

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

PRINTED: 12/04/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>50A261</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>11/26/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>YAKIMA VALLEY SCHOOL</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>609 SPEYERS ROAD<br/>SELAH, WA 98942</b>                            |   |
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| F 000   | <p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Off-Hour Quality Indicator Survey conducted at Yakima Valley School on 11/20/13, 11/21/13, 11/22/13, 11/25/13, and 11/26/13. The survey included data collection on 11/21/13 from 6:00 a.m. to 8:00 a.m. A sample of 35 residents was selected from a census of 73. The sample included 30 current residents and 5 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Refugia Botello, RN<br/>Pam Holt, RN<br/>Patrica Larson, RN<br/>Priscilla Becker, RN<br/>Melly Thompson, RN</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services<br/>Aging and Long-Term Support Administration<br/>Residential Care Services, District 1, Unit D<br/>3611 River Road, Suite 200<br/>Yakima, WA 98902</p> <p>Telephone: (509) 225-2800<br/>Fax: (509) 574-5597</p> | F 000   | <p style="text-align: center;"><b>Received<br/>Yakima RGS<br/>DEC 12 2013</b></p>                               |   |

*Robert L. ...* 12/4/13.  
Residential Care Services Date

*Janet ... RA*

12/1/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Jill McPherson*  
TITLE  
*Centerim Superintendent*  
(X6) DATE  
*12-5-13*

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<br>SS=E   | <p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></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:<br/>Based on observation, record review, and interview, facility staff failed to consistently maintain resident dignity through their conversations and care delivery. Deficient practice was identified for 7 of 22 sampled residents (#12, #17, #21, #33, #40, #46 &amp; #47). Failure by staff to maintain resident dignity placed the residents at potential risk for feelings of frustration and/or diminished self-worth. Findings include:</p> <p>Resident #12. Observations on 11/20/13 at approximately 3:35 p.m. revealed Staff Member E, a Licensed Nurse (LN), was administering multiple medications to Resident #12 [REDACTED].</p> <p>[REDACTED] During the course of the medication administration process, Staff Member E used multiple terms for the resident including: "Honey", "Baby", and "Missy."</p> <p>Resident #17. Review of the resident's medical record revealed [REDACTED]. Her plan of care documented she required total basic care for her activities of daily living.</p> | F 241   | <p>This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>F241</p> <ol style="list-style-type: none"> <li>This deficiency will be corrected as it relates to residents #12, #17, #21, #33, #40, #46 and #47 by providing staff training on dignity and respect in full recognition of each resident's individuality. Yakima Valley School's (YVS) Standard Operating Procedure (SOP) 1.02 Resident Rights has been updated to include: Resident rights include but are not limited to: "the right to be treated with dignity and respect in full recognition of his and her individuality."</li> <li>For residents in similar situations, training will be provided on dignity and in full recognition of his or her individuality. YVS SOP 1.02 Resident Rights has been updated to include: Resident rights include but are not limited to: "the right to be treated with dignity and respect in full recognition of his and her individuality".</li> </ol> |                      |   |

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| F 241   | <p>Continued From page 2</p> <p>Observations on 11/21/13 at approximately 11:39 a.m. noted Resident #17 was seated in her wheelchair eating her lunch in the living room area. Staff Member I, a Nursing Assistant (NA), stated, "Dear, are you ready for another half a sandwich?, Boy, she ate that quickly, she's a sandwich eater!" The statement was made in front of 6 other residents who were seated in the dining room and adjacent living room.</p> <p>On 11/22/13 at approximately 1:40 p.m. Staff Member L, a LN, stated the resident was unable to speak but vocalized only. The resident was to be called by her name or a shortened form of her name (not Dear).</p> <p>Resident #21. Review of the medical record revealed the resident had multiple medical [REDACTED]. The resident [REDACTED]. He [REDACTED] required assistance for his activities of daily living.</p> <p>Observations on 11/21/13 at approximately 11:32 a.m. noted the resident was seated in his wheelchair in the living room area. Other staff and residents were in the adjacent dining area during the lunch service. Resident #21 began to cough and Staff Member I called out from the dining room area, "Cough it up, Buddy!"</p> <p>Resident #46. Observations on 11/26/13 at approximately 10:50 a.m. revealed Staff Member H, an NA, was in the living room area and began describing Resident #46's behaviors exhibited during toileting. Resident #46 resided in another cottage. Staff Member H was sharing the information about Resident #46 openly in the</p> | F 241  | <p>3) Measures that will take place to ensure that the problem does not recur: Training will be given to all staff annually on YVS SOP 1.02 Resident Rights.</p> <p>4) Plan to monitor promoting resident dignity and respect will be the responsibility of the supervisory staff and their designees.</p> <p>5) Corrective Action will be completed by January 8, 2014.</p> <p>6) Director of Nursing is responsible to ensure correction.</p> |                      |

