

Survey Deficiency Summary

34 Facilities Surveyed

Surveys Taken 12/3/2014 - 2/4/2015

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

- G Facility failed to notify the physician of the presence of a pressure ulcer for one patient. This failure caused actual harm to the patient.

F166 Right to have grievances resolved.

- F Facility failed to resolve patient grievances related to call light response times for eight of 11 months reviewed.
- D Facility failed to promptly resolve a grievance for one patient.

F176 Self-administration of drugs by resident.

- D Facility failed to assess two patients for self- administration of medication.

F203 Notice before transfer or discharge.

- D Facility failed to issue written notice of discharge for one patient of three patients reviewed for admission, transfer and discharge rights.

F224 Mistreatment, neglect, misappropriation of resident property.

- G Facility failed to protect one patient from abuse, resulting in psychological harm to the patient. An RN in the facility heard a CNA making inappropriate and threatening comments to a patient.

F225 Facility must not hire person with abuse history.

- E Facility failed to report allegations of abuse for three of three abuse investigations completed.
- D Facility failed to ensure allegations of abuse were thoroughly investigated.
- D Facility failed to report allegations of abuse to the state survey and certification agency within five days through established procedures for one patient.
- D Facility failed to immediately report an allegation of patient abuse for one patient.

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

- G Facility failed to investigate an injury of unknown origin for one patient and failed to follow the abuse policy for one patient resulting in physical harm to one patient and psychological harm to the other.
- D Facility failed to report allegations of patient abuse to the patient's responsible party for one patient.
- D Facility failed to report allegations of abuse immediately to the patient's charge nurse and others in accordance with facility policy.

20-Feb-15

D Facility failed to implement the abuse policy for two patients.

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

D Facility failed to protect the dignity of a patient who was lying on her bed wearing only a diaper, and the privacy curtain was not completely closed.

F246 Right to accommodations of individual needs & preferences.

D Facility failed to accommodate a patient's need when the call light was not placed within a patient's reach at all times.

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

D Facility failed to ensure patients were informed prior to a room change for two patients.

F253 Housekeeping & maintenance services.

F Facility failed to ensure 32 patient rooms were maintained and clean as evidenced by foul odors, stains on the walls, loose cove base, holes in the walls, scuff marks on the walls, dirty air conditioner vents, torn linoleum, broken and missing floor tiles and dirt on vanities and around commodes. This is a substandard quality of care.

E Facility failed to maintain a sanitary environment by failing to clean two bathrooms of twenty bathrooms and failed to prevent a persistent strong odor of urine on one hall.

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

G Facility failed to assess the presence of pressure ulcers on the MDS for one patient. This failure resulted in actual harm to the patient.

D Facility failed to ensure the MDS was accurate for an indwelling urinary catheter and urinary tract infection for one patient.

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

D Facility failed to revise the comprehensive care plan related to use of rollator walker and wound status and treatment for two patients.

D Facility failed to ensure the care plan was updated for anticoagulant therapy for one patient.

F281 Services must meet professional standards of quality.

D Facility failed to read, interpret, document and report results of Mantoux Tuberculin Skin Testing results to the attending physician in accordance with clinically established guidelines for one patient.

D Facility failed to follow facility policy for medication administration one patient and failed to follow the facility policy and a physician's order to monitor intake for one patient.

F282 Services must be provided by qualified persons.

- G Facility failed to follow the care plan for one patient resulting in physical harm to the patient. The patient was to have two attendants for patient care per the care plan; however, one aide was in attendance doing peri-care and rolled the patient away from her. The patient fell out of bed causing lacerations to her head.
- G Facility failed to ensure the care plan was followed to provide a two person transfer for one patient reviewed. This failure resulted in fractures of two ribs for one patient causing actual harm.
- D Facility failed to follow the care plan for assessment and documentation of pain for one patient.
- D Facility failed to follow the care plan interventions by failing to complete a weekly skin assessment and off-loading of heels for one patient.
- D Facility failed to follow the care plan for one patient. The patient was identified as a fall risk and was to be wearing red non-skid socks when not wearing regular shoes. The patient did not have on the socks.

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

- G Facility failed to ensure the care plan was followed to provide a two person transfer for one patient reviewed. This failure resulted in fractures of two ribs for one patient causing actual harm.
- D Facility failed to follow the policy and care plan for completing pain assessments for one patient.
- D Facility failed to provide care in accordance with the care plan for one patient.

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

- D Facility failed to brush the teeth for one patient.
- D Facility failed to provide nail care and assistance for eating for one patient.

