

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

PRINTED: 05/13/2013
FORM APPROVED
OMB NO. 0938-0391

1437

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2013
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 206 SOUTH TENTH AVENUE YAKIMA, WA 98902
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Garden Village on 04/22/13, 04/23/13, 04/24/13, 04/25/13, 04/26/13 and 04/29/13. A sample of 49 residents was selected from a census of 96. The sample included 45 current residents and the records of 4 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>_____, R.N. _____, R.D. _____, R.N.</p> <p style="text-align: right;">Received Yakima RCS MAY 22 2013</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, WA, 98908</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p style="text-align: right;"><i>[Signature]</i> Residential Care Services 5/13/13 Date</p>	F 000	<p>Our unannounced, annual survey was completed on April 29, 2013. The survey process serves as a guide to "measure" the quality of our services. However the final decision of the quality of our services rests with you: our resident, family, doctor and friend of Garden Village.</p> <p>Thank you for your continued interest in Garden Village. As you review this survey report and have any questions about any aspect of it please do not hesitate to ask for assistance.</p> <p>Doug Bault, Administrator</p> <p>Submission of this Response and Plan of Correction is <u>not</u> a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a</p> <p>Plan of Correction within ten (10) calendar days of receipt of the survey report as a</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Signature]</i>	(X6) DATE 5-21-13
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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 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide care in a manner that maintained resident dignity during meal times. Deficient practice was observed in 2 of 4 resident dining rooms and involved 13 residents (#12, #17, #19, #23, #27, #46, #65, #67, #71, #74, #75, #93 and #95). Findings include:</p> <p>Fireside Dining Room:</p> <p>Observations on 04/22/13 at approximately 5:22 p.m. revealed that Resident #17 was seated at a table with multiple tablemates. Staff Member M Nursing Assistant (NA) sat across the table from Resident #17 (instead of in a closer proximity) and offered multiple verbal cues to Resident #17, who was eating rapidly, telling her to slow down, take one bite at a time, and to finish chewing the food in her mouth. Resident #17 responded to the caregiver's verbal prompts by stating, "Oh, shit!" multiple times. The caregiver's cues directed at Resident #17 and the resident's responses were potentially audible to many residents in the dining room.</p> <p>On 04/22/13 at approximately 5:30 p.m., Resident #71 was seated in the dining room. The resident</p>	F 241	<p>condition to participate in the Title 18 and Title 19 programs.</p> <p>The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility.</p> <p>Please see pages 2, 9, 10, 13, 15, 17, 19, 21, 22 and 23 for our provider's plan of correction.</p> <p>F-241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>Charge nurses will monitor dining and intervene promptly if similar situations occur.</p> <p>Nursing department was inserviced on resident dignity during meals by nursing administration.</p> <p>Random audits of meals will be done for 30 days by nursing administration or designee to ensure performance is sustained.</p> <p>Policy on dining revised.</p>	ongoing	5/27/13	ongoing

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F 241	<p>Continued From page 2</p> <p>began calling out for a kleenex. Despite the presence of many caregivers in the dining room, no one responded to provide the resident with a kleenex so the resident lifted up his clothing protector and blew his nose on his clothing protector resulting in a deposit of a large amount of mucous on his clothing protector. The mucous remained on his clothing protector until it was removed following the meal.</p> <p>On 04/26/13 at approximately 12:05 p.m. Resident #17, seated at the table in the dining room, requested a cup of coffee and received one. Resident #17's tablemate, Resident #19, requested a cup of hot cocoa. Staff Member N (NA) stated from halfway across the dining room and in front of various seated residents, "You have to wait for your sippy cup!" Shortly thereafter, Resident #19 again asked for cocoa (as Resident #17 was drinking her beverage in front of Resident #19). This time, Resident #17 (who had overheard the caregiver) told Resident #19, "You have to wait for your sippy cup."</p> <p>At approximately 12:25 p.m. on 04/26/13, Resident #17 began to eat her food rapidly. Staff Member N, was sitting across the table from the resident (rather than in closer proximity) began to offer multiple cues to Resident #17 in front of all her tablemates such as, "Finish what is in your mouth first. Take a drink. Don't take another bite. Just one at a time. You are taking more than one. Put it down!..." In response to the caregiver's comments, Resident #17 responded with comments such as "What? I didn't do anything wrong. Oh, shit!" The conversation continued back and forth between the caregiver and Resident #17 in front of the three other</p>	F 241		

