

Survey Deficiency Summary

33 Facilities Surveyed

Surveys Taken 1/6/2016 - 2/25/16

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

- E Facility failed to notify the NP/MD and/or family members of changes in size and treatment of pressure ulcers for three patients.
- D Facility failed to notify the physician of a deteriorating pressure ulcer for one patient.
- D Facility failed to notify a family member of an incident for one patient reviewed for abuse.
- D Facility failed to notify the responsible party of a medication change for one patient.

F160 Conveyance of funds upon death.

- E Facility failed to refund two of three deceased patients' balances to the patient's estate within 30 days.
- D Facility failed to refund one deceased patient's balance to the estate within 30 days.

F166 Right to have grievances resolved.

- D Facility failed to implement the plan to resolve a grievance voiced by one patient. The facility unable to provide documentation the staff had been trained on the procedure for obtaining medication on admission.

F225 Facility must not hire person with abuse history.

- D Facility failed to investigate and report an injury of unknown origin for one patient.
- D Facility failed to investigate allegations of abuse and to report allegations of abuse to the state survey and certification agency in accordance with federal requirements.
- D Facility failed to complete an abuse investigation for one patient.
- D Facility failed to ensure protection of patients during an alleged abuse investigation, and failed to report an abuse allegation within five working days of the incident to the state survey agency.

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

- D Facility failed to implement its abuse policy for one patient.
- D Facility failed to identify discrepancies on a background check for CNAs resulting in misappropriation of property to one patient.

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

- D Facility failed to ensure each patient was treated with dignity and respect during dining as evidenced by two CNAs who stood while they fed patients in the dining room.

18-Mar-16

- D Facility failed to provide dignity related to privacy for one patient. The patient catheter bag was exposed, and according to facility policy, it was to be in a modesty bag.
- D Facility failed to maintain patients' dignity as evidenced by three CNAs referring to patient requiring assistance with feeding as "feeders" during dining.
- D Facility failed to respect patient privacy for one patient.
- D Facility failed to maintain dignity for one patient with an indwelling catheter. There was no privacy bag covering the drainage bag.
- D Facility failed to provide a privacy cover for a urinary drainage bag for one patient.

F242 Right to choose activities, schedules, & health care.

- D Facility failed to honor a patient's choice for wake-up time for one patient.

F247 Right to receive notice of change in resident's room.

- D Facility failed to give advance notification of room change for one patient.

F248 Ongoing activities program to reflect resident's needs.

- D Facility failed to offer and provide activities designed to meet the physical, mental and psychosocial well-being for one patient.

F253 Housekeeping & maintenance services.

- E Facility failed to maintain a clean environment on three nurses' stations. All had a very large accumulation of dust in the ceiling heating and air vents.
- D Facility failed to provide effective housekeeping services to maintain a sanitary environment as evidenced by dirty, brownish splatters and drip stains on the walls and a dirty brown substance on the commode base on one bathroom.

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

- E Facility failed to accurately assess patients for active diagnosis, cognitive patterns, mood and/or urinary catheter for four patients.
- D Facility failed to ensure assessments were accurate for two patients.
- D Facility failed to accurately assess patients for activities of daily living (ADLs), dental problems and/or behaviors.
- D Facility failed to ensure behaviors were coded accurately on the MDS for one patient.
- D Facility failed to accurately assess a patient for dental problems.
- D Facility failed to accurately code the MDS for the oldest date of a pressure ulcer for one patient.
- D Facility failed to accurately assess a patient for antibiotics and falls.

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

- D Facility failed to develop a comprehensive care plan for contractures or range of motion (ROM) for two patients.
- D Facility failed to develop a comprehensive care plan related to ADLs for one patient.
- D Facility failed to revise the care plan for ROM for two patients.
- D Facility failed to develop a care plan to include care for anticoagulant therapy for one patient.

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

- G Facility failed to revise comprehensive care plans to reflect interventions related to weight loss and falls for two patients. This failure resulted in actual harm to the patient due to a fall with a left hip fracture.
- D Facility failed to revise the approaches of a care plan addressing the behaviors for one patient.
- D Facility failed to revise the care plan for healed pressure ulcers and failed to conduct a care plan meeting as scheduled for one patient.

F281 Services must meet professional standards of quality.

- D Facility failed to administer one medication per the physician's order for one patient. A nasal spray was administered incorrectly.
- D Facility failed to obtain a physician's order for the care of a dialysis catheter for one patient.

