

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2014
FORM APPROVED
OMB NO. 0938-0391

1162

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2014
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NAME OF PROVIDER OR SUPPLIER ALDERWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 EAST HARTSON AVENUE SPOKANE, WA 99202
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F 000	<p>INITIAL COMMENTS</p> <p>This is the result of an unannounced Quality Indicator Survey conducted at Alderwood Manor on 3/13/14, 3/14/14, 3/17/14, 3/18/14, 3/19/14, and 3/20/14. The survey included data collection on 3/18/14 from 7:00 p.m. to 9:00 p.m. A sample of 30 was selected from a census of 66. The sample included 23 current residents, and the records of 7 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>██████████, R.N., B.S.N. ██████████, R.N., B.S.N. ██████████, R.N., B.S.N. ██████████, R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging and Long-Term Support Administration (AL TSA) Division of Residential Care Services, District 1, Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7300 Fax: (509) 329-3993</p>	F 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 16 2014</p> <p style="text-align: center;">DSHS ADSA RCS SPOKANE WA</p>	
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██████████ - 4/4/14
Residential Care Services Date

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ██████████	TITLE ██████████	(X6) DATE 4/11/14
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure the resident had a care plan related to splinting for 1 of 2 residents (#9) in a sample of 30 reviewed. Findings include: Resident #9 had a diagnoses of _____ and _____. The resident needed extensive to total assistance with most activities of daily living. Resident #9 wore a _____ on his right hand due to decreased range of motion. Per therapy note dated 10/11/09, the resident was educated on application of a _____ wrist and</p>	F 279	<p><i>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility and, such liability is hereby specifically denied. The submission of the plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are accurate, that the findings constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied.</i></p> <p>F 279 (D) <i>How the nursing home will correct the deficiency as it relates to the resident</i> Resident #9's care plan has been updated to include the use of the splint</p> <p><i>How the nursing home will act to protect residents in similar situations</i> Other residents who use splints are at risk for similar deficient practice; the facility audited those care plans for splint use and updated as needed</p> <p><i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</i> Appropriate staff will be educated regarding the care planning of splints</p>		

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F 279	Continued From page 2 hand splint. On 3/13/14 at 1:41 p.m., the resident stated he wears a splint on his right hand during the night and he used to wear a left thumb splint, but "it had been taken away" previously. In review of the current care plan, there was no identified problem/on-set, goals or interventions for the resident's splinting needs. On 3/19/14 at 9:25 a.m., Staff #C confirmed splinting was not on the resident's care plan and the facility would add it. The facility did not develop a care plan for the resident's splinting to identify quantifiable objectives for the resident to ensure the highest level of functioning for range of motion.	F 279	How the nursing home plans to monitor its performance to make sure that solutions are sustained <i>DNS and/or Designee will audit care plans related to splint use monthly x3 then quarterly x3 to ensure compliance with the deficient practice; audits will be reviewed by the facility PI Committee with further action plan development as needed</i> Date when corrective action will be completed 4/14/14 The title of the person responsible to ensure correction <i>The Director of Nursing is responsible to ensure corrective actions</i>		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F.280	F 280 (D) How the nursing home will correct the deficiency as it relates to the resident <i>Resident #56 no longer resides at facility; Resident #32's care plan has been reassessed and revised to ensure consistent care related to her fall precautions</i> How the nursing home will act to protect residents in similar situations <i>The facility will reassess and revise resident care plans to ensure consistent care related to activities of daily living, urinary incontinence, and fall precautions</i>		

