

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

PRINTED: 08/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2014
NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - PARKSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST EMMA UNION GAP, WA 98903		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Prestige Care and Rehabilitation-Parkside on 08/13/14, 08/14/14, 08/15/14, 08/18/14, 08/19/14 and 08/20/14. The survey included data collection on 08/19/14 from 5:15 a.m. to 8:00 a.m. A sample of 30 residents was selected from a census of 65. The sample included 26 current residents and the records of 4 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Pam Holt, RN Cuca Botello, RN Liisa Johnson, RN Lisa Herke, RD</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 D 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care Parkside does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p style="text-align: center;">Received Yakima RCG SEP - 5 2014</p>		

[Handwritten Signature] 8/25/14
Residential Care Services Date

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

[Handwritten Signature] Administrator 9.4.14

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, the facility failed to develop a comprehensive care plan for A) 1 of 3 residents (#57) reviewed for dental care and B) 1 of 4 residents (#89) reviewed for nutrition care. Failure to plan care for these residents potentially placed them at risk of a decreased quality of life. Findings include:</p> <p>Resident #57. Admitted [REDACTED] 14. A review of his comprehensive assessment dated 07/31/14 revealed he had "no natural teeth or tooth fragments" and he received a mechanically</p>	F 279	<p>F-279 Resident # 57 and Resident #89 have both discharged from the facility.</p> <p>Residents with dental issues or significant weight loss are at risk related to this citation. Resident Care Managers to review current resident population and ensure care plans are up to date for any residents with dental issues or significant weight loss.</p> <p>Nursing staff will be re-educated by DNS regarding completing referrals to Social Services Director for any dental issues.</p> <p>Social Services Director will be re-educated regarding follow up and use of community resources.</p> <p>RCM's will be re-educated regarding nutrition at risk policy and procedures and comprehensive care plan updates regarding dental issues and weight loss; This re-education will completed by DNS.</p> <p>To ensure on-going compliance DNS/Designee will complete random weekly audits regarding dental issues and weight loss to ensure follow up has been completed and care plans are up to date. Audits will be done weekly for 4 weeks, and then monthly for two months.</p> <p>Copy of audit(s) with findings (negative outcomes/trends/patterns) will be provided to the Administrator for review and follow-up as necessary.</p> <p>Issue will be reviewed during monthly Performance Improvement Meeting for 3 months or until resolved to ensure continued compliance.</p> <p>Our date of compliance is September 29, 2014.</p>	

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F 279	<p>Continued From page 2</p> <p>textured diet. The Care Area Assessment (CAA; the comprehensive assessment summary of potential care issues) identified dental care as a potential problem for Resident #57. The CAA also noted the facility had determined the dental issues should be addressed with a care plan.</p> <p>On 08/14/14 at approximately 9:15 a.m., the resident was observed to be missing most of his teeth, with only one tooth visible. The resident stated he needed to have his remaining teeth pulled and get dentures.</p> <p>On 08/20/14 at 9:20 a.m., Staff Member E, a Speech Language Pathologist (SLP), stated she had evaluated the resident for speech intelligibility and swallowing problems that were primarily due to his missing teeth. She stated the resident reported coughing "often" during oral intake.</p> <p>Review of Resident #57's most recent care plan revealed the facility documented the resident had a problem with communication. Among the communication issues, it identified he had slurred speech due to no teeth or dentures, but the plan did not identify goals or approaches to resolve the dental concern. No other dental problems were identified in the care plan.</p> <p>Resident #89. Admitted [REDACTED] 14 with diagnoses including anemia, diabetes and a healing hip fracture. Her latest comprehensive assessment dated 08/08/14 revealed she had lost a significant amount of weight.</p> <p>Review of the resident's medical record revealed the following weights: 05/09/14, [REDACTED] lbs., 05/30/14, [REDACTED] lbs.; 06/20/14, [REDACTED] lbs.; 07/11/14, [REDACTED] lbs. (an 11% decrease in body weight</p>	F 279			

