present in some patient rooms.

F258 Comfortable sound levels.

- D Facility failed to maintain a comfortable sound level on one wing. The barrels used by laundry and the meal delivery carts "make a loud racket" as they roll across the nursing station floor area according to one patient located near the nurses station.

F272 Comprehensive assessment.

- D Facility failed to complete an assessment for one patient.

F274 Assessment after a significant change in resident's health status.

- D Facility failed to initiate a significant change MDS assessment within 14 days for a significant change in the physical condition of one patient. The patient enrolled in hospice and the significant change documentation was not done.

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

- J Facility failed to complete an accurate assessment for pressure ulcers for one patient and failed to accurately assess the dental status for one patient. This placed one patient in immediate jeopardy.
- D Facility failed to ensure the MDS assessment accurately documented the nutritional status of one patient.
- D Facility failed to accurately assess urinary function for one patient.

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

- D Facility failed to develop a plan of care to address bladder incontinence for one patient.

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

- K Facility failed to update the care plan for two patients after a sexual altercation, and failed to revise the care plan to address the patients' changing needs for five patients. This placed multiple patients in immediate jeopardy.

- D Facility failed to revise the care plan to include interventions for falls for one patient.
- D Facility failed to revise the care plan for falls for one patient.
- D Facility failed to revise the care plan to reflect changes in patient status for two.
- D Facility failed to care plan a new and appropriate intervention for a fall for one patient.
- D Facility failed to update and revise the care plans related to falls and/or urinary catheters for three patients.

F281 Services must meet professional standards of quality.

- D Facility failed to develop an initial care plan for one patient.
- D Facility failed to document treatments consistently on a patient who was medically compromised.
- D Facility failed to follow the physician's order to catheterize one patient.

F282 Services must be provided by qualified persons.

- D Facility failed to ensure the care plan interventions were followed for two patients.
- D Facility failed to follow the care plan interventions for fall mats, elevate heels and/or apply heel protectors for two patients.

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

- G Facility failed to follow physician orders for pain medications for one patient resulting in harm to that patient. Facility failed to maintain a contract, establish, and coordinate a plan of care with hospice for one patient.
- D Facility failed to provide dialysis care and services for one patient.
- D Facility failed to follow physician's orders for monthly weights for one patient.
- D Facility failed to ensure antibiotics were given as ordered by the physician for one of the patients with an infection.

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

- D Facility failed to provide fingernail care for one patient.
- D Facility failed to document activities of daily living consistently for a patient who required extensive assistance.

F314 Resident does not develop pressure sores.

- K Facility failed to prevent the development of avoidable pressure ulcers for two patients which resulted in immediate jeopardy for two patients.
- G Facility failed to check skin integrity after the application of an ace bandage resulting in the development of Stage II and Stage III pressure ulcers and actual harm for one patient.

- E Facility failed to ensure assessments were accurate and proper treatment was performed for two patients.

F315 Incontinent resident receives appropriate treatment and services.

- D Facility failed to assess urinary function for one patient.
- D Facility failed to provide timely and proper incontinence care for one patient.
- D Facility failed to develop a bladder retraining program for one patient.
- D Facility failed to obtain an appropriate diagnosis for the use of a Foley catheter and/or did not provide bowel and bladder training for two patients.

F318 Range of motion.

- D Facility failed to ensure hand and elbow splints were applied for one patient.

F322 Tube feeding/prevention.

- D Facility failed to provide the external nutritional formula as ordered by the physician for one patient.

F323 Accident hazards.

- K Facility failed to investigate and develop interventions to address falls for 14 patients. This placed the patients in immediate jeopardy and resulted in harm for some patients.
- G Facility failed to ensure one patient was provided two-persons to assist with a transfer, resulting in harm for one patient.
- D Facility failed to ensure care plan interventions were followed for falls for one patient.
- D Facility failed to apply the soft belt restraint per the manufacturer's recommendations for one patient.
- D Facility failed to ensure a safety device was in place for two patients of six reviewed for accidents.

F323 Free of Accident hazards/supervision/devices

- D Facility failed to ensure one patient received adequate supervision and assistive devices to prevent accidents. The ordered bed alarm was disconnected from the control box and was turned off.

F329 Each resident's drug regimen must be free from unnecessary drugs.