F282 Services must be provided by qualified persons.

- G Facility failed to follow interventions related to falls for three patients. The facility failed to ensure a body alarm was attached as care planned which resulted in actual harm when one patient fell while getting out of bed and sustained a nose fracture.
- D Facility failed to follow interventions for a Foley catheter and application of an abdominal binder for two patients.
- D Facility failed to offer and provide activities as care planned for one patient.

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

- D Facility failed to obtain a physician's order for dialysis or communicate with dialysis for one patient. Facility failed to follow physician's orders for restorative care for one patient with limitation in ROM.
- D Facility failed to ensure a transdermal patch was administered correctly when an LPN failed to clean the application site for one patient.
- D Facility failed to monitor and coordinate dialysis services and treatments for one patient.
- D Facility failed to ensure physician orders were followed for wound care and medication administration for one patient.

- D Facility failed to address the registered dietitians recommendation for one patient.
- D Facility failed to obtain physician orders for oxygen prior to the administration of oxygen for two patients.

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

- D Facility failed to ensure incontinence care was provided timely for one patient.
- D Facility failed to ensure one patient who was unable to carry out activities of daily living (ADLs) received assistance with bathing and oral hygiene.
- D Facility failed to provide assistance with ADLs for two patients.
- D Facility failed to carry out activities of daily living to maintain good personal hygiene for one patient.

F314 Resident does not develop pressure sores.

- D Facility failed to notify the physician of a deteriorating pressure ulcer for one patient.
- D Facility failed to complete a dressing change for one patient.
- D Facility failed to accurately document the origin of the pressure ulcer and inappropriate treatment of pressure ulcer for one facility.
- D Facility failed to provide a dressing change to prevent the potential development of an infection for two patients with pressure ulcers.

F315 Incontinent resident receives appropriate treatment and services.

- D Facility failed to ensure urinary catheter was maintained in a manner to prevent the potential spread of infection when the Foley catheter was laying on the floor for one patient.
- D Facility failed to provide a clean urinal, to keep the urinary catheter bag off the floor, and failed to obtain a current diagnosis for the need of a urinary catheter for one patient.
- D Facility failed to ensure urinary catheter was maintained in a manner to prevent the potential spread of infection with the Foley catheter was laying on the floor in one patient room.
- D Facility failed to change catheter tubing and a drainage bag according to the physician's orders for one patient.
- D Facility failed to document urinary output, provide a physician's order for a Foley catheter, to provide catheter care, and to keep a Foley catheter bag off the floor for two patients.

F319 Psychosocial adjustment difficulty.

- D Facility failed to assess and provide psychiatric services timely for the psychotic behaviors displayed by one patient.

F322 Tube feeding/prevention.

- D Facility failed to ensure physician's orders were followed for an abdominal binder for one patient with a PEG tube.

F323 Accident hazards.

H Facility failed to follow the facility fall prevention policy related to implementing appropriate interventions after a fall, update the care plan for a fall, and review patient falls during the weekly risk management meeting. The facility failed to ensure a body alarm was attached as care planned which resulted in actual harm when one patient fell getting out of bed and sustained a nose fracture. Another patient sustained a hip fracture from a fall. The facility failed to ensure an evaluation which resulted in actual harm when the patient fell again and sustained a laceration that required sutures.

This was a substandard quality of care and triggered an extended survey.

- D Facility failed to ensure interventions were in place and functioning to prevent falls for one patient.
- D Facility failed to implement a new intervention after a fall for one patient.
- D Facility failed to ensure that a fall risk evaluation and neurological checks were completed after each fall for one patient.

F325 Facility must ensure acceptable parameters of nutritional status.

- D Facility failed to provide dietary supplements as ordered by the physician and failed to record meal intakes for one patient.
- D Facility failed to obtain a dietary consultation timely for one patient.

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

- D Facility failed to monitor behavior appropriately to determine the effectiveness of psychotropic medications.

F332 Facility medication error rates of 5% or more.

- E Facility failed to ensure two LPNs administered medications with a medication rate of less than 5 percent. The error rate was 17.6 percent.

F333 Residents free of significant medication errors.

- E Facility failed to ensure two LPNs administered medications free of significant medication errors. Two LPNs failed to administer insulin in the proper time frame related to food for two patients.
- D Facility failed to ensure a patient was free of a significant medication error when one nurse failed to administer insulin within the proper time frame related to meals.