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F 279	Continued From page 3 between the highest and lowest weights, with the most significant decrease occurring in June). Review of the care plan revealed nutrition was not addressed as a problem when the resident lost a significant amount of weight in June 2014, though nutrition was addressed in relation to needing a therapeutic diet for her diabetes and monitoring weights related to edema caused by heart disease. . On 08/19/14 at 1:30 p.m., Staff Member A, the Director of Nursing Services (DNS), stated the Resident Care Managers (RCM) develop the care plans for residents. She explained the care plans should be updated when there is a significant change in a resident's condition or an incident such as a fall. She stated that problems identified on the CAA are always on the care plan, unless the facility decides the problem is a short term issue. She noted a dental care plan is important because it impacts how well people eat. On 08/20/14 at 12:20 p.m., Staff Member F, a RCM, stated she is the RCM who developed the care plans for Resident #'s 57 and 89. She stated if a problem is identified in the CAA, then it should be in the care plan. With regard to Resident #57, she stated they are not doing anything to take care of his dental issues, and there should have been a care plan developed. For Resident #89, she stated there was not a nutrition care plan to address her change in nutrition status, nor was there other charting to alert care givers of her weight loss.	F 279			
F 333	Refer to F411 for further details. 483.25(m)(2) RESIDENTS FREE OF	F 333			

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F 333 SS=D	<p>Continued From page 4</p> <p>SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 1 of 1 resident (#89) was free of any significant medication errors and failed to take steps to ensure a similar error was not repeated. During a random record review, it was revealed the resident received medication intended for another resident. Facility investigation of the medication error did not include essential steps to protect the health and rights of both residents involved in this error and to prevent future errors. Findings include:</p> <p>Resident #89. Admitted on [REDACTED] 14 with diagnoses to include heart disease, anemia and recent surgery for a hip fracture. Her comprehensive assessment dated 05/16/14 revealed she was cognitively alert and had clear speech.</p> <p>Review of the resident's Medication Administration Record (MAR) for July 2014 revealed Nursing staff administered her medications. It also revealed she was prescribed to receive a Nicotine transdermal patch (applied on the skin, the patch delivers low levels of nicotine through the skin to aid with smoking cessation). The patch was to be replaced every 24 hours at 8:00 a.m. The instructions on the MAR were, "Ensure old patch has been removed prior to placing new patch."</p>	F 333	<p>F-333</p> <p>Investigations have been completed regarding medication errors for Resident #89 and Resident # 67. No adverse outcomes to either resident.</p> <p>Residents receiving nicoderm or nitro-dur patches are at risk related to this citation. Residents receiving either of these medications have been reviewed.</p> <p>Licensed Nurses and Resident Care Managers will be re-educated on facility medication error policy and procedure by DNS.</p> <p>DNS will be re-educated by Regional Nurse Consultant regarding medication error investigations and Quality Assurance process and monthly review.</p> <p>To ensure ongoing compliance DNS/designee will complete random MAR audits for any issues and ensure investigations have been initiated. Audits will occur weekly times 4 weeks and then monthly for two months.</p> <p>Copy of audit(s) with findings (negative outcomes/trends/patterns) will be provided to the Administrator for review and follow-up as necessary.</p> <p>Issue will be reviewed during monthly Performance Improvement Meeting for 3 months or until resolved to ensure continued compliance.</p> <p>Our date of compliance is September 29, 2014.</p>	
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F 333	<p>Continued From page 5</p> <p>On 08/18/14 at approximately 2:00 p.m., Staff Member A, the Director of Nursing Services (DNS), stated she had reviewed a wrong patch medication error involving Resident #89 that occurred on 07/26/14. She stated she learned of the error on 07/28/14. She stated the Nitro patch was placed instead of the resident's prescribed Nicotine patch. She stated it was left on Resident #89 for two days. She stated Staff Member G, the LN who placed the wrong patch, told her the error was made because she saw the "N" on the label and thought she was placing the Nicotine patch. Staff Member A stated she did not know who the Nitro-Dur patch was intended for.</p> <p>On 08/19/14 at 9:45 a.m., Staff Member C, a LN, stated on Monday morning, 07/28/14, while preparing to replace the Nicotine patch for Resident #89, she realized the patch already placed on the resident was not a Nicotine patch, but rather it was a "Nitro" patch. She stated she could tell it had been placed on Saturday (07/26/14) because the location of the patch was documented on the MAR. Staff Member C explained she observed only one patch on the resident, and she concluded the resident did not have a Nicotine patch placed on Saturday, when the Nitro patch was placed in error or on Sunday. She explained she looked at the MAR and on Sunday, 07/27/14, the nurse who was passing medications signed she had placed the nicotine patch but Staff Member C stated she did not think the nurse could have placed the patch because on Monday, there was only one patch on the resident and it was the Nitro patch. She stated she was quite certain the Nitro patch belonged to Resident #67 because he was the only resident on the hallway who is prescribed to receive a Nitro patch.</p>	F 333		