- D Facility failed to ensure unnecessary medications were not administered to one patient.

F332 Facility medication error rates of 5% or more.

- E Facility failed to ensure four nurses administered medications with a medication error rate less than 5 percent. The error rate was 14.7 percent.

- E Facility failed to ensure two medication nurses administered medications with a medication error rate of less than 5 percent. The error rate was 16 percent.
- D Facility failed to ensure three medications nurses administered medications with a medication error rate of less than 5 percent. The error rate was 12 percent.

F333 Residents free of significant medication errors.

- E Facility failed to ensure two medication nurses administered medications free of significant medication errors. They did not administer insulin within the proper time frame related to meals for two patients.
- D Facility failed to administer antipsychotic medication for one patient.
- D Facility failed to ensure one medications nurse administered medications free of significant medication errors. The nurse failed to administer insulin within the proper time frame related to meals.

F362 Dietary services employ sufficient staff.

- F Facility failed to ensure adequate dietary staff to prepare and distribute the breakfast meal in a timely manner.

F364 Food preparation.

- F Facility failed to serve hot food at or above 135 degrees Fahrenheit (F) and cold food at or less than 41 degrees F for two meal observations.
- D Facility failed to deliver the breakfast meal at a palatable temperature on one wing.

F368 Frequency of meals.

- D Facility failed to offer bedtime snacks to all patients.

F369 Assistive devices for eating.

- D Facility failed to provide eating equipment to address the visual impairment of one patient.

F371 Store, prepare, distribute, & serve food.

- F Facility dietary department failed to maintain a clean hand sink area; failed to maintain sanitary food preparation equipment; and failed to ensure pots and pans and utensils were appropriately sanitized in the three compartment sink. Facility failed to sanitize the food thermometer between food items; failed to serve food in a sanitary manner; failed to appropriately wash and sanitize serving utensils; and failed to maintain a sanitary dietary department.
- F Facility failed to maintain a clean and sanitary kitchen. Several pans had black debris on the inside. The stack ovens were not clean. The wells on the steam table had food debris and white particles floating in the water. The beverage fountain was dirty.
- F Facility failed to provide a sanitary environment in the food preparation area and failed to store equipment in a sanitary manner in the dietary department.

- F Facility failed to properly maintain temperatures on the tray line, failed to follow hand sanitation during preparation of coffee and food trays, and failed to maintain the floors in the walk-in refrigerator in a clean manner. Facility failed to ensure leftovers were dated and labeled, failed to ensure the dish machine maintained the proper temperature and failed to ensure there were enough utensils for food service.
- F Facility failed to maintain a kitchen area free of insects and failed to provide proper storage of canned foods in one kitchen.
- F Facility failed to maintain a clean and sanitary kitchen and failed to ensure dietary supplements and milk were discarded when expired in one of three medication storage rooms reviewed and one of three nutritional refrigerators.
- E Facility failed to ensure that food was stored and protected from sources of contamination in the kitchen as evidenced by pots, pans and skillets with a carbon buildup on them. There was also leftovers stored past 72 hours, non-dietary staff members entering the kitchen without hair coverings and dirty grease traps. Dietary personnel were handling clean dishes with contaminated gloved hands, and the dish machine did not wash, rinse or sanitize the dishware at the correct temperature.
- D Facility failed to ensure that foods were prepared, stored and served under sanitary conditions as evidenced of food stored past the expiration date and carbon build up on cookware during the survey.
- D Facility staff failed to practice proper hand hygiene while serving trays during dining observations. The facility failed to ensure supplements were not stored past their expiration date.
- D Facility failed to ensure food was not stored past the expiration date and failed to ensure food was dated when opened on one day of the survey.
- C Facility failed to store food and equipment in a sanitary manner. There was a pan of Jell-O in the refrigerator that was past its expiration date for use.

F372 Disposes of garbage & refuse.

- D Facility failed to dispose of garbage and refuse properly to maintain sanitary conditions. The two dumpsters had side door which were partially open.
- C Facility failed to properly contain refuse in and around the dumpster.

F412 Medicaid patients must be provided with dental services.

- D Facility failed to ensure a patient received dental care for one patient.
- D Facility failed to provide dental services for one patient.

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

- G Facility failed to provide pharmaceutical services for one patient resulting harm to the patient
- D Facility failed to follow its protocol to document the placement of a pain patch for one patient.