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F 241	<p>Continued From page 3</p> <p>tablemates, including the two other residents being fed by the caregiver. During a follow-up interview with Resident #17 (on 04/26/13 at approximately 1:05 p.m.), the resident stated it didn't make her feel good when staff told her to slow down in the dining room (in front of others).</p> <p>At approximately 12:30 p.m. on 04/26/13, Staff Member N, stated to Resident #19, "Give it to me. Don't eat it yet!" Resident #19 had begun to eat her small candy bar before finishing all her other food items.</p> <p>On 04/26/13 at approximately 12:35 p.m. Resident #12 was attempting to exit the dining room with her can of pop. Staff Member Q (NA) stated, "You can take the pop but it needs to be in a sippy cup!" The statement was made so others present in the dining room could have overheard the statement.</p> <p>Sunrise Dining Room:</p> <p>On 04/22/13 at 4:50 p.m. staff assisted Residents #23, #93 and #67 to the same table in the Sunrise dining room. Staff Member H served Resident #93's meal at approximately 5:00 p.m. According to Staff Member I, Residents #23 and #67 needed assistance from staff to eat and were served later. At 5:23 p.m. Resident #23 and #67's meals were placed in front of them on the table while their tablemate Resident #93 had finished his meal. At approximately 5:30 p.m. Staff Member K sat between Resident #23 and #67 and assisted them with their meals, after they had waited approximately 35 minutes watching another eat.</p>	F 241	

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F 241	<p>Continued From page 4</p> <p>Observation of the lunch meal on 04/26/13 at 12:15 p.m. in the Sunrise Dining Room revealed six of the residents in the first seating were still eating and residents for the second seating were arriving for lunch. A total of seven residents arrived for the second seating meal by approximately 12:25 p.m.</p> <p>At 12:30 p.m. the food for the second seating arrived from the kitchen. Between 12:30 p.m. and 12:35 p.m. food was distributed to the seven residents in the second seating. The food for each resident was uncovered, the plate warmer was removed from underneath the plate and the food was placed on the dining table in front of each resident. Five of the 7 second seating residents (#46, #65, #67, #75 and #95) needed assistance to eat and did not start eating after the food plates were distributed.</p> <p>At 12:50 p.m., approximately 15 minutes after food was distributed to the tables, Staff Member U, Licensed Nurse entered the dining area and stopped beside Resident #65. While standing, she fed him 3 bites of food, and then left the dining area. Other caregivers began assisting Resident #75. At 12:55 p.m. staff began assisting Residents #46 and #67. Residents #46 and #67 were fed 2 bites and then the caregiver left to do something else. Approximately 5 minutes later, staff began assisting Resident #95 and staff returned to assist Residents #46, #67 and #65.</p> <p>Observation of the breakfast meal on 04/29/13 at approximately 8:00 a.m. in the Sunrise Dining Room revealed fourteen residents in the dining room. At 8:05 a.m. the food cart for the first</p>	F 241		