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F 333	<p>Continued From page 6</p> <p>Note: The facility concluded the "Nitro" patch the resident received was a Nitro-Dur transdermal patch, 0.2 mg per 24 hours (applied on the skin, the nitroglycerin based medication works by relaxing and widening blood vessels, to improve blood flow and prevent chest pain in people with narrowed arteries; it is usually placed on the skin for a period of 10-12 hours, followed by a 12-14 hour period without the patch).</p> <p>Staff Member C further explained she assumed Resident #67 received his Nitro patch so she did not check on him, but she notified the DNS and the physician on Monday, 07/28/14 of the errors. She stated she did not talk with Resident #89 about the error.</p> <p>On 08/19/14 at 1:20 p.m., the DNS stated she does the medication error investigations. She further stated she had not yet investigated the non-placement of the Nicotine patch on 07/27/14 for Resident #89. She stated she had also not investigated whether Resident #67 received a Nitro patch on the day Resident #89 received the Nitro patch by mistake. She stated she did not talk with Resident #89 about the medication error that was made, and if Staff Member C did not talk to Resident #89, then probably no one talked with her about the error. "We were fortunate she [Resident #89] did not have any serious ramifications [because of the error]."</p> <p>On 08/19/14 at 1:25 p.m., after reviewing Resident #67's MAR, Staff Member A stated there was no documentation Resident #67 had received his prescribed Nitro patch on 07/26/14. She stated it was either not administered or administered but not documented. She stated</p>	F 333			

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F 333	Continued From page 7 she didn't even think about the Nitro patch and who might not have gotten it when reviewing Resident #89's error. She further stated she had not reviewed facility medication error rates with the Quality Assurance committee in a long time - over a year. The facility failed to ensure this error and future potential medication errors could be avoided. 1) For Resident #89, the facility failed to notify the resident of the administration of the wrong medication so she could be alert for adverse effects. They also failed to investigate any adverse effects of not receiving the nicotine patch. 2) For Resident #67, they failed to investigate and determine if he received a Nitro patch on the day one of his patches was placed on another resident. If it was determined he did not receive a patch, the facility failed to determine why and if Resident #67 suffered adverse effects as a result. 3) Facility wide, medication errors are not being examined to finds trends that would assist the facility in determining how to prevent future errors.	F 333		
F 334 SS=E	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (j) 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	F 334		

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F 334	<p>Continued From page 8</p> <p>immunized during this time period;</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 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</p>	F 334	<p>F-334</p> <p>Resident #13, #28, #46 and #55 have been updated regarding lack of documented consent during last year's flu season.</p> <p>Residents receiving flu vaccination are at risk related to this citation.</p> <p>Licensed Nurses will be re-educated by DNS regarding vaccine administration and completion of informed consent, and documentation on vaccine consent form.</p> <p>Annual flu vaccines will be given per the Center for Disease Control recommendations and physician(s) orders.</p> <p>To ensure on-going compliance DNS/Designee to complete weekly random audits of vaccination completion to ensure consent forms are completed and in place. The audits will be weekly times four weeks and then monthly times two months.</p> <p>Copy of audit(s) with findings (negative outcomes/trends/patterns) will be provided to the Administrator for review and follow-up as necessary.</p> <p>Issue will be reviewed during monthly Performance Improvement Meeting for 3 months or until resolved to ensure continued compliance.</p> <p>Our date of compliance is September 29, 2014.</p>	