F353 Adequate nursing staff to provide nursing & related services..

- F Facility failed to ensure adequate certified staff to provide care for the patients for four months review.

F356 Nurse staffing data

- D Facility failed to post the daily nursing staff information for several days.

F361 Dietary services staffing.

- D Facility failed to ensure a registered dietitian assessed and implemented interventions for one nutritionally compromised patients.

F364 Food preparation.

- D Facility failed to properly maintain food temperatures at a palatable level upon delivery to the patients on one hallway.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to ensure food was prepared under sanitary conditions when two dietary staff did not have their hair completely covered and did not have mustaches covered.
- F Facility failed to prepare and serve food under sanitary conditions as evidenced by three dietary workers not having their hair covered. The facility failed to ensure safe food storage as evidenced by bleach wipes being stored with food thickener in one medication-storage room.
- F Facility failed to store and prepare foods in a sanitary manner. There were opened foods that were not dated, expired foods in the stock room and dried brown debris on the top and base of the stand-up mixer.
- F Facility failed to ensure food was prepared and served in a sanitary manner as evidenced by three dietary members with exposed hair from the hair restraint; opened, unlabeled and undated food items in the freezer; and expired nutritional supplements in one medication storage area.
- D Facility failed to ensure one CNA staff member observed during dining served food in a sanitary manner. The CNA set a food tray on a bedside table with a urinal setting on the same bedside table.
- D Facility failed to ensure food was prepared and served in a sanitary manner as evidenced by 10 dietary staff members had exposed hair from hair restraints and a staff member's beard was not covered.
- D Facility failed to serve food under sanitary conditions on one floor; the facility dietary department failed to serve hot food at or greater than 135 degrees Fahrenheit (F) and cold food at or less than 40 degrees F; and failed to use utensils to serve the food for the patient morning meal tray line on one day.
- D Facility failed to store chemicals separately from the food preparation area in the kitchen.

F372 Disposes of garbage & refuse.

- C Facility failed to maintain a clean area, free of debris for four dumpsters.
- C Facility failed to dispose of garbage and refuse properly and maintain a clean environment around the dumpsters.

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

- D Facility failed to ensure prescribed medications were available for administration as ordered to meet the needs of one patient.

F431 Labeling of drugs & biologicals.

- E Facility failed to ensure vials of medications were dated when opened in two medication rooms.
- E Facility failed to ensure medications were stored in locked compartments at all times in two hall medications carts and one medication storage room. Facility did not ensure that internal and external medications were not stored together in five medication storage areas.
- D Facility failed to ensure that one nurse did not leave medication unattended and out of sight.
- D Facility failed to ensure medications were not stored past their expiration/use by dates in two storage areas.
- D Facility failed to ensure medications were stored in locked compartments at all times in one medication cart.
- D Facility failed to ensure medication was labeled when opened in one medication storage area.
- D Facility failed to store drugs and biologicals in a locked room in one medication storage room and failed to permit only authorized personnel access to two medication storage rooms. Facility failed to label alcohol belonging to patients in the medication refrigerator and failed to store external medications from other medications in one medication storage room.

F441 Investigates, controls/prevents infections.

- E Facility failed to perform hand hygiene to maintain acceptable infection control practice for two patients.
- E Facility failed to provide and store personal hygiene supplies in a sanitary manner in two of three shower rooms.
- D Facility failed to ensure effective infection control practices were maintained as evidenced by dirty sinks and floors and dust build-up on the washing machine pipes and walls in one laundry area.
- D Facility failed to ensure practices to prevent the potential spread of infection and cross contamination were maintained during medication administration.
- D Facility failed to ensure infection control practices were maintained to prevent the potential spread of infections as evidenced by an expired canister of germicidal bleach wipes stored in one medication storage room.
- D Facility failed to follow infection control procedures during one nebulizer treatment during medication administration. The LPN failed to wash out the chamber prior to administering the treatment. (This was after she had poured medication residue out of the chamber.)

- D Facility failed to ensure practices to prevent the potential spread of infection and cross contamination were maintained when one staff member failed to perform hand hygiene during dining observations and one nurse failed to perform hand hygiene during medication administration.
- D Facility failed to ensure one staff nurse prevented the potential spread of infection during medication administration for failing to use proper hand hygiene, and one physical therapist failed to properly clean equipment for a patient in isolation.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained for two patients with a pressure ulcer and one patient with an indwelling catheter.
- D Facility failed to ensure infection control standards were maintained during a pressure ulcer dressing change for one patient.
- D Facility failed to dispose of expired medical supplies in on medical storage room.

