

# Survey Deficiency Summary

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32 Facilities Surveyed

Surveys Taken 11/20/18-1/22/19

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## **E001 Establishment of the Emergency Program**

C Facility failed to establish and maintain a comprehensive emergency preparedness program.

## **E006 Plan Based on All Hazards Risk Assessment**

C Facility failed to complete the risk assessment for the emergency preparedness program did not utilize an all-hazards approach including the assessment of a missing client.

## **E024 Policies/Procedures-Volunteers and Staffing**

D Facility failed to have policy and procedures for volunteers.

## **E026 Roles Under a Waiver**

F Facility failed to provide the role of the facility under a waiver declared by the Secretary.

## **E032 Primary/Alternative Means for Communications**

E Facility failed to have alternate means of communication for staff and local emergency management agencies.

C Facility had no record of policies and procedures for alternate means for communicating with federal, state, tribal, regional and local emergency management agencies during an emergency.

## **E035 LTC and ICF/IID Sharing Plan with Patients**

D Facility failed to have a method for sharing information from the emergency plan.

## **F550 Resident Rights/Exercise of Rights**

D Facility failed to maintain or enhance patient dignity and respect when three CNAs failed to knock before entering a patient room.

D Facility failed to maintain or enhance patient dignity and respect when an indwelling urinary catheter bag was not in a dignity bag.

## **F554 Resident Self-Admin Meds-Clinically Appropriate**

D Facility failed to assess one patient for self-administration of medication. There were prescription eye drops at the patient bedside.

## **F558 Reasonable Accommodations of Needs/Preferences**

D Facility failed to ensure the nurse call system was accessible and appropriate for use for one patient.

15-Feb-19

**F569 Notice and Conveyance of Personal Funds**

D Facility failed to ensure the trust fund accounts for four patients did not exceed \$2,000.00.

**F576 Right to Forms of Communications with Privacy**

E Facility failed to ensure that mail was delivered on Saturday to patients.

**F577 Right to Survey Results/Advocate Agency Info**

C Facility failed to provide the most recent survey results for patient and public review in the facility's survey notebook.

**F578 Request/Refuse/Discontinue Treatment;Formulate Adv Directives**

D Facility failed to ensure POLST forms were completed for three patients. The physician had not signed the forms.

**F582 Medicaid/Medicare Coverage/Liability Notice**

D Facility failed to ensure one patient was provided the required notice to end Medicare coverage. This non-Medicare coverage provides the patient with information on how to dispute the facility's discharge notice. The facility only gave the patient one page of the two-page document.

**F584 Safe/Clean/Comfortable/Homelike Environment**

- E Facility failed to maintain a safe, clean, homelike environment on three patient hallways and in two shower rooms observed for physical and homelike environment.
- D Facility failed to provide effective equipment that was in good repair as evidenced by a broken wheelchair armrest and a broken light fixture.
- D Facility failed to maintain a sanitary environment in one patient bathroom.

**F584 Safe/clean/homelike environment**

D Facility failed to maintain a clean and sanitary environment by ensuring tube feeding pumps were free of a dried and sticky cream-colored substance and failed to ensure patient's linens were clean and in good condition.

**F585 Grievances**

D Facility failed to investigate reported grievances for two patients.

**F604 Right to be Free from Physical Restraints**

D Facility failed to ensure patients were free from physical restraints. One patient was restrained with a pommel cushion and a seat belt fastened across her lap. There was no order for the seat belt.

**F607 Develop/Implement Abuse/Neglect, etc. Policies**

- D Facility failed to provide abuse training for one volunteer and one beautician.

**F609 Reporting of Alleged Violations**

- D Facility failed to ensure allegations of abuse were reported timely to the facility's administrator and to the state survey agency for four patients.

**F620 Admissions Policy**

- D Facility failed to establish an admission policy which did not request or require patients or potential patients to waive potential facility liability for losses of personal property.

**F622 Transfer and Discharge Requirements**

- J Facility failed to ensure one patient had appropriate criteria to be discharged from the facility. A cognitively impaired patient was discharged from the facility without documented overall improvement in the patient's cognition or functional status prior to her discharge to home to live alone. These failures resulted in immediate jeopardy when the patient was admitted to the hospital three days after discharge from the facility.

**F623 Notice Requirements Before Transfer/Discharge**

- E Facility failed to send notification of transfer to the hospital to the Ombudsman for four patients.
- D Facility failed to notify the Ombudsman of an emergency transfer for one patient reviewed for hospitalization.