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| F 241   | Continued From page 3<br>living room in front of a resident and two other NA/caregivers.<br><br>Resident #40. In Cottage #103 on 11/21/13 at approximately 7:25 a.m. Staff Member F, NA, called to Resident #40, "Come here Honey."<br><br>Resident # 47. On 11/22/13 at approximately 11:35 a.m. Staff Member A, NA, was feeding the resident using a spoon. There was food running out on both sides of the resident's mouth. Staff Member A used the spoon to scrape up the food running out on each side of the resident's mouth. The NA then returned the food to the resident.<br><br>On 11/21/13 at approximately 7:25 a.m. Staff Member A began discussing information with other NAs about an upcoming facility inservice. The conversation took place in front of the resident while she fed the resident. Staff Member A stated she would be leaving for class at 8:00 a.m. and further stated, "Why management would do that in the middle of a shift since I am charge?" This interrupted the meal for the resident for approximately 15 minutes. Staff Member A stated to the resident "Oh..sorry I am talking while you are trying to eat." | F 241   |   |   |
| F 279<br>SS=D   | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS<br><br>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.<br><br>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's  | F 279   | 1) This deficiency will be corrected as it relates to resident #21 by including in his plan of care documented rationale for non-treatment and directing when to make necessary referrals with a change in condition.<br><br>2) To protect other residents in a similar |   |

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| F 279   | <p>Continued From page 4</p> <p>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:<br/>Based on observation, record review, and interview, the facility failed to develop a plan of care to address management of resident's contractures (a condition of fixed high resistance to passive stretch of a muscle) for 1 of 3 sampled residents (#21) with contractures. Failure to include the issue in the plan of care disallowed an opportunity to establish goals, interventions, and to identify when additional services might be indicated, placing the resident at potential risk for negative health outcomes. Findings include but were not limited to:</p> <p>Resident #21. Observations of the resident on 11/21/2013 at approximately 10:42 a.m. revealed the resident had a very contracted right wrist/hand. No splint was in place.</p> <p>Review of the medical record revealed the resident had multiple medical [REDACTED]</p> | F 279  | <p>situation, all YVS residents' plan of care will include documentation addressing management of all residents' contractures including the rationale for non-treatment and when to make necessary referrals as conditions change. Physical Therapist will assess and document resident referrals at a minimum annually.</p> <p>3) Training of all licensed nurses will take place to ensure necessary referrals are made related to change of condition and rationale for treatment and or non-treatment, which will be included in the plan of care.</p> <p>4) Patient Care Coordinators will monitor on a quarterly basis residents with contractures and documentation for treatment or rationale for non-treatment.</p> <p>5) Corrective Action will be completed by January 8, 2013.</p> <p>6) Director of Nurses is responsible to ensure correction</p> |