F456 Sufficient space & equipment maintenance.

- D Facility failed to maintain two essential equipment (clip alarms) pieces for patients as evidenced by a clip alarm with a battery compartment cover missing with the batteries held in place by strips of bandage tape.

F490 Administration.

- H Facility failed to be administered in a manner to implement appropriate interventions for each fall and failed to follow the policy related to falls, which resulted in actual harm for three patients. The facility failed to ensure administration obtained the services of a registered dietitian for one patient with significant weight loss.

F497 Regular in-service education.

- E Facility failed to ensure eight CNAs employed the entire year of 2015 received at least 12 hours of in-service training.

F499 Staff qualifications.

- D Facility failed to ensure that professional staff were certified in accordance with applicable state laws for one CNA. The CNA had allowed her certification to lapse.

F500 Use of outside resources.

- D Facility failed to ensure a registered dietitian assessed and implemented interventions for one patient.

F501 A physician must be designated as medical director.

- H Facility failed to ensure the medical director assisted the facility with identifying and evaluating clinical guidance and oversight regarding the implementation of patient care procedures.

F502 Provide or obtain clinical laboratory services.

- D Facility failed to obtain laboratory tests as ordered by the physician for one patient.
- D Facility failed to ensure laboratory results were obtained for one patient.
- D Facility failed to ensure laboratory tests were obtained for one patient. An ordered Depakote level was not done.

F514 Criteria for clinical records.

- E Facility failed to ensure medical records were accurate or documentation was completed for six patients.
- D Facility failed to ensure the medical record was accurate for a pressure ulcer, contractures and/or Foley catheter for three patients.
- D Facility failed to maintain accurate clinical records of NP/MD documentation for one patient.
- D Facility failed to maintain a complete and accurate medical record for one patient.
- D Facility failed to monitor and assess the access site for one patient with a dialysis shunt.
- D Facility failed to maintain a complete and accurate record of patient behaviors.
- D Facility failed to maintain a complete and accurate medical record for the documentation of changing the wound vac, oxygen saturation, and of fluid output for one patient.

F520 Quality assessment & assurance.

- H Facility quality assessment and assurance committee was ineffective in identifying issues and concerns within the facility.

K018 Construction of Doors

- F Facility failed to maintain doors protecting corridor openings. Some of the doors were propped open with wedges.
- E Facility failed to maintain all doors protecting the corridors. One was not closing properly, and one had the self-closing device removed.
- E Facility failed to maintain fire/smoke doors. One of the doors in the clean linen room was wedged open.
- D Facility failed to maintain doors protecting corridor openings. The MDS office required at least two releasing motions.
- D Facility failed to maintain the doors protecting the corridors. The MDS door was sticking to the frame.
- D Facility failed to maintain all fire doors to resist the passage of smoke.
- D Facility failed to maintain doors opening onto the corridor. There were door closures missing on two storage room doors.

- D Facility failed to maintain doors protecting corridor openings. The door to the nursing toilet on one unit had more than one releasing motion to open the door. Each door is provided with a deadbolt that is independent of the door knob.
- D Facility failed to maintain the corridor doors.

K021 Automatic Closing Doors

- F Facility failed to maintain the fire doors as required. Some of the doors did not close to a positive frame.

K022 Enclosure Doors Serving Exits

- D Facility failed to provide exit signage in all areas of the facility.
- D Facility failed to properly mark the courtyard exits.

K025 Smoke Partition Construction

- E Facility failed to maintain all smoke and fire barrier walls. There were penetrations in the fire wall.
- E Facility failed to maintain fire/smoke barriers.
- D Facility failed to maintain fire/smoke barriers. There were unsealed penetrations in the fire wall.
- D Facility failed to ensure fire barriers are being maintained. There were penetrations in the fire wall.
- D Facility failed to maintain smoke/fire barriers. The wall behind the transfer switch was damaged.

K027 Doors In Smoke Barriers

- D Facility failed to maintain doors in smoke barriers. The door closing device had been removed from the janitor closet door.
- D Facility failed to provide all smoke barrier doors with self-closing devices. The storage room on one hall did not have a self-closing device.