**F637 Comprehensive Assessment After Significant Change**

- D Facility failed to complete a significant change assessment for one patient.

**F641 Accuracy of Assessments**

- D Facility failed to accurately assess patients for nutrition and hospice.
- D Facility failed to accurately assess patients for physical restraints.
- D Facility failed to ensure the MDS was accurate in the assessment of the patient's need for self-catheterization for one patient.

**F656 Develop/Implement Comprehensive Care Plan**

- D Facility failed to follow care plan interventions related to pain assessments for two patients.
- D Facility failed to develop and implement a comprehensive care plan for self-catheterization for one patient.

**F657 Care Plan Timing and Revision**

- E Facility failed to revise the care plan to reflect the patient's current status for infection and use of antibiotics, isolation, dental, weight loss and urinary catheters for seven patients.
- D Facility failed to ensure each patient was involved in developing the care plan and making decisions about his or her care for two patients.
- D Facility failed to revise the care plan related to antianxiety medication use, weight loss and anticoagulant use for four patients.
- D Facility failed to revise the comprehensive care plan to include a new intervention for nutrition for one patient who was at risk for weight loss.

**F658 Services Provided Meet Professional Standards**

- D Facility nurse failed to follow the facility policy for administration of medications through an enteral tube and administration of eye drops.

**F660 Discharge Planning Process**

- J Facility failed to ensure two patients had a safe and effective discharge. One patient was discharged from the facility after completion of skilled services. The patient was unable to perform ADLs independently. She was not provided community resources, such as food, home and community based services and 24/7 caregiver support. These failure resulted in immediate jeopardy when the patient was admitted to the hospital after being home only three days.

**F661 Discharge Summary**

- D Facility failed to ensure three patients reviewed were provided a post-discharge plan of care. Additionally, the facility failed to develop a discharge summary for one patient.

**F679 Activities Meet Interest/Needs of Each Resident**

- D Facility failed to revise an ongoing activity program and provide activities for one patient.

**F684 Quality of Care**

- D Facility failed to implement a splint device for one patient reviewed for positioning and mobility.

**F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers**

- D Facility failed to follow physician orders for treatment of pressure ulcers for one patient.

**F689 Free of Accident Hazards/Supervision/Devices**

- D Facility failed to ensure proper administration of medication for one patient reviewed for medication administration. Facility failed to notify the physician and complete a falls investigation after a fall for one patient.
- D Facility failed to ensure that fall investigations were completed for one patient.

- D Facility failed to investigate the root cause of seven falls and develop interventions to address the specific cause.

**F690 Bowel/Bladder Incontinence Catheter, UTI**

- D Facility failed to ensure services were provided as ordered for the care of an indwelling urinary catheter for two patients.
- D Facility failed to obtain physician orders for placement of an intermittent catheter for one patient.

**F692 Nutrition/Hydration Status Maintenance**

- D Facility failed to ensure weight loss interventions were implemented for one patient.

**F693 Tube Feeding Management/Restore Eating Skills**

- D Facility failed to ensure staff followed physician orders for two patient reviewed with a feeding tube.

**F695 Respiratory/Tracheostomy care and Suctioning**

- D Facility failed to ensure staff followed physician orders for one patient receiving oxygen.
- D Facility failed to obtain a physician order for oxygen for one patient.

**F697 Pain Management**

- D Facility failed to ensure pain assessments were completed according to the facility policy for two patients.

**F756 Drug Regimen Review, Report Irregular, Act on**

- D Facility failed to act timely on pharmacy recommendations for one patient reviewed for unnecessary medications.

**F757 Drug Regimen is Free From Unnecessary Drugs**

- E Facility failed to monitor behaviors weekly according to the facility policy.
- D Facility failed to ensure each patient was free of unnecessary drugs by failing to adequately monitor patients receiving psychoactive medications.

**F758 Free from Unnec Psychotropic Meds PRN Use**

- D Facility failed to ensure a PRN order for psychotropic drug was limited to 14 days without a physician's documented rationale for the use of the drug for one patient.
- D Facility failed to follow the pharmacy recommendations and failed to renew a PRN psychotropic medication after 14 days for two patients.