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F 334	<p>Continued From page 9</p> <p>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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each resident or resident representative was provided education regarding the benefits and potential side effects of influenza immunization for 4 of 5 residents (#'s 13, 28, 46 and 55) reviewed for influenza vaccinations. Failure to provide and document timely education disallowed the resident/resident representative the opportunity to make an informed consent about receiving the immunization. Findings include:</p> <p>Resident #13. Admitted on [REDACTED] 11, per his latest comprehensive assessment dated 08/08/14, he was somewhat cognitively impaired but able to understand and be understood. He acted as his own representative.</p> <p>Review of the Immunization Record and Progress notes in the medical record revealed Resident #13 received an influenza immunization on 11/06/13. No consent to receive the immunization or education about the risks and</p>	F 334		

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F 334	<p>Continued From page 10</p> <p>benefits of the immunization was found in the medical record.</p> <p>Resident #28. Admitted [REDACTED] 11, his latest comprehensive assessment revealed that he was cognitively alert, and had unclear speech, but was able to understand others. He acted as his own representative.</p> <p>Per review of the resident's progress notes, the resident received an influenza immunization on 11/11/13. No consent to receive the immunization or education about the risks and benefits of the immunization was found in the medical record.</p> <p>Resident #46. Admitted [REDACTED] 2, his latest comprehensive assessment dated 07/26/14 revealed he was cognitively alert and able to understand and be understood. He was responsible for himself.</p> <p>Review of the resident's medical record revealed he received an influenza immunization on 01/13/14. No consent to receive the immunization or education about the risks and benefits of the immunization was found in the medical record.</p> <p>Resident #55. Re-admitted to the facility on [REDACTED] 12, he was cognitively alert per the comprehensive assessment dated 06/17/14. He acted as his own representative.</p> <p>Review of the resident's Immunization Record revealed the resident declined to receive an influenza vaccination on 11/06/13. No documented evidence of resident declination or education about the risks and benefits of the immunization was found in the medical record.</p>	F 334		

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F 334	Continued From page 11 Review of the facility "Influenza and Pneumococcal Immunizations," policy dated January 2013 revealed "Residents or legal representatives will receive education regarding the benefits and potential side effects of the Influenza Immunization prior to administration of the vaccine," and "Residents or legal representatives have the opportunity to refuse the Influenza Immunization." On 08/19/14 at 10:30 a.m., Staff Member B, a licensed nurse and Resident Care Manager (RCM), stated she was the person who was primarily responsible to administer immunizations to residents, though the other two RCMs assisted with the process. She stated their procedure was to gain consent and educate the resident or their representative before administering the immunization. If a resident declined the immunization, the consent form documenting thier refusal should still be in the chart. After reviewing the immunization records of Resident #'s 13, 28, 46 and 55, she stated the records were missing signed consent forms for the [2013-2014 influenza] vaccination. On 08/19/14 at 11:00 a.m., Staff Member A, the Director of Nursing Services, stated the education and consent process does happen every year, "but I can see it is not documented."	F 334			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and	F 371			