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F 280	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure a plan of care was revised related to activities of daily living (ADL's), urinary incontinence, and accidents for 2 of 15 (#56,32) reviewed in a sample of 30. Findings include: 1. Resident #56 had a diagnoses of _____ , _____ and had a history of a _____ . The resident admitted to the facility needing moderate assist for self feeding, maximum assistance for upper body dressing, and hygiene/grooming, total assistance for toilet transfers, toileting, and lower body dressing. Per review of the resident's care plan dated 11/25/13, the resident's functional level remained similar to her admission functional level. The resident's care plan had not been updated for ADL's functional level since the initial care plan from the resident's admission. Per record review, the resident's skilled physical and occupational therapy ended on 2/25/14. Therapy noted the resident's functional level on 2/25/14 was, modified independent to contact guard assist with her activities of daily living. On 3/19/14 at 10:45 a.m., Resident #56 stated she is independent with walking with her front wheeled walker, transfers, bed mobility. The resident said she needed assistance with bathing, toileting and hygiene. -The resident reported she had made significant progress since she admitted to the facility. The resident's care directives, which the staff referred to as a communication of the resident's	F 280	<i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</i> <i>Appropriate facility staff will receive education regarding the assessment and revision of care plans as a resident's condition changes in the area of activities of daily living, urinary incontinence, and fall precautions</i> <i>How the nursing home plans to monitor its performance to make sure that solutions are sustained</i> <i>DNS and/or Designee will complete audit monthly x3 then quarterly x3 to ensure compliance with reassessing and revising care plans in the area of activities of daily living, urinary incontinence, and fall precautions</i> <i>Date when corrective action will be completed</i> <i>4/14/14</i> <i>The title of the person responsible to ensure correction</i> <i>The Director of Nursing is responsible to ensure corrective actions</i>		

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F 280	<p>Continued From page 4</p> <p>care and level of assist had only shown the resident as "assist 1" for transfers. There was no other directive for care noted.</p> <p>Per interview on 3/19/14 at 2:00 p.m., Staff #D stated the care plan and care directives had not been updated due to "so much change in staff."</p> <p>On 3/19/14 at 2:00 p.m., Staff #D stated the resident is allowed to toilet herself during the day but need assistance with changing her brief.</p> <p>On 3/20/14 at 10:45 a.m., Staff #E stated the resident toilets herself during the day.</p> <p>The facility failed to update the care plan for Resident #56 related to her functional progress in regards to activities of daily living to ensure consistent care and needs for the resident.</p> <p>2. Resident #32 had a diagnoses of impaired mobility, depression, and anxiety. The resident spends the majority of her time in her room and needed extensive to total assistance for most of her cares. The resident had a history of falls which the most recent was from her bed.</p> <p>The resident's care plan dated 5/02/13 for falls stated for the resident's bed to be in the lowest position and fall mats at bed side.</p> <p>Upon meeting the resident on 3/13/14, the resident sat in her bed and the bed had been observed not in the lowest position and there were no fall mats on the sides of her bed.</p> <p>On 3/19/14 at 2:00 p.m., Staff #D stated the resident had responded with anger when the facility attempted to put mats next to her bed after a fall so they were not being used. She also stated, the care plan and care directives had not been updated. Staff #D said she does not put the bed in the low position either.</p> <p>After multiple observations, the resident's bed had never been seen in the lowest position and there were never any fall mats placed by her</p>	F 280			

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F 280	Continued From page 5 bedside. The facilities failure to re-assess and revise the resident's care plan put the resident at risk for inconsistent care.	F 280	<p>F 309 (D) <i>How the nursing home will correct the deficiency as it relates to the resident</i> For resident #31 and resident #104, the facility will send a letter to the dialysis center detailing the importance of improving communication with them to ensure the protection of the residents current health status</p> <p><i>How the nursing home will act to protect residents in similar situations</i> All residents receiving dialysis are at risk of being affected by the deficient practice; the facility will review them, develop communication book for them, and send letter to the dialysis center detailing the importance of improving communication with them to ensure the protection of the residents current health status</p> <p><i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</i> The facility will provide education to appropriate staff regarding the importance of improved communication between the dialysis center(s) and the facility to ensure the protection of our residents current health status</p>		
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide the necessary care and services to maintain the highest practicable physical, mental and psychological well-being in accordance with comprehensive assessments and plans of care for 2 of 2 residents (#31, #104) in a sample of 30, reviewed for dialysis management. Findings include:</p> <p>1. Resident #31 diagnoses included renal failure, diabetes, gastrointestinal bleeding, heart disease, circulation disorders, and long-term use of anticoagulant (medication that thin the blood). She participated in dialysis (process to remove waste to maintain kidney function) three days a week at an outside facility. She was able to make needs known and required assistance with activities of daily living. On 03/17/14 at 11:45 a.m.; the resident was</p>	F 309			