F314 Resident does not develop pressure sores.

- G Facility failed to identify and initiate treatment of pressure ulcers from August 2014 to December 2014 for one patient. This resulted in actual harm to the patient.
- D Facility failed to obtain an order for treatment for bilateral heel ulcers, complete a weekly skin assessment and float heels as ordered to promote the healing of a pressure ulcer for one patient.

F315 Incontinent resident receives appropriate treatment and services.

- D Facility failed to clearly indicate the size of the indwelling catheter for one patient.
- D Facility failed to ensure medical justification for an indwelling urinary catheter for one patient.

- D Facility failed to ensure there was a medical diagnosis to justify the use of a suprapubic indwelling catheter for one patient.
- D Facility failed to provide a urinary incontinence assessment for one patient with a decline in bladder function of four patients reviewed.
- D Facility failed to have medical justification for the use of an indwelling urinary catheter for one patient.
- D Facility failed to ensure incontinence care was provided in a timely manner for one patient.

F322 Tube feeding/prevention.

- D Facility failed to check for proper enteral feeding tube placement prior to administering medications for one patient.
- D Facility failed to assess for potential complications of a newly inserted feeding tube by monitoring the gastric residual volume for one patient.
- D Facility failed to flush the enteral feeding tube prior to administering medications to one patient.

F323 Accident hazards.

- G Facility failed to supervise to prevent falls for one of five patients which resulted in actual harm to the patient. Patient fell in the hallway with resulting egg-size hematoma on forehead.
- G Facility failed to ensure a safety device was in place for one patient resulting in a fall with harm.
- G Facility failed to prevent an accident during care for one patient resulting in harm to the patient when he fell out of bed during care causing lacerations to the head.
- E Facility failed to ensure the facility was free of accident hazards in two halls as evidenced by loose and jagged handrails, and in one clean utility room with unsecured razors and chemicals.
- D Facility failed to provide a wanderguard to alert staff to prevent an elopement for one patient.
- D Facility failed to ensure safety measures were in place for one patient.
- D Facility failed to provide a safe environment for one patient. The call light was not within reach and the patient was a high risk for falls if no assistance was available.

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

- D Facility failed to attempt a gradual dose reduction of an antipsychotic medication for one patient.

F332 Facility medication error rates of 5% or more.

- E Facility failed to administer medications with a medication error rate of less than 5 percent. The error rate was 16 percent.

- E Facility failed to ensure three nurses administered medications with a medication error rate of less than 5 percent. The error rate was 16 percent.
- D Facility failed to ensure staff checked placement of a PEG tube or to check residual prior to administering medications to two patients.

F354 Licensed nurse to serve as charge nurse.

- E Facility failed to ensure an RN was staffed for eight consecutive hours a day for four of 70 days reviewed.

F356 Nurse staffing data

- E Facility failed to ensure daily staffing was posted for 24 of 61 days reviewed.
- C Facility failed to ensure the nurse staffing data posted was correct.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to ensure food was protected from physical contaminants and other sources of contamination as evidenced by two unauthorized persons in the kitchen with no hair nets or beard coverings.
- F Facility failed to maintain a sanitary kitchen by not properly cleaning kitchen equipment and storing, dating, and labeling prepared food.
- F Facility failed to store five storage containers and failed to store dishes in a sanitary manner in one plate warmer rack.
- F Facility failed to ensure food was protected from physical contaminants and other sources of contamination as evidenced by eight unauthorized persons entering the kitchen without hair coverings.
- F Facility failed to ensure food was stored and protected from sources of contamination in the kitchen as evidenced by grease build up around the deep fryer and stove, the mixer with peeling paint, food storage with no dates, the low-temperature dish machine was not at proper temperature and expired foods in the nourishment refrigerator.
- F Facility failed to maintain a sanitary kitchen by not properly cleaning kitchen equipment and storing, dating and labeling prepared food.

F372 Disposes of garbage & refuse.

- F Facility failed to maintain a closed dumpster for one dumpster and to maintain a clean area free of debris for three dumpsters.
- F Facility failed to maintain a clean area at the dumpsters.

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

- D Facility failed to ensure the reconciliation of controlled medications for one medication. The facility had stored a 30 ml. unopened bottle of Morphine Sulfate Solution in one medication refrigerator but did not have any tracking sheet or reconciliation sheet for its use.

F431 Labeling of drugs & biologicals.