F431 Labeling of drugs & biologicals.

- F Facility failed to manage controlled drugs for 13 patients receiving narcotics. Facility failed to dispose of controlled substances properly and failed to store medications properly.
- F Facility failed to ensure stored medications were labeled and dated when opened in four medication storage areas.
- E Facility failed to ensure medications were within the date of expiration in two medication carts observed.
- E Facility failed to ensure that medications were dated when opened and not stored past the expiration date in three medication storage areas.
- D Facility failed to ensure all medications were in date for one of three medication carts and in one of two medication rooms.
- D Facility failed to ensure that biologicals and medications were stored properly in two of seven medication storage areas
- D Facility failed to ensure medications and biologicals were disposed of prior to expiration for one of three medications rooms.
- D Facility failed to ensure medications were stored properly as evidenced by a Heparin syringe laying on top of a medication cart, internal medications stored with external medications and disinfectant wipes and medications not dated when opened in three medications storage areas

F441 Investigates, controls/prevents infections.

- F Facility failed to follow infection control practices on one wing. Facility failed to separate clean and dirty items and contain dirty linen on one wing. Facility failed to complete TB screenings for five employee health records and failed to contain dirty razors for one shower room.
- F Facility failed to distribute ice in one dining room in a manner to prevent the spread of infection for one of two dining rooms. Facility failed to maintain a sanitary medication room.
- E Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when two nurses observed performing accuchecks failed to clean the glucometer after use, failed to allow puncture site to air dryer and placed the cap of the eye drops on a bare over bed table.
- D Facility failed to ensure infection control was maintained for one of six indwelling catheter drainage bags. The bag was lying on the floor beneath the patient's seat.
- D Facility failed to ensure practices to prevent the potential spread of infection by not washing hands prior to preparing insulin and a nebulizer treatment. Facility also failed to clean nebulizer equipment after treatment by two nurses. A CNA when she blew on a patient's food during a dining observation.
- D Facility nurses failed to practice sanitary hand hygiene during medication administration.

- D Facility failed to ensure the staff disinfected hands and did not store the ice scoop in the ice chest during ice pass for one of three halls. Facility failed to follow facility policy for sanitary storage of respiratory equipment for one patient. Facility failed to implement appropriate isolation precautions for a suspected contagious illness for one patient.
- D Facility failed to store dirty linens and provide an environment to prevent the spread of infections for one shower room.
- D Facility failed to practice sanitary hand hygiene related to glove use, failed to cleanse a syringe after use and failed to clean a glucometer after use during medication administration.
- D Facility failed to ensure one medication nurse changed gloves between administering eye drops to prevent the potential spread of infection or cross contamination.

F456 Sufficient space & equipment maintenance.

- D Facility failed to properly maintain the steamer in the dietary department and failed to maintain mechanical equipment in a safe operating condition for one of four shower rooms.
- D Facility failed to ensure essential kitchen equipment such as the steam table was maintained in operational condition.

F463 Resident call system.

- D Facility failed to maintain the patient bathroom call light.

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

- E Facility failed to maintain a sanitary environment for three of four shower rooms.
- D Facility failed to maintain a cushion on the shower bed for one shower room.

F468 Corridors equipped with hand rails.

- D Facility failed to ensure the environment remained free of hazards in three of nine hallways.

F490 Administration.

- K Facility administration failed to ensure staff provided the necessary care to prevent pressure ulcers and prevent pressure ulcers from worsening. Facility administration failed to ensure patients were safe in the facility by not investigating accidents; not determining causes of falls; not devising new interventions to prevent future falls; and not evaluating the new interventions. This failure placed the facility patients in immediate jeopardy and sub-standard quality of care.

F494 Required training of nurse aides.

- D Facility failed to ensure that no CNA was charged for any portion of the CNA training program.

F497 Regular in-service education.

- D Facility failed to ensure four CNAs received the required 12 hours of in-service training annually.

F498 Proficiency of nurse aides.

- D Facility failed to assess competency skills for three newly hired nurse aides.

F500 Use of outside resources.

- D Facility failed to obtain and maintain a current contract with a dialysis provider.

F501 A physician must be designated as medical director.