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F 309	<p>Continued From page 6</p> <p>observed in her room eating lunch. She was seated in a large framed electric wheelchair.</p> <p>Per review of the facility's contract with the dialysis center, the facility was to ensure that all appropriate medical, social, administrative and other information accompany the designated resident at the time of transfer to the center. The communication should include, but not limited to, when appropriate, the current treatment, medications, diet, fluid intake and changes in condition. The information was documented on a Pre/Post Dialysis communication form and sent to the center with the resident and sent back from the center with the resident when she returned to the facility.</p> <p>Per record review of the resident's care plan for Dialysis / Medication the facility identified the residents risk related to her dialysis and interventions included on the care plan were communication with the dialysis center regarding medication, diet, lab results and coordination of care between the facility and Center.</p> <p>On review of the Pre/Post Dialysis communication forms utilized by the facility and center for January 2014, February 2014 and March 2014 there were a consistent lack of communication of information related to the resident's lab results (glucose monitoring, and hemoglobin monitoring), weights, medications, condition of access site, current treatments, post treatment at center and, post treatment at the facility on return.</p> <p>In an interview on 03/17/14 at 1:00 p.m., Staff #A said if the sheets from the dialysis center aren't in the chart then there aren't any. She further stated she doesn't always look at them.</p> <p>Staff #B confirmed on 03/17/14 at 1:00 p.m., "that we don't always get sheets back from the center".</p>	F 309	<p>How the nursing home plans to monitor its performance to make sure that solutions are sustained</p> <p><i>DNS and/or Designee will perform weekly audit x4 then monthly x3 of dialysis residents to ensure improved communication for the protection of our residents current health status; audits will be reviewed by the facility PI Committee with further action plan if needed</i></p> <p>Date when corrective action will be completed 4/14/14</p> <p>The title of the person responsible to ensure correction <i>The Director of Nursing is responsible to ensure corrective actions</i></p>		

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F 309	<p>Continued From page 7</p> <p>On 03/18/14 the resident was observed in her room eating lunch at 11:30 a.m. She had recently returned from her morning treatment at the dialysis center. The resident was observed to have two gauze dressings on her upper right arm.</p> <p>At 3:00 p.m. on 03/18/14, Staff #A confirmed that she had not looked for the communication report from the center for the residents' early treatment that morning. She left to check the residents lunch sack that was sent with her to the center, returned and informed surveyor that there was no note/form from the dialysis center.</p> <p>Resident #31 received community dialysis treatment three days weekly at a community dialysis center. The failure to communicate the residents current health status and monitor the resident after treatment placed her at risk for harm from complications from bleeding and other complications of her chronic illness.</p> <p>2. Resident #104 had diagnoses that included a trauma injury and vascular disease. Per record review, he went to dialysis (process to maintain kidney to maintain kidney function) three days a week at an outside facility.</p> <p>Per review of the resident's most recent plan of care, it directed licensed staff to monitor the resident's foot (connection of an artery to a vein for access during dialysis) by checking for thrill and bruit (ways to check blood flow thru the artery site) every shift. The plan of care also stated the facility was to collaborate resident's care with the dialysis center in regards to medication, diet and lab results.</p> <p>Per record review, there were inconsistent Pre/Post communication communication forms found in the chart.</p> <p>Per record review, the resident was admitted</p>	F 309			

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F 309	Continued From page 8 to the hospital on 3/7/14 for a repair of his [REDACTED]. He returned to the facility on 3/14/14. Per review of progress notes, the bruit and thrill was documented as being checked on 3/13/14 and 3/15/14. Per review of the March 2014 Treatment Administration Record (TAR), an order was written to check right arm [REDACTED] for bruit and thrill every shift. The first documented date of checking was 3/18/14 (3 days after it was checked per progress notes). Per interview on 3/19/14 at 10:53 a.m., Staff #C stated the communication was bad between the [REDACTED] center and the facility. She stated the facility sends a form over but they hardly ever get it back. Per interview on 3/20/14 at 10:45 a.m., Staff #B stated the forms are sent with the resident when they go to [REDACTED] but they do not get the form back. She stated the communication was not good and she felt there had been issues related to the lack of communication. The lack of communication between the facility and [REDACTED] center and the inconsistent monitoring of the resident's [REDACTED] site by the facility placed the resident at risk for complications which could include bleeding and clotting of the [REDACTED] site.	F 309			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 312	F 312 (D) <i>How the nursing home will correct the deficiency as it relates to the resident</i> Resident #104 was promptly provided with oral care and a shower; Resident #54 was promptly provided with oral care, a shower, hair washed, and shaved her chin		