- E Facility failed to maintain refrigerated medications storage per manufacturer's recommendations for one medication refrigerator. The medications were stored at 22 degrees F and should have been 35-46 degrees F.
- D Facility failed to label and store drugs in a safe and secure manner in one of the medications carts. There were two loose pills inside the top drawer with no label or container and had no identifying markings on them.
- D Facility failed to ensure medications were not stored past their expiration dates in two medication storage areas.
- D Facility failed to ensure medications were securely stored and outdated medications were removed from stock in three medications carts.
- D Facility failed to ensure medications were not stored past their expiration date in two medication storage areas.
- D Facility failed to ensure all medications were not stored past their expiration date and vials are dated when opened in two medication storage areas.
- D Facility failed to ensure medications were stored in a secure manner for one medication cart.

F441 Investigates, controls/prevents infections.

- F Facility failed to follow infection-control practices to prevent cross contamination for four patients while performing housekeeping duties in the patient rooms.
- F Facility failed to maintain infection-control measures to prevent the spread of infection on one of three wings and failed to comprehensively track incidence of infections in an effort to identify areas of improvement for the facility.
- E Facility failed to ensure staff performed hand hygiene to prevent cross contamination between patients in the dining room for eight patients.
- D Facility failed to ensure one nurse observed during medication administration performed hand hygiene before and after the removal of gloves and one newly hired employee was free of communicable disease.
- D Facility failed to ensure practices were maintained to prevent the spread of infection and cross contamination when a nebulizer mask was left uncovered in one patient room.
- D Facility failed to ensure staff practices were consistent with current infection control principles for one patient in isolation.
- D Facility failed to store soft-sided topical cold packs in a manner to prevent infection in one of four dedicated patient nourishment/snack refrigerators/freezers inspected.
- D Facility failed to maintain a clean environment for one room. There was a large amount of dried stool on the floor and smeared up the wall approximately three feet.

F456 Sufficient space & equipment maintenance.

- F Facility failed to maintain the dishwasher in a manner to allow staff to monitor the safe temperature range for the wash cycle of the dishwashing machine.

D Facility failed to ensure the wheelchair was maintained in a clean condition 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 walls were maintained in two halls in the common areas as evidenced by black scuff marks and missing paint.

F468 Corridors equipped with hand rails.

D Facility failed to ensure handrails were secure and free of jagged edges in two of three halls.

F490 Administration.

G Facility failed to provide effective administration to protect one patient from abuse resulting in psychological harm to the patient.

F Facility failed to be administered in a manner that ensured the patients rooms were maintained and clean; administration failed to ensure food was stored and protected from sources of contamination in the kitchen; and administration failed to ensure medications were securely stored and outdated medications were removed from stock. This failure resulted in sub-standard quality of care.

F514 Criteria for clinical records.

D Facility failed to maintain clinical records that were complete for pain assessments for one patient.

D Facility failed to ensure the clinical record was complete with a weekly skin assessment for one patient.

D Facility failed to maintain complete and accurate records for one patient. An order was taken via phone, and it did not include a route for the antibiotic administration and the "push fluids" portion of the NPs order was not included in the physician telephone order. Two staff nurses continued to document administering treatments to the patient for more than 24 hours after the patient had expired.

D Facility failed to ensure radiology and laboratory reports were placed on the correct medical record for one patient.

D Facility failed to document the provision of 15-minute checks for 72 hours post incident reporting as care planned and required per facility policy after two incidents.

D Facility failed to maintain a complete, accurate medical record for one patient.

F517 Emergency/disaster plans.

F Facility failed to ensure emergency food supplies were on hand at all times, as evidenced by insufficient amount of food in the emergency food supply for all 66 patients residing in the facility.

F520 Quality assessment & assurance.

- D Facility failed to assure the medical director attended the quality assessment and assurance (QAA) committee meeting at least quarterly.

K018 Construction of Doors

- E Facility failed to maintain the doors protecting the corridors. There were some doors that were warped allowing more than a 1/2 inch gap between the doors and the door frames.
- E Facility failed to protect the corridor doors. There were doors that were wedged open.
- D Facility failed to maintain two laundry bin doors. They would not latch.
- D Facility failed to maintain the doors protecting the corridors. There were gaps between the floor and door frame of more than 1/2 inch.

K021 Automatic Closing Doors

- F Facility failed to maintain the automatic magnetic door hold open device.

K022 Enclosure Doors Serving Exits

- D Facility failed to maintain the exit signs. There were burned out lights in the exit signs.
- D Facility failed to maintain the exit lights.