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F 371	<p>Continued From page 12</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store and prepare food under sanitary conditions. Failure of the facility to: A) label, date and seal open food containers. and B) consistently use good hand hygiene placed the residents at risk of food borne illness. Findings include:</p> <p>A) Label, date and seal open food containers. On 08/13/14 at approximately 8:30 a.m., during the kitchen tour the following was observed;</p> <p>On the kitchen counter an unlabeled and undated large plastic container approximately half full containing white powder. An opened and undated 16 ounce box of corn starch with one quarter cup of starch left in it.</p> <p>In the refrigerator, an opened pint of half and half and a 46 ounce tomato juice container half full were not dated. A 23 ounce bottle filled with approximately 4 ounces of a pink fluid unlabeled and not dated.</p> <p>In the storage room a 32 ounce bag of raisins with approximately a quarter cup left and 16 ounce can of paprika one third full were observed to be open and not dated.</p> <p>On 08/13/14 at approximately 9:00 a.m., Staff</p>	F 371	<p>F-371 All residents are at risk related to this citation; facility has been free of any food borne illness.</p> <p>Dietary staff will be re-educated by Regional Dining Specialist regarding proper hand hygiene, food handling and proper food storage.</p> <p>Facility will ensure all dietary staff members' food handler cards are current.</p> <p>To ensure on-going compliance Administrator /RD/Designee will complete random audits to ensure proper food handling/storage and hand hygiene are occurring. Audits will occur weekly times four weeks and then monthly for two months.</p> <p>Copy of audit(s) with findings (negative outcomes/trends/patterns) will be provided to the Administrator for review and follow-up as necessary.</p> <p>Issue will be reviewed during monthly Performance Improvement Meeting for 3 months or until resolved to ensure continued compliance.</p> <p>Our date of compliance is September 29, 2014.</p>		

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

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F 371	<p>Continued From page 13</p> <p>Member D, the Dietary Manager, stated staff were aware they are to label and date the "things (referring to food, spices, juices) they open." When asked about the dating of opened food containers and how long food should be kept after being opened she stated "we throw out opened food after 3 days."</p> <p>On 08/20/14 at approximately at 7:45 a.m., the white reach in refrigerator in the entryway of the kitchen held one 46 ounce carton of SYSCO nectar thick apple juice, approximately 1/4 full, dated 7/24 (opened for 27 days). Also observed one 46 oz carton of Nectar thick water, approximately 1/3 full, dated 8/11 (opened for 9 days).</p> <p>B) Hand Hygiene. On 08/13/14 at approximately 12:30 p.m. Staff Member D, the Dietary Manager, walked into the kitchen, removed a can of soup from the storage room, opened the can of soup, poured the soup into a small plastic bowl, and warmed the soup in the microwave, all without washing or gloving her hands. When asked about the soup she stated she was preparing the soup for a resident.</p> <p>Throughout the survey process Staff Member D was observed to have approximately one half inch acrylic fingernails above the finger pads. She also wore a total of 4 raised and/or carved rings (2 rings on her right hand and 2 on her left hand) in addition she wore a watch on her left wrist.</p> <p>On 08/20/14 at approximately 10:30 a.m., Staff Member D, the Dietary Manager, stated she was not aware of the Washington Food Administrative Code specific to either the fingernail polish or the use of jewelry. She stated she has worn multiple</p>	F 371		

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F 371	Continued From page 14 rings on her fingers and watch on her left forearm for the duration of her employment in the facility. She added she "preps food two times a week and I have worn acrylic finger nails for a long time." On 08/19/14 at approximately 7:51 a.m., Staff Member D was observed in the kitchen retrieving cold foods and placing ice over them. Her right hand was gloved and her left hand was not. A watch was on her left wrist, with an approximately one inch pink band. A ring was on her right 2nd finger, and rings were on her left 3rd, 4th and 5th fingers. On 08/13/14 at approximately 12:15 p.m. Staff Member D, the Dietary Manager, was observed in the dining room wearing 3 rings on her left hand and a watch and a ring on her right hand. She proceeded to handle silverware and deliver a meal tray to a resident in the dining room. She stepped out of the dining room and returned to the dining room within 5 minutes without washing or gloving her hands. She continued to help set trays in the dining room. On 08/19/14 at approximately 8:22 a.m. Staff Member D was observed in the kitchen handling clean dishes with her bare hands. Five minutes later she returned to the dining room with the clean cups and her hands were bare.	F 371			
F 411 SS=D	483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside	F 411			