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F 312	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined the facility failed to ensure 2 of 3 residents (#54, 104) in a sample of 30 received necessary care and services to maintain adequate personal hygiene related to oral care and showers. Findings include:</p> <p>Oral Care: Resident #104 had diagnoses that included _____ and _____ of _____. Per record review, the resident required extensive assist with personal hygiene. Per record review, the resident's plan of care identified the resident as having a deficit with his activities of daily living (ADL's) due to cognitive impairment and staff was to assist with oral care 4 times daily.</p> <p>During a family interview on 3/14/14 at 2:20 p.m., the family member stated the resident did not receive good oral care and it was not something the resident could do by himself.</p> <p>Per observation on 3/18/14 at 8:10 p.m., Resident #104 was assisted to bed for the night and no oral care was offered or given.</p> <p>On 3/20/14 at 10:15 a.m., Resident #104 was in his wheel chair in the common area watching T.V. The resident was asked if he had his teeth brushed and he replied "no, I need them done...they are bad." The resident opened his mouth and food particles were observed wedged between his teeth and gums.</p> <p>On 3/20/14 at 11:00 a.m., Staff #B confirmed food particles were wedged in Resident #104's teeth. Staff #B asked the resident if his teeth had been brushed and he responded "no."</p> <p>Showers:</p>	F 312	<p>How the nursing home will act to protect residents in similar situations All facility residents are at risk to be affected by the deficient practice; facility will review all residents for their oral care and personal hygiene and provide assistance</p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The facility will educate appropriate staff regarding the importance of residents receiving the necessary care and services to maintain adequate personal hygiene related to oral care and showers</p> <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained Audits will be completed weekly x4 then monthly x3 during facility Angel Rounds to ensure ongoing compliance with providing necessary care and services to maintain adequate personal hygiene related oral care and showers; audits will be reviewed by the facility PI Committee with further action plan if needed</p> <p>Date when corrective action will be completed 4/14/14</p> <p>The title of the person responsible to ensure correction The Director of Nursing is responsible to ensure corrective actions</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ALDERWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 EAST HARTSON AVENUE SPOKANE, WA 99202		
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F 312	<p>Continued From page 10</p> <p>1. Resident #104 had diagnoses that included _____ and _____ of his _____. Per record review, the resident required extensive assist with bathing.</p> <p>During a family interview on 3/14/14 at 2:30 p.m., the family member stated the resident only received 2 showers a week. She stated that she didn't think that was enough since the resident was incontinent.</p> <p>Per review of the shower record for 3/1 - 3/17/14, the resident received a shower on 3/3/14 and the next shower was not until 3/17/14 (14 days without a shower).</p> <p>On 3/19/14 at 9:10a.m., Staff #G stated when she is a bath aide she was pulled to the floor alot. She stated if she isn't able to get the baths done that day, they don't get done.</p> <p>During an interview on 3/20/14 at 9:15 a.m., Staff #F stated she often will get pulled to the floor when she is the bath aide. She stated if baths aren't done by the bath aides then they won't get done.</p> <p>2. Resident #54 had diagnoses including _____ and per record review required assistance with showers.</p> <p>Per observation on 3/17/14 at 9:30 a.m., The resident's hair appeared dirty and greasy and had visble chin hair.</p> <p>Per record review on 3/17/14 at 10:00 a.m., shower records revealed the resident had not received a shower in 9 days.</p> <p>On 3/19/14 at 9:10 a.m., Staff #G stated when she is a bath aide she was pulled to the floor a lot. She stated if she isn't able to get the baths done that day, they don't get done.</p> <p>During an interview on 3/20/14 at 9:15 a.m., Staff #F stated she often will get pulled to the floor when she is the bath aide. She stated if</p>	F 312		