**F759 Free from Medication Error Rates of 5% or More**

- E Facility failed to ensure two RNs and one LPN administered medications with a medication error rate of less than 5 percent. The error rate was 11.54 percent.
- D Facility failed to ensure one LPN administered medications with a medication error rate of less than 5 percent. The error rate was 13.79 percent.

**F760 Residents Are Free of Significant Med Errors**

- D Facility failed to ensure patients were free of significant medication errors when one LPN did not administer significant medications at the correct dosage.

**F761 Label/Store Drugs & Biologics**

- E Facility failed to ensure medications were properly and securely stored as evidenced by medications and chemicals not stored separately, medications not dated when opened, and a medication cart was unlocked and unattended in four medication storage areas and the facility failed to ensure medications were not left unattended in two patient rooms.
- E Facility failed to ensure medications were properly and securely stored when medications were unattended in one patient room.
- D Facility failed to ensure medications were securely and properly stored when one nurse left a medication cart unlocked and insulin was not dated when opened.

**F791 Routine/Emergency Dental Services in NFs**

- D Facility failed to ensure dental services were provided for one patient.

**F800 Provided Diet Meets Needs of Each Resident**

- F Facility failed to ensure food was maintained at a proper holding temperature for 15 patients receiving a meal tray.
- D Facility failed to serve hot food at or greater than 135 degrees (F).

**F812 Food Procurement Store/Prepare/Serve - Sanitary**

- F Facility failed to ensure the low temperature dish machine chemical sanitization and temperature logs were accurately maintained for four months.
- F Facility failed to ensure dishes were cleaned in a sanitary manner for 34 patients. The final rinse water temperature was not high enough to sanitize.
- F Facility failed to ensure staff wore protective beard covering while preparing food. Staff failed to wear appropriate hair covering during meal service and failed to ensure staff disinfected hands after glove removal during the meal service.
- F Facility failed to date and label prepared foods, properly clean kitchen equipment and failed to properly store personal items to prevent food contamination in the kitchen.

- F Facility failed to properly label and date foods available for patient consumption, and failed to ensure employee and patient foods were stored separately in two nourishment refrigerators.
- F Facility staff failed to handle food in a sanitary manner when assisting patients with meals for one patient in the dining room. The facility dietary staff failed to maintain equipment in a sanitary manner and failed to maintain sanitizer container used to sanitize work surfaces. Staff failed to operate the dish machine with sanitizer.
- F Facility failed to maintain a sanitary kitchen free from foul odors in one milk cooler, free from dirt and debris on the kitchen equipment, stored dishes, six muffin pans, and two vent hoods, potentially affecting 114 patients in the facility.
- E Facility staff members failed to serve food and fluids under sanitary conditions during dining and hydration pass observations.

#### **F842 Resident Records - Identifiable Information**

- D Facility failed to ensure POLST forms were complete for two patients.
- D Facility failed to maintain an accurate medical record for one patient with repeated falls of four patients reviewed.
- D Facility failed to accurately maintain the medical record evidenced by failure to document dressing changes for one patient and failure to document a Physician's order for enteral nutrition for one patient.

#### **F865 QAPI Program/Plan, Disclosure/Good Faith Attempt**

- D Facility failed to provide an effective QAPI to ensure care plan interventions were effective, re-evaluate the effectiveness of care plan interventions after each patient fall and consistently identify the root cause analysis.

#### **F867 QAPI/QAA Improvement Activities**

- E Facility failed to maintain sustained compliance with prior plans of correction related to the physical environment by not maintaining a safe, clean and homelike environment for the patients.

#### **F880 Infection Prevention & Control**

- F Facility failed to maintain infection control standards by ensuring proper handling of soiled linens for four halls with laundry chutes and failed to ensure proper processing and storage of contaminated linens to reduce the risk of cross contamination with clean linens for one laundry room.
- E Facility failed to ensure practices to prevent the potential spread of infection were followed when a CNA was observed clipping her fingernails in the split hallway with patients seated in chairs. Facility nurses failed to perform hand hygiene between glove use and failed to follow appropriate infection control practices with insulin administration during medication pass observations.