K029 Hazardous Areas Separated By Construction

- D Facility failed to maintain one hour fire walls. There were unsealed penetrations in the fire walls.
- D Facility failed to have walls to hazardous areas capable of resisting the passage of smoke. The central supply storage room has a louvered opening installed above the door.
- D Facility failed to have self-closing room doors to hazardous areas. The dietary dry storage room door is not self-closing.
- D Facility failed to ensure generator room was not used a storage room.
- D Facility failed to have doors to hazardous areas smoke resistant and self-closing.

K038 Exit Accessible At All Times

- F Facility failed to maintain the delayed egress exit doors.
- E Facility failed to maintain all exits. Several of the delayed egress doors leading to the stairwells had torn style door knobs installed.
- E Facility failed to maintain delayed egress exit doors. Two of the doors did not operate as designed.
- E Facility failed to have doors with only one releasing motion.
- D Facility failed to provide safe passage from one exit discharges to the public way.
- D Facility failed to maintain all exits. One front delay egress door did not have any visible sign posted.
- D Facility failed to maintain the exits. There was not proper signage at the delayed egress doors.

K039 Width Of Aisles Or Corridors

- E Facility failed to maintain the corridor width. There were linen carts stored in the hallway.

K045 Exit Lighting

- F Facility failed to provide egress lighting at exit discharges.
- D Facility failed to provide illumination at two hall staff lounge and kitchen exits with two bulb fixtures and failed to provide annual testing on battery powered emergency lighting.

K046 Emergency Lighting

- E Facility failed to provide emergency lighting on back up power for four exit discharges to the public way.

K050 Fire Drills

- F Facility failed to conduct fire drills quarterly on each shift.
- D Facility failed to conduct all required fire drills in 2015.

K051 Fire Alarm System

- E Facility failed to ensure smoke detectors were located at least three feet from an air supply.
- D Facility failed to have smoke detectors located outside of direct air flow. There was a smoke detector within 36 inches of airflow in the electrical room.
- D Facility failed to ensure the fire alarm was clearly seen and heard in all areas of the building.
- D Facility failed to ensure smoke detectors were located at least three feet from an air supply.

K052 Testing of Fire Alarm

- D Facility failed to maintain the fire alarm system. There was no documentation for an annual fire alarm inspection for 2015.

K054 Smoke Detector Maintenance

- D Facility failed to provide a sensitivity test on smoke detectors.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to maintain the automatic sprinkler system in reliable operating condition.
- E Facility failed to maintain all sprinkler heads. There were several sprinkler heads in the facility that were corroded.
- E Facility failed to maintain the sprinkler system. Some of the sprinkler heads were corroded.
- E Facility failed to maintain all sprinkler heads. The escutcheon plate was missing on the bathroom sprinkler head.
- E Facility failed to maintain the sprinkler system. There were some sprinkler heads that were damaged.
- E Facility failed to maintain the sprinkler system. There was a build-up of lint on several of the sprinkler heads.
- E Facility failed to maintain all sprinkler heads. There was a lint build-up on several of the sprinkler heads.
- E Facility failed to maintain the sprinkler system. There were dirty sprinkler heads in several areas.
- E Facility failed to maintain the sprinkler system. There were some missing escutcheon plates.
- D Facility failed to maintain all sprinkler heads.
- D Facility failed to ensure sprinkler heads were at least six feet apart. Two sprinkler heads in the MDS office were located within six feet of each other.
- D Facility failed to maintain the sprinkler system. There were missing escutcheon plates.
- D Facility failed to maintain the fire sprinkler system. There was not adequate signage to identify the fire department connection.
- D Facility failed to maintain the sprinkler system. There was no sprinkler wrench in the riser room by the front door.
- D Facility failed to maintain the sprinkler system. There were mixed standard sprinklers and quick sprinklers in several locations.

K064 Portable Fire Extinguishers

- D Facility failed to maintain the portable fire extinguishers. One fire extinguisher had a pressure reading not within the operable range.
- D Facility failed to maintain all fire extinguishers in the facility.

D Facility failed to provide the six-year maintenance service on one fire extinguisher.

K066 Smoking Regulations

- E Facility failed to maintain the smoking area. There were cigarette butts disposed in a combustible trash container and no visible metal container with a self-closing device for ash disposal.
- D Facility failed to comply with the smoking regulations. The metal container in the outdoor smoking area used for emptying ashtrays contained paper waste.
- D Facility failed to provide ashtrays in the designated smoking area.
- D Facility failed to maintain the metal containers in the smoking area. Two of the containers were not closing properly.

