

# Survey Deficiency Summary

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10 Facilities Surveyed

Surveys Taken 04/16/2014-05/07/2014

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

- D Facility failed to notify the physician for orders regarding a suprapubic catheter for one patient.

**F224 Mistreatment, neglect, misappropriation of resident property.**

- D Facility failed to implement written policies and procedures to prohibit mistreatment and abuse for one patient.

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

- E Facility failed to report the theft of schedule III narcotics for four patients. One LPN had four bottles of hydrocodone belonging to four patients in her car. Police were notified; and the LPN will be charged with theft.
- D Facility failed to report allegations of abuse to the Department of Health in accordance with state law through established procedures for one patient.

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

- D Facility failed to follow its policies on abuse prohibition and prevention for one patient.
- D Facility failed to ensure the abuse policy for reporting and investigating suspected misappropriation of narcotics was implemented for one patient.

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

- D Facility failed to maintain privacy during personal care for one patient.

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

- D Facility failed to provide reasonable accommodation of needs for one patient. The patient required assistance with meals and had not received it.

**F253 Housekeeping & maintenance services.**

- D Facility failed to ensure the facility was free of odors on one of five halls. There was a strong urine odor present in one hallway.

**F272 Comprehensive assessment.**

- D Facility failed to assess dental needs for one patient. The patient was complaining with ill-fitting dentures, and the facility had not addressed the issue.

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

- D Facility failed to accurately assess one patient for pressure ulcers.

20-Jun-14

- D Facility failed to ensure a Minimum Data Set (MDS) assessment was accurate for one patient.

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

- D Facility failed to develop a care plan for urinary catheter care and nutrition for one patient.
- D Facility failed to develop a comprehensive care plan for urinary incontinence for one patient.
- D Facility failed to develop a comprehensive care plan to address depression for one patient and failed to develop a care plan to address dialysis for one patient.

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

- D Facility failed to revise the care plan for one patient.
- D Facility failed to revise the care plan for skin integrity, potential for breakdown due to limited mobility, after the development of a stage II pressure ulcer for one patient.
- D Facility failed to revise a plan of care to address the change in diet, therapy instructions and the use of a splint for one patient.
- D Facility failed to revise a comprehensive care plan to reflect interventions placed after falls for two patients.

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

- D Facility failed to sign out a controlled medication at the time of administration for one patient.

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

- D Facility failed to implement the care plan for one patient.
- D Facility failed to implement the care plan for one patient. Toileting times were scheduled and were not done.

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

- D Facility failed to follow physician's orders for one patient.

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

- D Facility failed to evaluate and provide appropriate treatment and services to maintain or improve functional capacity for one patient.

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

- D Facility failed to assess for bladder training and provide appropriate treatment to achieve or maintain as much urinary function as possible for one patient.
- D Facility failed to complete a bladder assessment and develop an individualized toileting plan for one patient with a known decline in bowel and bladder. Facility failed to ensure orders for size of urinary catheters for two patients and failed to ensure a urinary catheter change was completed monthly for one patient.

**F318 Range of motion.**

- D Facility failed to provide restorative therapy for three days in April.

**F323 Accident hazards.**

- D Facility failed to ensure measures were in place to prevent one patient from eating a medicated ointment and failed to ensure devices were in place to reduce the risk of injury from falls and skin tears for one patient.

**F323 Free of accident hazards/supervision/devices**

- D Facility failed to develop interventions to prevent falls for one patient.

**F356 Nurse staffing data**

- C Facility failed to correctly post the nurse staffing data. The posting stated there were four registered nurses and eight Licensd Practical Nurses on duty. In reality, there were three RNs and seven LPNs on duty.

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

- F Facility failed to maintain a sanitary kitchen by failing to properly provide hand-sanitation equipment for the kitchen. The hand-washing sinks did not have foot pedals to prevent cross contamination. There were also multiple food items found opened and not labeled or stored properly.

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

- E Facility failed to have procedures and a system of records in place to ensure the accurate acquiring and receiving of controlled medications from the pharmacy for four patients.
- D Facility failed to provide pharmacy services to enable an accurate reconciliation of all controlled drugs for one patient reviewed.

**F431 Labeling of drugs & biologicals.**

- D Facility failed to establish a system of records of receipt and disposition of a controlled drug to enable an accurate reconciliation of all controlled drugs and determine drug records were in order for one patient.

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

- D Facility failed to provide a dressing change in a manner to prevent the development and/or spread of infection for one patient.

**F494 Required training of nurse aides.**

- D Facility failed to ensure no nurse aide was charged for any portion of the program. The facility had charged the students for the workbooks.

**F514 Criteria for clinical records.**

- D Facility failed to ensure documentation in the medical record was complete for one patient.
- D Facility failed to ensure a complete and accurate medical record for catheter care for one patient.

**K018 Construction of Doors**

- D Facility failed to ensure that fire doors positively closed and latched with-in the frame.

**K025 Smoke Partition Construction**

- D Facility failed to maintain fire smoke barriers. There were penetrations in the fire wall.

**K046 Emergency Lighting**

- D Facility failed to provide emergency lighting of at least one and a half hour duration automatically. The emergency exit lights at the exit near one room were not operable.

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

- D Facility failed to install the automatic sprinkler system in accordance with NFPA 13.

**K062 Automatic Sprinkler - Maintenance**

- D Facility failed to ensure sprinkler heads were free of corrosion.

**K066 Smoking Regulations**

- D Facility failed to comply with all provisions of smoking regulations. The designated patient smoking area located in the maintenance corridor did not have a metal trashcan with a self-closing lid.

**K077 Piped-In Oxygen System**

- D Facility failed to ensure electric installation in storage locations or manifold enclosures for nonflammable medical gases comply with the standards of NFPA 99. Electric wall fixtures, switches and receptacles shall be installed in fixed locations not less than 5 feet above the floor as a precaution against their physical damage.

**K147 Electrical Wiring and Equipment**

- F Facility failed to install and maintain the building electrical wiring and equipment in accordance with the national electric code. There were multiple junction box covers missing.
- E Facility failed to maintain electrical equipment. There were several electrical outlets not secured to the wall.
- E Facility failed to maintain the electrical equipment. One electrical panel had no key, and the circuit breakers were not accessible.

**N1411 Disaster Preparedness; Fire Safety Drills**

Facility failed to exercise a bomb-threat drill annually.

**N831 Building Standards**

Facility failed to maintain the overall nursing home environment. The ventilation grilles were dirty in the therapy room. The clothes dryer exhaust duct had a missing flange, and there was a penetration around the duct in the wall.

**N848 Building Standards; Exhaust & Air Pressure**

Facility failed to maintain negative air pressure in dirty linen storage areas. The linen storage room next to one room had soiled linen containers stored in it and was not provided with a method to ensure negative air pressure.