- E Facility failed to ensure practices to prevent the potential spread of infection were maintained when six staff members failed to perform appropriate infection control practices during medication administration, catheter care, wound care, and tracheostomy care observations and when an indwelling urinary catheter bag was on the floor for one patient.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained as evidenced by indwelling catheter bags were on the floor for three patients. One CNA placed dirty linens on the floor during perineal care observations and one biohazard storage area was not secured. Infection control practices were not maintained during the ice pass and one LPN failed to maintain sterile technique during tracheostomy care. One LPN failed to use appropriate isolation precautions for one patient in isolation.
- E Facility failed to ensure practices to prevent the potential spread of infection were followed when one nurse failed to perform hand hygiene appropriately, use barriers, and clean reusable equipment during medication administration.
- E Facility failed to ensure practices were maintained to prevent the potential spread of infection when one RN failed to properly clean the nebulizer equipment after use during medication administration. Staff members touched the patients' food with bare hands during dining and the RT failed to perform appropriate infection control practice during tracheostomy care.
- D Facility failed to ensure practices to prevent the potential spread of infection when one LPN failed to perform hand hygiene during medication administration and following glove use.
- D Facility failed to ensure practices to prevent the potential spread of infection were followed when one LPN failed to perform hand hygiene during medication administration.
- D Facility failed to maintain an acceptable infection control practice during the ice/water pass on one hallway.
- D Facility failed to distribute and serve food under sanitary conditions for one dining hall.

### **F919 Resident Call System**

- D Facility failed to provide a call light for one patient.

### **F925 Maintains Effective Pest Controls Programs**

- D Facility failed to maintain an effective pest control program in one patient room. Roaches were found in a basket in the room.

### **K211 Alcohol Based Hand Rub Dispensers**

- D Facility failed to maintain the means of egress.

### **K222 NFPA 101 Egress Doors**

- D Facility failed to maintain the exit access. There was a padlock on the outside of the door in the dry storage room of the kitchen.



**K232 Aisle, Corridor or Ramp Width**

- D Facility failed to maintain the aisle, corridor or ramp width. There was a wheel chair scale in the corridor door at the east hall exit.

**K293 Exit Signage**

- D Facility failed to maintain the exit signage.

**K321 Hazardous Areas; Enclosure**

- D Facility failed to have wall that resist the passage of smoke and self-closing doors in rooms that are hazardous.

**K324 Cooking Facilities**

- D Facility failed to protect the cooking equipment. The staff members was not knowledgeable of the proper fire control procedure for fires under the kitchen hood suppression system and the use of the hood suppression system as the primary means of fire extinguishment.

**K345 Fire Alarm System; Testing and Maintenance**

- D Facility failed to maintain the fire alarm system. There was no documentation that during the 2-year sensitivity report that the duct detectors were tested.
- D Facility failed to maintain the fire alarm system. A duct smoke detector could not be tested because no access was provided.

**K351 Sprinkler System; Installation**

- D Facility failed to have sprinkler heads installed at least four inches away from a wall.

**K353 Sprinkler System; Testing and Maintenance**

- F Facility failed to maintain the automatic sprinkler system.
- D Facility failed to maintain the sprinkler system. There was not documentation for the dry pipe sprinkler system air leakage test within the last three months.
- D Facility failed to maintain the sprinkler system. There was no hydraulic nameplate in the riser room. There was not documentation of a fire sprinkler dry pipe system air leakage test within the last three years.
- D Facility failed to maintain the sprinkler system. There were sprinkler escutcheons missing in several areas.
- D Facility failed to maintain the fire sprinkler system. There were corroded sprinklers in several locations of the facility.
- D Facility failed to maintain the sprinkler system. There were some painted sprinkler heads.
- D Facility failed to maintain the sprinkler system.

- C Facility failed to maintain the sprinkler system. There were some corroded sprinkler heads in the facility.

#### **K355 Portable Fire Extinguishers**

- D Facility failed to maintain fire extinguishers.

#### **K363 Corridor - Doors**

- D Facility failed to maintain the corridor doors.

#### **K372 Subdivision of Building Spaces; Smoke Barriers**

- E Facility failed to maintain the smoke barrier walls. There were penetrations in the fire wall.
- D Facility failed to maintain the smoke barrier walls. There were penetrations in the fire wall.

#### **K521 HVAC**

- D Facility failed to maintain the HVAC system. The damper inspection had not been done in the past four years.
- D Facility failed to maintain the HVAC system. The four-year damper inspection had not been done.

#### **K711 Evacuation and Relocation Plan**

- D Facility failed to ensure staff was trained so they are familiar with procedures in a kitchen fire.

#### **K712 Fire Drills**

- F Facility failed to ensure fire drills are held quarterly on each shift.
- F Facility failed to conduct fire drills on all work shifts.
- D Facility failed to conduct all required fire drills.