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F 241	<p>Continued From page 5</p> <p>seating residents arrived from the kitchen. The food from the cart was promptly served to the seven residents.</p> <p>At 8:20 a.m. the food cart with the food for the second seating arrived from the kitchen. Between 8:29 a.m. and 8:34 a.m., food was distributed to the second seating residents. Each plate was uncovered and placed at the table in front of the resident.</p> <p>At 8:40 a.m. Resident #27 arrived at the dining room and was seated at the same table as Resident #74. Resident #27's food was already at her table. She and Resident #74 did not start eating, but appeared to doze off and at approximately 8:45 a.m. both residents were observed with their eyes closed and head tipped forward over the food. Their faces were approximately one inch away from their breakfast meal.</p> <p>Four of the other residents (#75, #65, #67, and #46) needed assistance and did not start eating after the food was distributed. Staff began assisting Resident #75 at 8:40 a.m. and the other three were assisted to begin their meal at 8:46 a.m., approximately 15 minutes after the food had been distributed.</p> <p>Despite a significant length of time the food was uncovered, staff failed to ask residents if the food was warm enough or offer to re-heat it to the individual's preference.</p> <p>During observation of the 04/26/13 lunch meal and the 04/29/13 breakfast meal, clothing protectors were placed on all the residents in the</p>	F 241		

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F 241	Continued From page 6 second seating without asking the resident if they would like to have it placed. The caregivers placing the protectors either said nothing while placing them or told the resident that they were placing it. The facility's dining practices placed residents at risk for living in an environment which disrespects their choices by not receiving necessary assistance in a manner that would enhance each resident's dignity and respect.	F 241		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications;	F 272		

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F 272	<p>Continued From page 7</p> <p>Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure periodic assessments were conducted to evaluate the current status or changes in the resident's condition. Deficient practice was identified for 3 of 34 sampled residents (#16, #17, and #24) involving: A.) a lack of a skin assessment or B.) a lack of dental assessments. Findings include:</p> <p>A.) Skin Assessment:</p> <p>Resident #16: Review of the medical record revealed the resident had _____ including _____, _____, and other _____ According to the 08/26/10 admission assessment, no abnormal skin issues were identified on the resident's arms.</p> <p>According to the resident's current care plan, the resident was independent with transfers and ambulation. Review of a 03/06/13 summary, in conjunction with the 02/27/13 comprehensive</p>	F 272		

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F 272	<p>Continued From page 8</p> <p>assessment, noted the resident was very cognitively impaired and had episodes of ██████████, ██████████, resisting clothing changes and showers, and was territorial about a chair in foyer.</p> <p>On 04/22/13 at approximately 4:45 p.m., Resident #16 was observed in the dining room with some purplish bruises on his bilateral forearms.</p> <p>Another observation of the resident's forearms was conducted on 04/26/13 at approximately 2:00 p.m. with Staff Member W, a Resident Care Manager. The resident was observed to have a purplish area, appearing to be a bruise approximately 1-1/2 inches in diameter, on his left forearm and a scabbed area on his right forearm surrounded by what appeared to be a fading bruise approximately 1 inch in diameter. The Staff Member W stated she did not know the resident had a bruise(s) and questioned if it was a chronic discoloration at the site(s). According to Staff Member W, the resident reportedly had experienced a recent fall. The cognitively impaired resident stated he did not know how the bruising had occurred.</p> <p>Review of the medical record, including the April 2013 treatment record, did not contain any entries pertaining to discolored bruise-like areas (and a scabbed area) on the resident's forearms. However, on 03/31/13 the resident was involved in a resident to resident physical altercation that was thought to result in no injuries. On 04/23/13 the resident had a witnessed fall to the floor while pulling on the glider rocker. (The forearm bruises were first noted by the surveyor on 04/22/13.)</p> <p>On 04/29/13 at approximately 4:00 p.m. an</p>	F 272	<p>F-272 483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>Staff member W did assessment on 4/26/13 when identified by surveyor.</p> <p>Areas on bilat forearms given diagnosis of purpura by resident's primary care physician. Has chronic discolorations related to this diagnosis.</p> <p>No policy revisions made.</p> <p>Licensed nursing inservice regarding skin assessments will be done by DNS.</p> <p>Random audits of new treatments will be done by DNS or designee to determine if assessment completed for 30 days.</p>	<p>4/27/13</p> <p>5/30/13</p> <p>ongoing</p>