K025 Smoke Partition Construction

- D Facility failed to maintain the smoke barriers. There were penetrations around some of the escutcheon plates in the sprinklers.
- D Facility failed to maintain the fire walls. There were penetrations in the fire wall.

K029 Hazardous Areas Separated By Construction

- D Facility failed to have self-closing doors in hazardous areas.
- D Facility failed to have a fire-rated door on rooms that are protected as a hazardous area.
- D Facility failed to provide closure on fire doors to hazardous areas.
- D Facility failed to ensure hazardous area fire doors were self-closing.
- D Facility failed to maintain a fire rating in all areas that required it. There were unsealed penetrations in the fire wall.
- D Facility failed to have self-closing doors to hazardous areas.
- D Facility failed to protect the hazardous areas. The self-closing door did not latch within the door frame of the mechanical hazard room located in the shower room.
- D Facility failed to have self-closing doors in hazardous areas.

K038 Exit Accessible At All Times

- F Facility failed to arrange exits so that they are accessible at all times. The signage was incorrect and the doors did not operate correctly.
- F Facility failed to have delayed egress signage on a contrasting background.
- E Facility failed to maintain the exit access. There was a cart blocking the fire exit doors.
- D Facility failed to have delayed egress doors operate correctly. The delayed egress door for physical therapy did not alarm when force was applied to the door to activate the delayed egress feature.

K045 Exit Lighting

- D Facility failed to provide general and emergency lighting at all exit discharges.
- D Facility failed to provide required illumination at all exit discharges.

K046 Emergency Lighting

- D Facility failed to maintain the emergency back up battery for the emergency lights in the main electrical room.
- D Facility failed to test three emergency battery backup lights for 90 minutes annually.

K048 Evacuation Plan

- F Facility failed to have a written plan for evacuation in the event of an emergency.

K050 Fire Drills

- D Facility failed to conduct fire drills as required.

K051 Fire Alarm System

- D Facility failed to have manual fire alarm pull stations at all exits.

K052 Testing of Fire Alarm

- F Facility failed to maintain the automatic magnetic door release devices for the corridor fire doors.
- D Facility failed to maintain the fire-alarm system and its components.
- D Facility failed to maintain the fire alarm system. There was a trouble light for one of the areas of the facility that was burning. The system worked correctly when activated but the trouble light stayed on continually and needs repair.

K054 Smoke Detector Maintenance

- D Facility failed to ensure the smoke detectors were installed at least three feet from the air supply.

K056 Auto Sprinkle Sys. Of Standard Approved Type

- E Facility failed to have sprinklers installed under roofs and canopies extending over four feet.

K061 Automatic Sprinkler - Main Control Valve

- D Facility failed to ensure that all control valves for the sprinkler system were electronically supervised.
- D Facility failed to have all control valves for the sprinkler system electronically supervised that will give a signal that will sound at a continuously staffed location.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to conduct five-year obstruction investigation on the sprinkler piping as required.
- F Facility failed to have the 10-year dry sprinkler testing/replacement performed in accordance with NFPA 25.
- F Facility failed to maintain the automatic sprinkler system and its components. The sprinkler pit had an accumulation of standing water.
- F Facility failed to maintain its sprinkler system. The sprinkler system accelerator was out of service, would not re-set, and should be serviced.
- F Facility failed to maintain the sprinkler system. There were some corroded sprinkler heads.
- E Facility failed to install and maintain the automatic sprinkler system and its components. There were mixed types of sprinkler heads throughout the facility.
- D Facility failed to protect two sprinkler heads from paint.
- D Facility failed to ensure the sprinkler heads were free from corrosion.
- D Facility failed to protect on sprinkler gage. The sprinkler raiser water gage for the back elevator needed to be replaced due to the face plate with numbers leaning forward keeping the gage needle from working properly.
- D Facility failed to maintain the sprinkler system. There was no documentation that the quarterly sprinkler inspections were completed.
- D Facility failed to maintain components of the automatic sprinkler system. Some of the sprinkler heads were damaged.
- D Facility failed to ensure sprinkler heads were free of corrosion. Two of the sprinkler heads in the kitchen were corroded.
Facility failed to maintain the sprinkler system. There was no documentation for the quarterly sprinkler inspections.

K064 Portable Fire Extinguishers

- F Facility failed to maintain all portable fire extinguishers. The fire extinguishers were not inspected annually.

K066 Smoking Regulations

- D Facility failed to have metal containers with self-closing lids into which ashtrays can be emptied into at all smoking areas.