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| F 279   | <p>Continued From page 5</p> <p>██████████ The resident received medication to address his ██████████ ██████████ for pain management.</p> <p>The resident's plan of care identified the resident had increased muscle tone and a potential for fracture due to ██████████. The resident required total assistance for all of his activities of daily living and had no speech. Resident #21 engaged in self-injurious behaviors and had poor safety awareness.</p> <p>Further review of Resident #21's plan of care failed to reveal any specific plan addressing management of the resident's right wrist/hand contracture with goals and specific management interventions (or rationale for non-treatment).</p> <p>When interviewed on 11/22/13 at approximately 11:24 a.m., Staff Member L, a Licensed Nurse on the resident's unit, stated she could not locate anything in the care plan that related to the residents' right wrist/hand contracture.</p> <p>A Physical Therapy Assessment, reviewed on 6/13/13, noted "movements of the right upper extremity are severely impaired and non-functional."</p> <p>When interviewed on 11/25/13 at approximately 11:15 a.m., Staff Member N, the Physical Therapist (PT), stated he completed an annual assessment of the resident on 6/13/13. There had been no change in the resident's contracture during the last year, it was essentially maximally contracted. At this point the risk of injury from a range of motion program would outweigh potential benefit. Potential PT referrals could be made if an increase in muscle tone was</p> | F 279  |   |   |

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| F 279   | Continued From page 6 identified.  | F 279   |  |   |
| F 312<br>SS=D   | <p>The facility failed to complete a plan of care for management of the resident's right wrist/hand/arm contracture that included the rationale for non-treatment and directing when to make necessary referrals, such as to the medical provider and therapy services, for changes in the resident's muscle tone or contractures, including those impacting his dressing or activities of daily living, and/or any evidence of skin breakdown in the associated areas.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review the facility failed to ensure 1 of 8 residents (#47) who ate in the assisted dining room received adequate cueing and/or assistance with eating. This failure caused the resident not to participate with eating. Findings include:<br/>Resident #47. Review of the resident's dining guidelines set-up by the Speech Therapist revealed the staff were to first allow the resident to feed himself by providing necessary cues. During the meal the staff were to place liquids next to the food plate so the resident could use the spoon to provide his own liquids. Also, when</p> | F 312<br>F 312  | <ol style="list-style-type: none"> <li>1) This deficiency will be corrected as it relates to resident # 47 by training staff on the importance of strictly following the Dining Guidelines including the potential for negative outcomes.</li> <li>2) To protect residents in similar situations training will be provided to staff on the importance of strictly following the Dining Guidelines including the potential for negative outcomes.</li> <li>3) Increase supervisory time on the unit during meal times to ensure Dining Guidelines are strictly followed.</li> <li>4) Supervisors will monitor staff following Dining Guidelines to ensure residents are receiving adequate cueing and/or are assisted properly at a minimum of weekly.</li> </ol> |   |

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| F 312   | <p>Continued From page 7</p> <p>the resident took thickened liquids he was to wait thirty minutes between each glass of liquid. The resident was to tuck his chin while swallowing food and fluids. If resident refused to feed his himself the staff were to assist the resident according to the guidelines.</p> <p>On 11/21/13 at approximately 7:30 a.m. Staff Member A, NA (Nursing Assistant), used a spoon to feed the resident a pureed breakfast which took approximately 15 minutes for him to eat.</p> <p>On 11/21/13 at approximately 7:45 a.m. Staff Member A, did not allow the resident to attempt to feed himself.</p> <p>On 11/21/13 at approximately 7:47 a.m. following the breakfast meal Staff Member A stated that she had been inserviced on following the guidelines.</p> <p>The next day, on 11/22/13 at approximately 11:35 a.m. Staff Member A was again observed feeding the resident without first allowing the resident the opportunity to feed himself. Instead of cueing the resident to tuck his chin while swallowing the NA placed the palm of her hand on the resident's forehead, pushed the resident's head back and gave him fluids.</p> <p>On 11/25/13 at approximately 8:44 a.m. Staff Member T, RN (Registered Nurse), stated that the feeding guidelines "did not include holding the head for the resident to drink thickened fluids."</p> <p>On 11/25/13 at approximately 9:00 a.m., Staff Member S, a NA said the resident was "able to feed himself. You have to watch him swallow because sometimes he will not swallow. Give him</p> | 5)<br>F 312<br><br>6)  | <p>Corrective will be completed by January 8, 2014.</p> <p>Director of Nurses is responsible to ensure correction.</p> |   |