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F 272	<p>Continued From page 9</p> <p>interview was conducted with Staff Member X, a licensed nurse. The licensed nurse reviewed the resident's record for an assessment or follow-up treatment but was unable to locate the data.</p> <p>Failure to assess the bruise-like areas on the resident's arms prevented an opportunity to discover/identify the possible cause and to attempt to prevent recurrence (if deemed to be related to an injury).</p> <p>B.) Dental Assessments:</p> <p>Resident #24: The assessment dated 03/08/13 noted no dental problems and that the resident was on a mechanically altered diet. Although the resident had [REDACTED] she was assessed to be cognitively intact.</p> <p>The care plan indicated that the resident was independent with oral care after cueing and set up. Her diet order was a regular texture with chopped meat and fruit. Staff was directed not to send raw fruits or vegetables except for sliced tomatoes.</p> <p>On 04/22/13 at approximately 4:30 p.m. Resident #24 was observed to have many of her upper and lower teeth missing. The remaining teeth had brown/black discoloration. They were darker at the edges of the teeth. The teeth appeared thin with significant spacing between teeth.</p> <p>On 04/22/13 at approximately 4:35 p.m. Resident #24 stated the condition of her teeth limited what she can eat. She stated she could not eat tough meats, raw fruit or raw vegetables, or chew lettuce unless it was finely shredded. She further</p>	F 272	<p>Resident #24 and #17 care plans updated by case manager.</p> <p>All future assessments will include description of the teeth per policy.</p> <p>Policy reviewed by DNS but no changes made.</p> <p>DNS met with case managers to stress importance of documenting dental assessments despite what may be "normal" for the resident.</p> <p>Random audits of assessments will be for 30 days by DNS or designee.</p>	<p>5/21/13</p> <p>ongoing</p> <p>5/20/13</p> <p>5/20/13</p> <p>ongoing</p>
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F 272	<p>Continued From page 10</p> <p>stated that sometimes her mouth hurt because her "teeth should be pulled."</p> <p>On 04/26/13 at 10:45 a.m. Staff Member C, Residential Care Manager stated Resident #24 had not complained to the facility about mouth or tooth pain, or other problems with her teeth.</p> <p>On 04/29/13 at 10:20 a.m. Staff Member C stated she documented Resident #24 had no dental issues in the assessment dated 03/08/13 because the resident did not complain about tooth or mouth pain. And, she questioned whether Resident #24 would consent to attend a dental appointment.</p> <p>On 04/29/13 at approximately 3:30 p.m. Resident #24 stated she knew she needed to have her remaining teeth pulled and dentures fitted. She stated again she was limited in what she could eat because of her teeth. She said she could bite a plain Hershey's milk chocolate bar, but she could not bite any candy bar that was "harder than a Hershey's."</p> <p>Resident #17. The assessment dated 02/27/13 noted no dental problems and also noted the resident was on a mechanically altered diet.</p> <p>The current care plan indicated Resident #17 required supervision with eating. The nutrition care plan noted the resident was on a mechanical soft diet (a diet with soft textured or chopped foods).</p> <p>Observation on 04/24/13 at 9:20 a.m. revealed Resident #17 had some broken and missing teeth on the bottom. The remaining teeth were</p>	F 272			

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F 272	<p>Continued From page 11 discolored and crooked.</p> <p>On 04/26/13 at 10:20 a.m. Staff Member B, Social Services Director stated they were doing less dental care because "the state cut way back on dental."</p> <p>On 04/26/13 at 10:45 a.m. Staff Member C stated that if a resident needed dental care, they were usually sent to Farm Worker's Clinic as the state would pay for an examination there. If more dental work was needed, the family was contacted to make arrangements. She stated that routine cleaning or exams were not done.</p> <p>Failure to correctly assess the condition of Resident #17 and #24's dental status could place these residents at risk of having a decline in health status.</p>	F 272		
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</p>	F 279		