- K Facility medical director failed to ensure the facility's fall policy and procedures were implemented and failed to coordinate the medical care provided to the patients. This placed the patients in immediate jeopardy.

F514 Criteria for clinical records.

- D Facility failed to maintain accurate and complete medical records for three patients.
- D Facility failed to maintain a complete and accurate medical record for one patient.
- D Facility failed to accurately assess urinary function for one patient.
- D Facility failed to maintain an accurate medical record related to the documentation of Coumadin for one patient.

F520 Quality assessment & assurance.

- K Facility failed to identify quality deficiencies and failed to develop and implement action plans to prevent the deficiencies from recurring. Facility committee failed to follow facility policy and procedure for the receipt and destruction of medications to prevent diversion of narcotics. Facility failed to identify the facility's failure to prevent pressure ulcers or the facility's failure to provide treatment to prevent pressure ulcers from worsening as a problem. The committee failed to identify the facility was not following the fall policy and failed to implement any action plans to address the issues. This failure placed the patients in immediate jeopardy and sub-standard quality of care.

K014 Interior Finish - Corridors

- D Facility failed to have interior finishes of at least a Class A or B. There is wood paneling used in the nurses' station with no fire retardant documentation.

K015 Interior Finish - Rooms

- E Facility failed to prevent the installation of flammable interior finishes. The wall separating therapy from the main dining room was covered with vinyl siding and asphalt shingles on the dining room side of the wall.

D Facility failed to have flame spread rating of C or less in the sunroom.

K017 Corridors Separated With Fire Walls

D Facility failed to have corridor doors capable of resisting the passage of smoke. The door would close to a positive latch.

K018 Construction of Doors

E Facility failed to ensure corridor doors closed to a positive latch. There were several patient room doors which would not close properly.

E Facility failed to prevent the blocking of corridor room doors in the open position.

D Facility failed to maintain a corridor opening. The corridor entry door's hinge was loose, and the door failed to close.

D Facility failed to protect the corridor openings. One of the supply closets did not have a door.

D Facility failed to maintain the doors protecting the corridors. A door to a storage room was held open with a box.

K025 Smoke Partition Construction

F Facility failed to maintain all smoke barriers. There were unsealed penetrations in the fire wall.

E Facility failed to ensure smoke barrier's one hour fire rated construction is maintained. There were unsealed penetrations in the fire wall.

D Facility failed to protect the fire walls. There was a penetration in the fire wall.

K029 Hazardous Areas Separated By Construction

E Facility failed to maintain hazardous area's one hour fire rated construction. The sun room storage area was not provided with doors.

E Facility failed to have self-closing doors to hazardous areas.

D Facility failed to maintain the four hour fire rated construction. There were penetrations over a doorway.

D Facility did not ensure that the hazardous area's one-hour fire-rated construction is maintained. There were penetrations in the fire wall.

K038 Exit Accessible At All Times

D Facility failed to provide exit signs that are clearly visible from any direction.

K047 Exit Signs

D Facility failed to have exit and directional signs installed as required.

K050 Fire Drills

- F Facility staff failed to respond appropriately to the fire drill.

K052 Testing of Fire Alarm

- F Facility failed to maintain the magnetically locked exit doors and automatic magnetic door release devices.
- E Facility failed to maintain the fire alarm system. There was an overloaded junction box with too many electrical wires in the ceiling area of the main hall.

K056 Auto Sprinkle Sys. Of Standard Approved Type

- D Facility failed to have all areas of the facility fully sprinklered. The elevator pits do not have sprinkler coverage.

K061 Automatic Sprinkler - Main Control Valve

- F Facility failed to have control valves for the automatic sprinkler system supervised electronically so that at least a local alarm will sound when the valve is closed.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to maintain all components of the sprinkler system.
- F Facility failed to maintain the automatic sprinkler system. There are mixed matched sprinkler heads of quick response and standard response type in the facility.
- E Facility failed to ensure sprinkler heads were not obstructed.
- E Facility failed to ensure the sprinkler system was maintained. There were corroded sprinkler heads in the facility.
- D Facility failed to maintain the automatic sprinkler system. The quick opening device did not work. The full flow trip test time has exceeded its maximum allotted time of 60 seconds. There was paint on several of the sprinkler heads.
- D Facility failed to ensure sprinkler heads of the same type were installed in a compartment.
- D Facility failed to conduct the required inspections on the sprinkler system. The five-year internal obstruction investigation had not been conducted.