K067 Ventilating Equipment

- F Facility failed to maintain fire dampers in the building.
- E Facility failed to maintain the ventilation system as required. The laundry room for two of the homes had positive pressure from the soiled linen side to the clean linen side.

K069 Commercial Cooking Equip. Meets Requirements

- E Facility failed to properly train the kitchen staff on properly fighting a grease fire under the kitchen hood.
- D Facility failed to ensure the deep fat fryer was stationed improperly. The fryer was sitting next to the cook stove with no baffle between the fryer and the surface flames of the adjacent appliance.
- D Facility failed to maintain the ANSUL suppression system for the kitchen hood and appliances. It is past due for the 12 year hydrostatic test.
- D Facility failed to ensure commercial cooking equipment complies with NFPA 54.

K070 Space Heaters

- F Facility failed to prohibit the use of space heaters in patient rooms.
- E Facility is using unapproved portable space heaters in the business office and the human resources office.

K073 Flammable Furnishings

- F Facility failed to ensure combustible decorations were not highly flammable.

K077 Piped-In Oxygen System

- E Facility failed to ensure medical gas piping was maintained free of corrosion.

K104 Penetration of Smoke Barriers

- D Facility failed to maintain all fire compartments. There were unsealed penetrations in the fire wall.

K130 Other LSC Deficiency Not On 2786

- F Facility failed to have corridor door hardware latch at the bottom of the doors.
- F Facility failed to maintain fire doors and fire door hardware. The double swinging cross corridor fire doors in one area have the lower rod and latching mechanism removed.
- F Facility failed to have fire door hardware latch at the bottom of the fire doors.
- F Facility failed to maintain the fire rated assemblies. The ceiling was not being maintained in multiple areas.
- E Facility failed to install GFCI within six feet of sinks. Facility failed to ensure all areas of the facility were provided with sprinkler coverage. The canopy in the front of the facility was not sprinklered. Facility failed to maintain all fire barrier walls. There were unsealed penetrations in the fire walls.
- E Facility failed to comply with the Life Safety Code. There was compressed gas being stored in the first floor closet with no visible signage.
- E Facility failed to maintain the fire doors. There was a hole in one of the doors.
- D Facility failed to maintain all fire wall assemblies. There were penetrations in the fire wall.
- D Facility failed to comply with the Life Safety Code. There were unsecured oxygen cylinders stored within five feet of combustible materials as well as unsecured oxygen tanks in one hallway.
- D Facility failed to comply with the Life Safety Code. There were two unsecured oxygen cylinders in the oxygen storage room.
- D Facility failed to have required rated fire doors in the fire walls.
- D Facility failed to maintain the fire walls with approved fire stopping systems.

K141 No Smoking Signs

- D Facility failed to have no smoking signs posted where oxygen was being stored.
- D Facility failed to provide an oxygen precautionary sign.

K144 Generators

- E Facility failed to maintain the emergency powered generator. The annual inspection had not been done.
- D Facility failed to provide complete records of operations during the monthly load test.
- D Facility failed to maintain one of two battery back-up lighting fixtures.
- D Facility failed to ensure emergency power automatic transfer switch was provided with a working emergency light with battery backup.

- D Facility failed to provide a load bank test report. The facility could not provide documentation of the generator having load bank test conducted for 2014 and 2015.
- D Facility failed to provide emergency lighting at the generator transfer switch.
- D Facility failed to provide the automatic transfer switch location with working battery-powered emergency lighting.

K147 Electrical Wiring and Equipment

- E Facility failed to maintain all electrical components. There were two open electrical junction boxes and two control boxes.
- E Facility failed to maintain the electrical system. There were junction box face covers that were not attached in several locations.
- E Facility failed to ensure electrical equipment was maintained. There were two power strips piggy backed together in a series in the central supply room.
- D Facility failed to maintain the electrical system. There were back to back surge protectors in use.
- D Facility failed to provide sufficient electrical receptacles in all patient rooms. There were extension cords in use.
- D Facility failed to ensure electrical outlets were maintained.
- D Facility failed to maintain the electrical system. The grounding prong was missing on the stand up hair dryer in the beauty shop.
- D Facility failed to provide sufficient electrical receptacles in all patient rooms.
- D Facility failed to maintain the electrical system. The electrical box was damaged behind one bed.
- D Facility failed to ensure GFCI outlets were located in all wet areas.
- D Facility failed to maintain the electrical system. There was an extension cord being used in the MDS office.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct tornado and earthquake disaster drills for all staff prior to March of 2015.