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F 279	<p>Continued From page 12</p> <p>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 record review and interview, the facility failed to develop a comprehensive plan of care for 1 of 35 sampled residents (#107). Resident #107's plan of care did not include specific interventions or goals pertaining to the management of her [REDACTED] issues. Findings include:</p> <p>Resident #107: Review of the medical record revealed the resident was admitted to the facility on [REDACTED]/13. A [REDACTED] assessment was conducted on [REDACTED]/13 recorded the resident was experiencing [REDACTED] on admission and typically on a daily basis. The resident reported she experienced back [REDACTED] that "comes and goes."</p> <p>Physician's orders, dated 02/22/13 and contained on the March 2013 medication administration record (MAR) included: [REDACTED], an [REDACTED] medication, administered daily; [REDACTED], a [REDACTED] medication, administered three times a day; [REDACTED], a medication to treat [REDACTED], dosed three times per day; and APAP ([REDACTED]) [REDACTED] every 12 hours as needed, all to address [REDACTED] related to [REDACTED]</p> <p>Further review of the resident's March 2013 MAR revealed she received her routine medications and seven as needed doses of the APAP [REDACTED] for complaints of [REDACTED] and a</p>	F 279	<p>F-279 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>Staff member C did pain assessment and dictation, but forgot to open care plan.</p> <p>Pain care plan was opened by staff member C when error discovered.</p> <p>Staff member reviewed procedure with DNS. No changes to policy.</p> <p>DNS or designee will audit staff member C's assessments for 30 days to ensure appropriate care plans are initiated.</p>	<p>4/29/13</p> <p>4/29/13</p> <p>ongoing</p>

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F 279	<p>Continued From page 13</p> <p>██████████ on one occasion.</p> <p>Despite the results of the resident's admission ██████████ assessment and the ongoing administration of routine and as needed medications to address the resident's ██████████, there was no specific plan to manage the resident's ██████████. There were no identified interventions, involving non-medicinal approaches and medication use, or goals pertaining to the resident's ██████████ management.</p> <p>When interviewed on 04/29/13 at approximately 9:10 a.m., Staff Member C, the Resident Care Manager, stated the resident had no ██████████ management care plan.</p> <p>Without a formalized plan of care, there was no uniform approach to managing the resident's ██████████ or identification of non-medicinal interventions that could be utilized to enhance the resident's comfort. Without identified goals, there were insufficient measures to evaluate the effectiveness of the ██████████ treatment regimen.</p>	F 279		
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure professional standards were followed for the administration of medication for 1 of 5 Residents (# 95) reviewed for flu and pneumonia immunization orders and</p>	F 281		

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F 281	Continued From page 14 administration. Failure to ensure that a physician order was followed placed the residents at risk for health complications. Findings include: The physician's order sheet dated 11/09/12 stated to "cancel flu and ██████ vaccines verified with doctor's office that shots were given on 10/25/12." An order dated 01/03/13 stated that "pt. had ██████ 10/25/12." Additionally, the facility's Immunization Record documented that resident received the "██████" on 10/25/12. Despite this documentation Staff Member V, medication nurse injected Resident #95 with a second ██████ vaccine on 01/04/13 at 4:00 p.m. On 04/29/13 at approximately 3:30 p.m. Staff Member E, a nurse manager, stated that they were unaware of that the resident was given another ██████ injection in error.	F 281	F-281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS Resident had no ill effects from immunization.	4/29/13
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and	F 334	Admitting nurse will contact doctor's office or previous facility for data before putting on new admit MAR's. QA nurse or designee will audit all new admits for accuracy at least for 30 days. DNS met with admitting nurse and protocol reviewed.	ongoing ongoing 4/30/13