#### **K741 Smoking Regulations**

- D Facility failed to prohibit smoking in non-designated areas.

#### **K753 Combustible Decorations**

- D Facility failed to limit the amount of flammable decorations. There was a large quantity of flammable cards and photographs strung along the walls in one patient room.

#### **K761 Maintenance, Inspection & Testing - Doors**

- D Facility failed to maintain the fire doors. The doors were not latching properly in the frame.
- D Facility failed to conduct maintenance, inspection and testing of doors. The annual fire door inspection had not been done in 2018.

### **K781 Portable Space Heaters**

D Facility failed to ensure portable heaters were not in use.

### **K918 Electrical Systems - Essential Electric System Maintenance and Testing**

F Facility failed to ensure the generator was being maintained. There was no annual fuel quality test being conducted.

F Facility failed to ensure the generator was being maintained. There was no annual fuel quality test conducted on the diesel generator.

D Facility failed to maintain the emergency generator. There was no manual stop station.

D Facility failed to ensure the generator was being maintained.

### **K920 Electrical Equipment; Power Cords and Extension Cords**

D Facility failed to maintain electrical equipment. There were extension cords in use in the facility.

D Facility failed to maintain electrical equipment. There were extensions cords in use in the facility.

D Facility failed to maintain the electrical equipment. There were multi-plug surge protectors in one patient room.

### **K921 Electrical Equipment; Testing and Maintenance**

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### **K923 Gas Equipment - Cylinder and Container Storage Container Storag**

D Facility failed to meet all oxygen storage requirements. The e-cylinders were unsecured and the signage was not provided.

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

Facility failed to exercise tornado/severe weather, earthquake and flood drills annually.

Facility failed to train staff of emergency plans.

### **N1411 Disaster Preparedness; Fire Safety Drills**

Facility failed to exercise a bomb threat drill annually.

### **N415 Administration; Resident Funds**

Facility failed to maintain a complete personnel file and verify previous work experience for one employee personnel file reviewed.

Facility failed to verify professional licensure prior to employment and failed to maintain a complete personnel file and verify previous work experience for one employee.

**N629 Infection Control; Disinfect Contaminated Items**

Facility failed to ensure practices to prevent the potential spread of infection were followed when one RN failed to use a manufacturer approved disinfectant when cleaning a glucose monitoring machine.

Facility failed to ensure practices to prevent the potential spread of infection were followed when two LPNs failed to disinfect a glucometer during medication administration.

**N645 Nursing Services**

D Facility failed to provide effective equipment that was in good repair as evidenced by a broken wheelchair armrest and a broken light fixture in one room.

Facility failed to maintain a sanitary environment in one patient bathroom.

**N705 Medical Records**

Facility failed to have an RN pronounce the death for one expired patient.

**N727 Pharmaceutical Services**

Facility failed to ensure medications were properly stored when medications were unattended in one patient room. This was a type C pending penalty.

**N728 Basic Services; Pharmaceutical Services**

Facility failed to ensure medications were securely and properly stored when one LPN left a medication cart unlocked.

Facility failed to ensure medications were properly and securely stored as evidenced by a medication cart was unlocked and unattended in one medication storage area and the facility failed to ensure medications were not left unattended in two patient rooms. This was a type C pending penalty.

**N729 Pharmaceutical Services**

Facility failed to ensure medications were properly and securely stored as evidenced by medications and chemicals not stored separately in three medication storage areas. This was a type C pending penalty.

**N766 Food and Dietetic Services; Freezer Temperature**

Facility staff members failed to serve food and fluids under sanitary conditions during dining and hydration pass observations. This was a type C pending penalty.

Facility failed to ensure the low temperature dish machine chemical sanitization and temperature logs were accurately maintained for four months.

**N768 Basic Services; Social Work Services**

Facility failed to ensure food was maintained at a proper holding temperature for 15 meal trays.

**N831 Building Standards**

Facility failed to verify there is no recall on any PTAC units or parts with the manufacturer.

Facility failed to maintain the overall environment. There was sheetrock damaged in multiple places in the facility.

Facility failed to maintain the overall physical environment. There were water damaged ceilings in the facility.

Facility failed to maintain the condition of the physical plant and the overall environment. There were penetrations in the fire wall.

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

Facility failed to maintain the positive air pressure in the clean linen room.