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| F 312   | Continued From page 8<br>time. You have to give him time to swallow food or drink. The resident tucks his chin in on his own...We do not put a hand on his head and push his head back to have him swallow."   | F 312   |  |   |
| F 371<br>SS=E   | 483.35(i) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to store, prepare and serve food in a sanitary manner for residents in 9 of 12 cottages (Cottages #102, #103, # 104, # 201, #203, #204, #401, #402, and #406). Deficient practices included: storing staff personal food items in the residents' refrigerators, failing to perform proper hand washing and/or changing disposable gloves and failing to maintain infection control practices during medication pass and meal service. This failure placed the residents at risk for receiving potentially contaminated food. Findings include:<br><br>Cottage #401. Observations on 11/20/13 at approximately 2:10 p.m. in the refrigerator on the residents' unit noted: an apple, french vanilla creamer, lime juice, salad dressing. Staff items were observed interspersed with residents' | F 371   | 1) This deficiency will be corrected for residents in Cottages 102, 103, 104, 201, 203, 204, 401, 402, and 406 by prohibiting the storage of staff food with resident food and training staff to store their labeled personal food in the bottom two drawers away from residents' food. Training will also be given to staff on proper hand washing and use of gloves. Kitchen will supply snacks and beverages for no more than two days. Training will be given to licensed nurses on infection control during administration of medications.<br><br>2) Staff will be prohibited from the storage of food with residential food and trained to store labeled personal food in the bottom two drawers of the refrigerator away from residents' food. Training will also be given to staff on proper hand washing and use of gloves. Kitchen will supply snacks and beverages for no more than two days. Training will be given to licensed nursing staff on infection control during medication passes.<br><br>3) Supervisory staff and or designees will |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>YAKIMA VALLEY SCHOOL</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>609 SPEYERS ROAD<br/>SELAH, WA 98942</b> |  |                      |
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| F 371   | <p>Continued From page 9</p> <p>snacks/nourishments. Staff Member R, a Nursing Assistant (NA), present at the time, identified the items as belonging to staff members.</p> <p>Cottage #402. Observations on 11/20/13 at approximately 2:25 p.m. noted five 4 ounce boxes of Thick and Easy Honey Thickened Cranberry Juice in the refrigerator, dated use by 2/24/13.</p> <p>Staff Member W, a NA, named two residents in the unit who drank the juice. Staff Member W stated she had recently restocked the refrigerator from a box in the cupboard.</p> <p>Cottage #406. On 11/20/13 at approximately 2:40 p.m. there were observations of a staff lunch for (a name) and donuts, dated 11/18/13, in the top section of the refrigerator interspersed with residents' nourishments. Staff Member Z, a RN, identified the items as belonging to staff members.</p> <p>Cottage #203. On 11/20/13 at approximately 3:05 p.m. there was a lunch sack observed in the upper portion of the refrigerator. Staff Member E, a RN, identified the item as a staff member's lunch in the area containing residents' beverages and nourishments.</p> <p>Cottage #204. Observations on 11/20/13 at approximately 3:10 p.m. revealed the refrigerator on the unit contained a quart jar labeled, "Staff Help Yourselves. Please save the Jar." The jar had dark red liquid present. Staff Member E stated the item appeared to be beets (belonging to staff). There was also a bottle of hot sauce amidst the residents' nourishments and</p> | F 371  | <p>ensure staff's labeled food is only in the bottom two drawers of refrigerator and hand washing/glove usage is properly followed. Kitchen staff will check expiration dates on snacks and beverages before sending out to unit and will provide no more than two day supply at one time. Registered Nurse 3 supervisors will ensure proper infection control during medication passes.</p> <p>4) Supervisory staff and or designees will monitor staff's labeled food is in bottom two drawers of refrigerator and hand washing/glove usage is properly followed and audit for snack/liquid expiration dates. RN3 supervisors will monitor infection control measures during medication passes.</p> <p>5) Corrective Action will be completed on January 8, 2014.</p> <p>6) Director of Nurses is responsible to ensure corrective action.</p> |                      |