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F 411	<p>Continued From page 15</p> <p>resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain needed dental services for 1 of 3 residents (#57) reviewed for dental care. Failure to assist the resident in obtaining dentures placed the resident at risk of swallowing difficulties and impaired communication. Findings include:</p> <p>Resident #57. Admitted [REDACTED] 14. Per the comprehensive assessment dated 07/31/14, the resident was identified as having "no natural teeth or tooth fragments" and he received a mechanically textured diet. The assessment also noted he was cognitively alert and that it was anticipated he would discharge back to the community.</p> <p>On 08/14/14 at approximately 9:15 a.m., the resident was observed to be missing most of his teeth, with only one tooth visible. The resident stated he needed to have his remaining teeth pulled and get dentures.</p> <p>On 08/19/14 at approximately 8:20 a.m., Resident #57 was observed in the dining room for the</p>	F 411	<p>F-411</p> <p>On 8/29/14 Social Services informed resident #57 of Ivory Dentures as the resource for dentures. Resident denied service offering and has since discharged from the facility.</p> <p>Residents with dental issues are at risk related to this citation.</p> <p>Nursing staff will be re-educated by DNS regarding completing referrals to Social Services Director for any dental issues.</p> <p>Social Services Director will be re-educated by our compliance date regarding follow up and use of community resources.</p> <p>To ensure on-going compliance DNS to complete random audits to ensure dental services have been arranged as needed. Audits will be weekly for four weeks and then monthly for two months.</p> <p>Copy of audit(s) with findings (negative outcomes/trends/patterns) will be provided to the Administrator for review and follow-up as necessary.</p> <p>Issue will be reviewed during monthly Performance Improvement Meeting for 3 months or until resolved to ensure continued compliance.</p> <p>Our date of compliance is September 29, 2014.</p>	

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F 411	<p>Continued From page 16</p> <p>breakfast meal. His meal included a half banana, biscuit and sausage gravy, scrambled egg, hot cereal, juice and milk. At 8:26 a.m. the resident coughed softly several times. He stopped eating for a short time, and then resumed his meal. He ate approximately 75% of his breakfast over 15 to 20 minutes.</p> <p>Record review of an evaluation completed on 07/28/14 by Staff Member E, a Speech Language Pathologist (SLP), revealed the resident was referred to her services due to "decreased speech intelligibility..... and cognitive-communication deficits" that placed the resident "at risk for decreased ability to return to his prior living environment." The evaluation concluded his decreased speech intelligibility was secondary to missing approximately "90% of dentition with no dentures." The evaluation also noted that the SLP would conduct an evaluation for dysphagia (difficulty swallowing) at a later date as the resident reported he "often" coughed when eating or drinking fluids.</p> <p>On 08/20/14 at 9:20 a.m., the SLP stated she treated him for dysphagia and worked with him on taking small bites and chewing more. She stated the primary reason for the dysphagia and the less intelligible speech was because of his missing teeth. She further stated she discharged him from Speech services, then resumed seeing him again at the "end of last week," (approximately 08/15/14) because the resident did not like having a mechanically textured diet and wanted to eat solid foods. She stated the resident had mentioned getting his teeth fixed and getting dentures, but had speculated to her that he might not be able to afford it.</p>	F 411			

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F 411	<p>Continued From page 17</p> <p>On 08/20/14 at approximately 12:20 p.m., Staff Member F, a licensed nurse and Resident Care Manager, stated she could not recall talking with the resident about dental care and that the facility was not "doing anything for his mouth." She stated the facility should have addressed dental care with the resident.</p> <p>On 08/20/14 at 12:50 p.m., Resident #57 stated he would like to have something done with his teeth. He stated he would like to get dentures, but was uncertain about how to "make it happen without losing my house."</p> <p>The facility identified the resident's dental problems through the nursing assessment and the speech therapy evaluation. They also identified his dental issues placed him at risk of a decreased level of independence and a decreased quality of life, but failed to work with the resident to obtain needed dental care.</p> <p>Refer to F279 for further details.</p>	F 411			