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F 312 F 323 SS=D	Continued From page 11 baths aren't done by the bath aides then they won't get done. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide supervision and assistance with eating for 1 of 1 resident (#104) in a sample of 30. Findings include: Resident #104 had diagnoses that included a _____ and history of _____ . Per record review, the resident had _____ and was a high risk for _____ (_____ or _____ entering the _____). He required assistance with eating. Per record review, the resident was referred to Speech Therapy (ST) on 3/13/14 due to high risk for _____ , a decline in swallowing skills and was impulsive with eating. Per observation on 3/18/14 at 7:10 p.m., the resident was in the assisted dining room eating a pureed meal with honey thick liquids. No staff was present in the dining room or in the hall near the dining room. At 7:20 p.m. the resident remained in the dining room eating. There was no	F 312 F 323	F 323 (D) <i>How the nursing home will correct the deficiency as it relates to the resident</i> Resident #104 was promptly assessed for s/s of aspiration and suffered no adverse side effects from the deficient practice <i>How the nursing home will act to protect residents in similar situations</i> No other residents are were affected by the deficient practice <i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</i> Facility will educate appropriate staff regarding the importance of supervision in the dining room while residents are eating <i>How the nursing home plans to monitor its performance to make sure that solutions are sustained</i> Through the dining room monitor program, the facility will audit weekly x4 then monthly x3 to ensure compliance with supervision in the dining room while residents are eating; audits will be reviewed by the facility Dining Room Committee and the PI Committee with further action plan if needed <i>Date when corrective action will be completed</i> 4/14/14		

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F 323	Continued From page 12 staff seen checking on the resident or in the vicinity of the dining room. At 7:25 p.m., the resident was in the dining room yelling help, no staff responded. At 7:27 p.m. a staff member entered the dining room and the resident stated he needed help to use the bathroom. In an interview on 3/18/14 at 7:45-p.m., Staff #H confirmed the resident should have been supervised when eating dinner because he was someone that needed cueing and was on thickened liquids. Staff #H stated the resident was a very fast eater at times and needed to be reminded to slow down. On 3/20/14 at 10:00 a.m., Staff #I stated the resident was very inconsistent with his eating. He needed to eat in the assisted dining room so he could be told to slow down to reduce the risk of aspirating. The facility failed to supervise the resident while he was eating which placed him at risk for aspiration and pneumonia.	F 323	<i>The title of the person responsible to ensure correction The Director of Nursing is responsible to ensure corrective actions</i>		
F 325, SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.	F 325	<i>F 325 (D) How the nursing home will correct the deficiency as it relates to the resident For resident #20, she was assessed for weight loss, the cause of her weight loss, and her care plan was updated accordingly with appropriate interventions How the nursing home will act to protect residents in similar situations Other residents with weight loss are at risk to be affected by the deficient practice; the facility reviewed other residents with weight loss then assessed and updated care plans as needed Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The facility provided education to appropriate staff regarding weight loss, identifying the cause of weight loss, and assessing/care planning weight loss</i>		
	This REQUIREMENT is not met as evidenced				

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F 325	<p>Continued From page 13</p> <p>by:</p> <p>Based on observation, interview, and record review, it was determined the facility failed to consistently monitor intake and develop and implement nutritional interventions in a timely manner for 1 of 3 residents (#20) reviewed for weight loss, in a sample of 30. Findings include:</p> <p>Resident #20 had diagnoses that included hypertension, hyperlipidemia, obesity and depression. Per record review, she required supervision with eating to include cueing and encouragement.</p> <p>Per record review, the resident's most recent plan of care identified the resident at nutritional risk due to leaving 25% or more of food uneaten at most meals, swallowing problems, and signs and symptoms suggestive of malnutrition. Staff were instructed to observe intake of diet and offer substitutes if 50% or less of food was consumed.</p> <p>Per record review, a nutritional assessment dated 1/10/14 identified the resident's Ideal Body Weight (IBW) was 100 pounds. The resident had edema (swelling caused by fluid in body's tissue) was on 2 types of diuretics (a medication that helps eliminate fluid) and weight loss was expected. It was documented that the resident was not meeting her nutritional needs and the plan was to encourage intake, add a bedtime snack, and monitor labs and weight changes.</p> <p>Per record review, the resident's weight was recorded at 220 pounds on 2/12/14 and her weight on 2/13/14 was 235 pounds.</p> <p>The nutritional progress note for 2/28/14 documented the resident "apparently had an increase in weight at the hospital." Her weight on 2/13/14 was 235 pounds (or 8.8% increase in one month). It was documented this may be due to fluid increase and the nursing staff was to monitor for more edema. It was noted the resident had</p>	F 325	<p><i>How the nursing home plans to monitor its performance to make sure that solutions are sustained</i></p> <p><i>The DNS and/or Designee will complete audit weekly x4 then monthly x3 to ensure compliance with the deficient practice; audits will be reviewed by the facility PI Committee with further action plan if needed</i></p> <p><i>Date when corrective action will be completed</i> 4/14/14</p> <p><i>The title of the person responsible to ensure correction</i> <i>The Director of Nursing is responsible to ensure corrective actions</i></p>		