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F 334	<p>Continued From page 15</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment</p>	F 334		

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F 334	Continued From page 16 and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to document residents received education regarding the benefits and potential side effects of receiving the influenza and/or pneumococcal immunizations for 2 of 5 (#107 and #108) residents sampled. Findings include: Resident #107: On 04/29/13 record review of the resident's immunization record found the consent form was blank. According to the medication administration record (MAR) the [REDACTED] and [REDACTED] vaccine was given to the resident on 03/06/13 by Staff Member R the medication nurse. An interview with Staff Member E, the assistant director of nursing stated the resident had refused to sign the consent to receive the vaccines and "you have to get them when they give the okay to agree to give the vaccine." She also stated that she was a witness to the resident receiving the vaccines and that Staff Member R did explain some of risks involved and the resident agreed to have the vaccines. There was no documentation that identified the resident's agreement to the vaccines or the education for	F 334	F-334 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS Residents #107 and #108 have signed consent forms with risks and benefits outlined. Licensed nurses were inserviced on use of consent form and what to do if resident consents, but refuses to sign. Consent form now includes benefits instead of just the risks. Random audits will be done by nursing administration for at least 30 days to ensure compliance. Immunization policy revised.	5/1/13 5/16/13 5/1/13 ongoing 5/28/13	

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F 334	<p>Continued From page 17</p> <p>the risks and benefits for receiving the vaccine.</p> <p>Resident #108: The resident was admitted on [REDACTED]/13. On 04/29/13 at approximately 3:15 p.m. Staff Member G, staff development coordinator stated that the resident refused to sign the consent to receive the [REDACTED] vaccine. Staff Member S, licensed nurse had re-approached the resident and the resident agreed to receive the [REDACTED] vaccine later in the day on 02/25/13. The vaccine consent form was blank and there was no mention of the resident's consent or documentation that the resident received education on the risk and benefits of the [REDACTED] vaccine.</p> <p>Staff Member G stated that the medication nurses were not aware there was a consent form for the [REDACTED] or pneumonia vaccines. Staff Member S documented in the MAR that the [REDACTED] vaccine was given but failed to document whether the resident received the risk and benefit education for the vaccine.</p> <p>On 04/30/13 at 3:16 p.m. a telephone interview with Staff Member G revealed that she does not offer the risk/benefit informational statement to everyone. "I give it to them if they ask for the information. I realize that our facility form for the immunization consent does not list all the risks and benefits."</p> <p>Failure to provide and document educational information to the residents and/or their representatives about the risk and benefits of the vaccines disallows them the opportunity to make an informed decision about receiving vaccinations.</p>	F 334		

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F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to consistently post accurate nurse staffing information as required</p>	F 356	<p>F-356 483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The posted nurse staffing report including all information (Facility name, Current Date, Total number and actual hours worked by categories (RN, LPN and NAC) was corrected 4/25/13.</p> <p>Nurse Staff posting will be added to the 24 hour shift report directing nurse to verify, revise as needed and initial the posting each shift.</p> <p>Medical Records Supervisor will conduct routine audits and report to QA Committee quarterly to ensure compliance.</p>	4/25/13

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F 356	<p>Continued From page 19 during survey dates of 04/22/13 through 04/29/13. Findings include:</p> <p>On 04/22/13 at approximately 2:00 p.m. revealed nurse staffing information was posted on a wall across from the main nursing station. The posted Daily Staff Census document at that time was dated 4/18/13, four days earlier, and did not contain the number of registered nurses, licensed practical nurses, and certified nurse aides working each shift as required.</p> <p>When interviewed on 04/22/13 at approximately 2:45 p.m. about the posting of nurse staffing information, Staff Member L, the acting ward secretary stated the posted staffing data was not current. The facility did not typically include the numbers of nursing staff members. The Staff Member L subsequently printed an updated Daily Staff Census document but the updated document was dated March 22, 2013. In addition to the month not being accurate, the document did not contain the numbers of nursing staff who were working at the facility that day.</p> <p>An observation on 04/23/13 at approximately 10:00 a.m., revealed the Daily Staff Census document was posted but it was dated March 23, 2013.</p> <p>On 04/25/13 at approximately 11:00 a.m. the posted staffing document was dated March 24, 2013, with data pertaining to the previous day.</p> <p>Failure to accurately post the nurse staffing information disallowed residents and visitors a consistent opportunity to review the daily staffing levels at the facility.</p>	F 356		