Facility failed to conduct and evaluate a flood and earthquake drill for all staff.

Facility failed to conduct required disaster drills for 2015.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to exercise a bomb threat drill annually.

Facility failed to conduct a bomb threat drill as required for 2015.

N1419 Disaster Preparedness; Physical Facility and Community Emergency

Facility failed to establish communications with the county local emergency management agency.

N1535 Nurse Aide Training; Performance Reviews

Facility failed to ensure eight CNAs employed the entire year of 2015 received at least 12 hours of in-service training. This was a type C pending penalty.

N425 Administration; Adequate Medical Screenings of Employees

Facility failed to have a posting of its liability insurance in a prominent location.

N430 Administration; Facility Information Postings

Facility failed to post information on domestic violence in a prominent place.

N431 Administration; No Smoking Signs

Facility failed to post "no smoking" signs at all facility entrances.

N433 Administration; Charity Care Policies

Facility failed to post a statement regarding charity care.

N519 Admissions, Discharges, and Transfers; Title VI/Section 504

Facility failed to adhere to state regulation addressing the Title VI, Section 504 and Civil Rights components under 1200-8-16. There was no framed Title VI/Section 504 and Civil Rights posted with the signature of the Title VI/Section 504 facility representative.

N615 Medical Director Responsibilities

Facility failed to ensure the medical director assisted the facility with identifying and evaluating clinical guidance and oversight regarding the implementation of patient care procedures. This was a type C pending penalty.

N645 Nursing Services

Facility failed to provide effective housekeeping services to maintain a sanitary environment as evidenced by dirty, brownish splatters and drip stains on the walls, and a dirty brown substance on the commode base on one bathroom. This was a type C pending penalty.

N727 Pharmaceutical Services

Facility failed to ensure medications were stored in locked compartments at all times in two hall medications carts and one medication storage room. Facility did not ensure that internal and external medications were not stored together in five medication storage areas. This was a type C pending penalty.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure that one nurse did not leave medications unattended. This was a type C pending penalty.

Facility failed to ensure medications were stored in locked compartments at all times in two hall medications carts. This was a type C pending penalty.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was prepared under sanitary conditions when two dietary staff did not have their hair completely covered and did not have mustaches covered. This was a type C pending penalty.

Facility failed to prepare and serve food under sanitary conditions as evidenced by three dietary workers not having their hair covered. The facility failed to ensure safe food storage as evidenced by bleach wipes being stored with food thickener in one medication storage room. This was a type C pending penalty.

Facility failed to ensure one CNA staff member observed during dining served food in a sanitary manner. The CNA set a food tray on a bedside table with a urinal setting on the same bedside table. This was a type C pending penalty.

Facility failed to ensure food was prepared and served in a sanitary manner as evidenced by 10 dietary staff members had exposed hair from hair restraints and a staff member's beard was not covered. This was a type C pending penalty.

Facility failed to ensure food was prepared and served in a sanitary manner as evidenced by three dietary members with exposed hair from the hair restraint; opened, unlabeled and undated food items in the freezer and expired nutritional supplements in one medication storage area. This is a type C pending penalty.

N831 Building Standards; Construction

Facility failed to maintain the condition of the physical plant.

Facility failed to maintain the overall environment. There was trash at the bottom of the elevator shaft.

Facility failed to have annual fire door inspections. (Based on NFPA 80 2012 edition 5.2: fire door assemblies shall be inspected and tested not less than annually and a written record of the inspection shall be signed and kept for inspection by the AHJ.)

N835 Building Standards; Approval of New Construction

Facility failed to ensure alterations to the facility were made without prior approval from the department of health.

N843 Building Standards; New Construction and Renovation

Facility failed to provide Ground Fault Circuit Interrupters (GFCI) in wet areas.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain exhaust systems. There was no negative pressure in several of the storage closets.

Facility failed to ensure all areas required were provided with negative air pressure.

Facility failed to maintain negative air pressure in all required areas.

Facility failed to maintain negative air pressure in all required areas.

N901 New Code Compliance

Facility failed to comply with the applicable building fire safety regulations.

Facility failed to comply with applicable building and fire safety regulations. There was a locking slide lock bar that required effort to unlock in the women's restroom.