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F 325	<p>Continued From page 14</p> <p>returned from the hospital on a fluid restriction and she was not being compliant with it.</p> <p>Per record review, the resident weighed 203 pounds on 3/1/14 (a 13% weight loss in approximately 15 days), and on 3/5/14 her weight was 199 pounds (a 15% weight loss in approximately 20 days). There was no documentation found addressing the resident's significant weight loss or identifying whether it was due to fluid loss or actual weight loss. No documentation was found that the resident's edema had been monitored.</p> <p>A nutritional progress note on 3/14/14 documented the resident had "severe/significant weight loss" with her current body weight being 199 pounds. It was documented that a slow weight loss would be beneficial but not a significant weight loss. The recommendation was to offer a high protein snack at bedtime and to also add a snack at 10 a.m.</p> <p>Per review of the March 2014 meal monitors, there was inconsistent monitoring of the residents intake. The resident on average took 50% or less at breakfast and lunch, and 75% or less for dinner. There was no documentation that the resident received any substitutes nor were bedtime snacks being documented on the meal monitor.</p> <p>On 3/13/14 at 12:20 p.m., the resident was observed eating in the main dining room. She had eaten about 50% of her meal.</p> <p>On 3/18/14 at 7:45 p.m., Staff #H stated the resident was not eating as much the last few weeks. He stated she ate in the main dining room so did not know for sure what her intake was.</p> <p>The facility failed to consistently monitor the resident's intake and identify the actual cause of weight loss. This placed her at risk for complications related to severe/significant weight</p>	F 325			

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F 325	Continued From page 15	F 325			
F 412 SS=D	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide necessary dental services for 1 of 1 current residents (#30) reviewed for dental services in a sample of 30. This failure placed the resident at risk for dental problems and diminished quality of life. Findings include:</p> <p>Resident #30 was admitted to the facility with diagnoses including stroke and speech impairment loss. She was alert and oriented and able to make her needs known.</p> <p>During an interview with resident on 3/13/14 at 3:30 p.m., she stated she had tooth problems and had made many requests to see a dentist but nothing had been done.</p> <p>Per record review on 3/19/14, a care conference was held on 0/4/14 and noted the resident requested a dental visit related to missing teeth and an ill fitting partial.</p>	F 412	<p>F 412 (D) <i>How the nursing home will correct the deficiency as it relates to the resident</i> Resident #30 was referred to see the dentist again</p> <p><i>How the nursing home will act to protect residents in similar situations</i> Other residents were reviewed for oral pain and need for dental intervention; referrals to dentist were made as appropriate</p> <p><i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</i> The facility provided education to appropriate staff regarding the importance of following up on requests to see the dentist, residents who may complain of tooth pain, and documenting all of the follow-up as it is completed</p> <p><i>How the nursing home plans to monitor its performance to make sure that solutions are sustained</i> The DNS and/or Designee will complete audits monthly x 3 to review dental needs or residents and/or the need to see the dentist; findings will be reviewed by the facility PI Committee with further action plan if needed</p>		

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F 412	<p>Continued From page 16</p> <p>Per nurse progress note dated 10/14/13, Resident #30 was complaining about tooth pain and needed to see a dentist regarding her partial denture that was not fitting. On 10/15/13 Resident #30 was given an oral exam by a visiting dentist and was referred to a dentist due to resident complaining of tooth pain. On 10/24/13 a physician order was written for Resident # 30 to see a dentist for dental pain.</p> <p>Five months had passed, and no documentation regarding dental exam, or appointment with a dentist was found.</p> <p>Per interview on 3/20/14 at 2:00 p.m., Staff #L stated the facility gets so many requests from that particular resident not all have gotten done.</p> <p>The facility failed to provided timely assistance for the resident to access dental care resulting in potential for risk of increased dental problems.</p>	F 412	<p><i>Date when corrective action will be completed</i> 4/14/14</p> <p><i>The title of the person responsible to ensure correction</i> <i>The Director of Nursing is responsible to ensure corrective actions</i></p>	
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