K066 Smoking Regulations

- E Facility failed to ensure smoking areas were provided with metal containers with self-closing cover devices.
- D Facility failed to comply with smoking regulations. There were no metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted.
- D Facility smoking areas were not provided with metal containers with self-closing cover devices.

K067 Ventilating Equipment

- F Facility failed to maintain the HVAC. The facility failed to perform the four-year fire and smoke damper maintenance.
- E Facility failed to maintain the HVAC system. The exhaust fan unit within the men's locker room was not working.
- D Facility failed to comply with the provisions on heating, ventilation and air-conditioning regulations. There was no exhaust fan in the second floor janitor's room.

K069 Commercial Cooking Equip. Meets Requirements

- D Facility failed to protect the cooking facilities. There was no type "K" fire extinguisher present in the kitchen.
- D Facility failed to have cooking appliances located under a commercial hood to remove grease laden vapors.

K071 Linen And Trash Chutes

- D Facility failed to maintain the laundry chute door. It was held open with a chain.

K072 Furnishings and Decorations

- D Facility failed to have the means of egress continuously maintained free of all obstructions or impediments.

K073 Flammable Furnishings

- F Facility failed to ensure highly flammable combustible decorations were not used. The facility failed to treat holiday decorations throughout the corridors and dining room with fire retardant material.
- D Facility failed to treat all highly combustible furnishings with fire retardant. There was untreated wicker furniture in the sun room.

K075 Wastebaskets In Patients Room Are Non-Combustible

- E Facility failed to ensure soiled linen or trash receptacles exceeding 32 gallons in capacity were located in a room protected as hazardous when not attended.

K077 Piped-In Oxygen System

- F Facility failed to ensure the piped in gas system use alarm functioned.

K104 Penetration of Smoke Barriers

- D Facility failed to maintain the smoke barriers. The low voltage wires were not sealed in the fire damper above the fire wall

K144 Generators

- F Facility failed to run the generator under load for 30 minutes monthly.

- F Facility failed to have a remote annunciator for the emergency generator in a continuously monitored location.

K147 Electrical Wiring and Equipment

- F Facility failed to maintain all electrical wiring and components.
- E Facility failed to maintain the electrical equipment. There were power strips being used in some areas. There was an open junction box without a cover plate.
- E Facility failed to ensure electrical components were in accordance with the National Electric Code, NFPA 70.
- E Facility failed to maintain electrical equipment. There were two junction boxes without cover plates.
- D Facility failed to maintain the electrical equipment. The electric panel front cover plate was loose in the kitchen.
- D Facility failed to prohibit the use of multiple outlet adapters.
- D Facility failed to maintain electrical outlets. There were several that were not secured to the wall.
- D Facility failed to maintain the electrical system. There were back to back power strips being used in the quality assurance office.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct annual tornado and flood drills on all shifts.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to conduct bomb threat drills during 2012.

N1535 Nurse Aide Training; Performance Reviews

Facility failed to ensure four CNAs received the required 12 hours of in-service training annually.

N401 Administration

Facility administration failed to ensure staff provided the necessary care to prevent pressure ulcers and prevent pressure ulcers from worsening. Facility administration failed to ensure patients were safe in the facility by not investigating accidents; not determining causes of falls; not devising new interventions to prevent future falls; and not evaluating the new interventions. This failure placed the facility patients in immediate jeopardy and sub-standard quality of care.

N433 Administration; Charity Care Policies

Facility failed to post the charity care policy in an area accessible for public viewing.

N601 Performance Improvement Program

Facility failed to identify quality deficiencies and failed to develop and implement action plans to prevent the deficiencies from recurring. Facility committee failed to follow facility policy and procedure for the receipt and destruction of medications to prevent diversion of narcotics; failed to identify the facility's failure to prevent pressure ulcers or the facility's failure to provide treatment to prevent pressure ulcers from worsening as a problem. The committee failed to identify the facility was not following the fall policy and failed to implement any action plans to address the issues. This failure placed the patients in immediate jeopardy and sub-standard quality of care.

N611 Physician Services; Dental Services

Facility failed to ensure a patient received dental care.