K067 Ventilating Equipment

- F Facility failed to maintain all fused link fire dampers as required.
- F Facility failed to maintain the HVAC system components in accordance with NFPA 90A.
- F Facility failed to maintain all fused link fire dampers.
- E Facility failed to install fire dampers in the proper orientation.

K068 Combustion and Ventilation Air

- D Facility failed to ensure outside air was provided for supply for combustion of gas fired appliances.

K069 Commercial Cooking Equip. Meets Requirements

- D Facility failed to maintain the cooking facilities. The fusible links were not replaced annually in the kitchen hood fire extinguishing system.
- D Facility failed to maintain the kitchen exhaust system and its components.
- D Facility failed to maintain the kitchen cooking equipment by not protecting it correctly with the suppression system.

K070 Space Heaters

- D Facility failed to prohibit the use of portable space heaters.

K072 Furnishings and Decorations

- D Facility failed to provide full instant use to exits. One therapy room had a roll up door that when in the down position and locked, would not allow full instant use in the case of fire or other emergency.

K073 Flammable Furnishings

- E Facility failed to ensure all combustible decorations and the floral arrangement were fire retardant.

K076 Nonflammable Medical Gas Systems

- F Facility failed to provide coverings over cylinders to prevent the accumulation of ice or snow in the outdoor medical gas supply locations.
- D Facility failed to have oxygen storage separated from combustibles.
- D Facility failed to store medical gases at least 5-feet from combustible storage.
- D Facility failed to have oxygen storage separated from combustibles.

K077 Piped-In Oxygen System

- D Facility failed to inspect and test the piped in medical gas system.

K130 Other LSC Deficiency Not On 2786

- E Facility failed to maintain the fire doors.
- E Facility failed to maintain fire rate assemblies. There were unsealed penetrations in the fire walls.
- E Facility failed to ensure outside gas piping was protected from damage. The outside gas piping on the side of the facility was not protected from damage and was hit by a car resulting in a gas leak and damage to the sprinkler piping in the adjacent riser room.
- E Facility failed to ensure fire doors meeting edge gap did not exceed 1/8- inch.
- E Facility failed to maintain the fire doors.
- D Facility failed to maintain the fire walls. There were unsealed penetrations in the walls.
- D Facility failed to maintain the fire doors. One of the doors was broken and pulling apart at the bottom.
- D Facility failed to comply with the applicable building and fire codes regulations. There was a helium tank stored with no compressed gas sign on the activities door.
- D Facility failed to protect the fire walls. There were unsealed penetrations.

K147 Electrical Wiring and Equipment

- E Facility failed to maintain all electrical equipment. Some junction boxes needed to be replaced due to being broken.
- D Facility failed to maintain all electrical equipment. There were some loose electrical receptacles in the facility.
- D Facility failed to maintain the electrical equipment. There was no documentation for the required annual retention force test of the ground blade of each electrical receptacles located in the patient areas.
- D Facility failed to comply with the National electrical codes, NFPA 70. Some of the electrical outlets were cracked.
- D Facility overloaded the electrical system. There were back-to-back surge protectors being used in multiple areas of the facility.

K211 Alcohol Based Hand Rub Dispensers

- E Facility failed to install alcohol based hand rub (ABHR) dispensers correctly. They are located over or adjacent to an ignition source.

N1345 Universal Do Not Resuscitate Order; POST Form

Facility failed to indicate consent was obtained from one patient for a do not resuscitate order.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct the required annual earthquake drill.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to exercise a bomb threat drill annually.

Facility failed to conduct the required annual bomb threat drill.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was protected from physical contaminants and other sources of contamination as evidenced by two unauthorized persons in the kitchen with no hair net or beard covering. This was a type C pending penalty.

Facility failed to ensure food was protected from physical contaminants and other sources of contamination as evidenced by eight unauthorized persons entering the kitchen without hair coverings. This was a type C pending penalty.

N831 Building Standards; Construction

Facility failed to maintain the overall environment. There were stained or damaged ceiling tiles in several locations in the facility.

N832 Building Standards

Facility failed to ensure handicap accessible bathrooms were provided with "visual signal appliances" (strobes).

Facility failed to maintain four fire doors. There were lower rod latching mechanisms but no floor strike to allow it to latch at the bottom.

N901 New Code Compliance

Facility failed to comply with the applicable and fire safety regulations. There were loose escutcheon plates throughout the facility.

Facility failed to comply with the applicable building and fire safety regulations. There were unseated ceiling tiles in several areas.

N902 Elimination of Fire Hazards

Facility failed to ensure that all staff was familiar with fire drill procedures.