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F 371	<p>Continued From page 21</p> <p>oz size), one with approximately 36 ounces and one with approximately 12 oz water left in container</p> <ul style="list-style-type: none"> -- Prune Juice, 46 oz container, approximately 24 ounces juice left -- Nectar Thick Apple Juice, 64 ounce size, about 32 ounces juice left -- Teriyaki Sauce, 1 gallon container, about 1 quart sauce left <p>Further, a one gallon blue plastic pitcher was observed in the walk-in cooler. It had a piece of tape on the handle that had the letters "SF" written on it. It contained approximately 3 quarts of liquid that was orange/yellow and smelled like orange juice. There was no indication of when it was placed in the pitcher.</p> <p>On 04/29/13 at 11:30 a.m. inspection of the walk-in cooler revealed the following food items had been opened and partly used, but had no date indicating when they were opened or when they should be discarded:</p> <ul style="list-style-type: none"> -- Prune Juice, 46 oz container, approximately 12 ounces juice left -- Mustard, prepared, 1 gallon container, approximately 2 quarts mustard left -- Thousand Island Dressing, 1 gallon container, approximately 2 quarts dressing left -- Thick & Easy Honey Thick Water, 48 oz container, approximately 12 ounces water left -- Lemon Juice, 1 gallon container, approximately 1.5 quarts juice left <p>On 04/29/13 at 12:15 p.m. Staff Member A, Dietary Manager stated they kept foods for three days after they were opened. She stated that staff are supposed to label the food package with</p>	F 371	<p>Dietary Manager or Designee will monitor the labeling and dating of all items placed in the walk in cooler and provides a monthly report to the QI Committee for a period of 90 days.</p>		

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F 371	Continued From page 22 the date the product was opened. Unless it had a "use by" date, like sour cream, opened foods were to be discarded after three days. 2.) Food Distribution/Service: Observations in the Fireside Dining Room on 04/22/13 at approximately 5:12 p.m. revealed that Staff Member O, Nursing Assistant (NA) placed his hand directly over the rim of Resident #17's mug to move it. At approximately 5:15 p.m. Staff Member O picked up Resident #12's bread in his bare hand(s) to apply a spread on the bread and then returned it to the resident's plate. On 04/26/13 at approximately 12:45 p.m. Staff Member P, (NA) was observed picking up the residents' soiled dishes. Another caregiver called to her stating that Resident #1 needed a straw for her beverage. Without a hand wash, Staff Member P obtained a straw, removed the paper covering, touched the top of the straw with her hands, and then placed it in the Resident #1's beverage. On 04/22/13 at 5:08 p.m. Staff Member I placed clothing protectors on the residents and then wiped the back of her hand on her face and without washing hands or using hand hygiene, continued to assist residents. In addition, Staff Member I adjusted Resident #75's recliner foot rest by pushing down on the foot rest with bare hands, then turned the resident's tab alarm off three times. Staff Member I then touched Resident #74. Staff Member I did not wash her hands or use any type of hand hygiene between these tasks then assisting the residents to eat.	F 371	Staff members O, P and I were counseled by Infection Control Officer. Nursing department was inserviced on how to dispense products correctly and hand washing when assisting residents. Policy on delivery of food revised. Random audits by the charge nurses will be done under direction of nursing administration for 30 days.	5/27/13 5/27/13 5/27/13 ongoing	