N615 Medical Director Responsibilities

Facility Medical Director failed to ensure the facility's fall policy and procedures were implemented and failed to coordinate the medical care provided to the patients. This placed the patients in immediate jeopardy.

N629 Infection Control; Disinfect Contaminated Items

Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when two nurses observed performing accuchecks failed to clean the glucometer after use. This was a type C pending penalty.

Facility failed to practice sanitary hand hygiene related to glove use, failed to cleanse a syringe after use and failed to clean a glucometer after use during medication administration. This was a type C pending penalty.

N645 Nursing Services

Facility failed to ensure one hall was odor free. A stale urine odor was present in some patient rooms. This was a type C pending penalty.

N666 Nursing Services; Director of Nursing

Facility nursing services failed to identify quality deficiencies and failed to develop and implement action plans to prevent the deficiencies from recurring. Facility nursing services failed to follow facility policy and procedure for the receipt and destruction of medications to prevent diversion of narcotics; failed to identify the facility's failure to prevent pressure ulcer; or the facility's failure to provide treatment to prevent pressure ulcers from worsening as a problem. The nursing service failed to identify the facility was not following the fall policy and failed to implement any action plans to address the issues. This failure placed the patients in immediate jeopardy and sub-standard quality of care.

N727 Pharmaceutical Services

Facility failed to ensure medications were stored properly as evidenced by a Heparin syringe laying on top of a medication cart, internal medications stored with external medications and disinfectant wipes and medications not dated when opened in three medications storage areas. This was a type C pending penalty.

N729 Pharmaceutical Services

Facility failed to ensure that biologicals and medications were stored properly in two of seven medication storage areas. This was a type C pending penalty.

N767 Food and Dietetic Services; Written Policies and Procedures

Facility failed to ensure that foods were prepared, stored and served under sanitary conditions as evidenced of food stored past the expiration date and carbon build up on cookware during the survey. This was a type C pending penalty.

Facility failed to ensure that food was stored and protected from sources of contamination in the kitchen as evidenced by pots, pans and skillets with a carbon buildup on them. There was also leftovers stored past 72 hours, non-dietary staff members entering the kitchen and not wearing hair coverings and dirty grease traps. Dietary personnel were handling clean dishes with contaminated gloves hands and the dish machine did not wash, rinse or sanitize the dishware at the correct temperature. This was a type C pending penalty.

Facility failed to ensure food was not stored past the expiration date and failed to ensure food was dated when opened on one day of the survey. This was a type C pending penalty.

N771 Food and Dietetic Services; Dishwashing Standards

Facility failed to ensure the dish machine washed, rinsed or sanitized the dishware at the correct temperature. This was a type C pending penalty.

N831 Building Standards

Facility failed to maintain the condition of the physical plant for the safety of both staff and patients. There was no plug to the plumbing drain. Instead, a piece of rag was used to plug the drain.

Facility failed to maintain the building to ensure the safety of the patients. There were damaged sheetrock walls.

Facility failed to maintain the condition of the physical plant and nursing home environment. There were some collapsed ceiling tiles in the stairwells.

N832 Building Standards

Facility failed to maintain the condition of the physical plant and the overall nursing home environment. There was a missing drain outlet in one shower room causing a constant pool of water on the floor.

Facility failed to maintain the overall nursing home environment. There was a sign of rot damage to the soffit of the canopy at one entrance.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain a negative pressure in soiled utility areas. A supply closet did not have an exhaust.

Facility failed to maintain negative air pressure in the dirty laundry room.

Facility failed to maintain a negative air pressure in dirty areas.

N901 New Code Compliance

Facility failed to comply with the applicable building and fire safety regulations. The fire door magnetic door-open device was loose in the wall.

Facility failed to comply with the applicable building and fire regulations. Some night lights were not working.

Facility failed to comply with applicable fire safety regulations. There was an excessive storage of combustibles in one storage room.

Facility failed to comply with applicable building fire safety codes. There was trash in the bottom of the elevator shafts.

N902 Elimination of Fire Hazards

Facility failed to eliminate fire hazards. The boiler room contain gas-fired hot water heaters was used to store a gas powered lawnmower and a 2 1/2 gallon full gasoline container.

Facility failed to ensure fire hazards were eliminated. One room had an excessive fuel load consisting of paperback books and combustibles along the wall by the window adjacent to the through the wall air conditioning unit.