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| F 371   | <p>Continued From page 10 beverages.</p> <p>Resident #12. Observations on 11/20/13 at approximately 3:30 p.m. revealed Staff Member E, a Licensed Nurse (LN), was walking outside toward cottage #404 with her bare hand over the top of a medication cup. Staff Member E stated the cup contained a medication for Resident #12. During preparation of the resident's other medication, the LN added other pills to the original medication cup and then poured them out over the potentially soiled rim of the medication cup. The LN obtained other cups and grasped them with her finger extending into the inside of the cup. Fluids and crushed medications were later poured over the rim(s) of the cups. In addition, the LN also opened a can of protein supplement powder. With bare hands, the LN removed the scoop from the can, scooped out the powder and then placed the scoop back into the can.</p> <p>Cottage #406. Observations on 11/21/13 at approximately 7:10 a.m. revealed Staff Member Y, a NAC, was observed grasping the neckline of her blouse and coughing forcefully into the top of her blouse. Staff Member Y had shirt protectors in her other hand. After coughing and handling the top of her blouse, and without a hand wash, the NAC placed shirt protectors on the residents prior to the breakfast service.</p> <p>Resident #17. During observations on 11/21/13 at approximately 11:40 a.m., Staff Member I, a NA, served Resident #17 two sections of a sandwich by carrying each one individually in her bare hand across the room and onto the resident's tray table.</p> | F 371   |   |                      |   |

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| F 371   | <p>Continued From page 11</p> <p>In Cottages #102 and #103. On 11/25/13 at approximately 8:00 a.m. and 8:15 a.m. the residents' refrigerator containing residents' snacks and nourishments noted one lunch box and one full grocery plastic bag.</p> <p>In Cottage #104. On 11/25/13 at approximately 1:45 p.m. the residents ' refrigerator containing the residents ' snacks and nourishments noted one lunch bag and two full grocery plastic bags; the two bottom drawers were filled with numerous type of food such as cottage cheese container. Staff member G, a NA stated the food in the bottom drawers, lunch bag and plastic bags were food belonging to the staff.</p> <p>In Cottage #201. On 11/20/13 at approximately 3:20 p.m. during the medication pass, Staff member P, a LN, was preparing the medications for Resident # 66. The LN opened a can of Protein supplement powder. With bare hands, the LN removed the scoop from the can, scooped out 2 scoops of powder and placed them in a little glass; the potentially contaminated scoop (by the LN hands) was placed back into the can of protein powder and was kept in the can.</p> <p>In Cottage #103. On 11/21/13 at approximately 7 a.m. Staff Member F, a NA was observed preparing meals for residents on the kitchen counter. She was wearing disposable gloves and was tearing toast in small pieces into one resident's plate; she then proceeded to open the fridge, retrieved 2 plastic bottles wearing the disposable gloves; she also opened kitchen drawers and cabinets still wearing the disposable gloves; she, then proceeded to pick up a toast from another resident plate and wearing the same potentially contaminated disposable gloves,</p> | F 371  |   |   |

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| F 371   | Continued From page 12<br>she tore the toast in small pieces to serve to the resident. Then, she continued opening and closing cabinets and drawers, placed 1 glass in microwave, touched residents wearing the gloves; went into the locked clean linen room to retrieve residents' toiletries and proceeded to brush Resident #32's teeth; she then removed her gloves and washed her hands.   | F 371  |  |                      |
| F 431<br>SS=E   | <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked; permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to</p> | F 431  | <p>F431</p> <ol style="list-style-type: none"> <li>1) This deficiency will be corrected by the licensed nursing staff auditing and documenting medications in the medication carts on the units for expiration dates on a weekly basis. Expired medications will be returned to YVS pharmacy.</li> <li>2) YVS will protect residents by having the licensed nursing staff audit and document medications in the unit medication carts for expiration dates on a weekly basis. Expired medications will be returned to YVS pharmacy immediately.</li> <li>3) Training will be given to all licensed nursing staff to document and audit the medication cart for expired medications monthly and remove and return to pharmacy all expired medications immediately.</li> </ol> |                      |

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| F 431              | <p>Continued From page 13</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to ensure all expired medications were removed from the medication and treatment carts for 3 of 6 sampled cottages (#204, #401 and #406.), which placed the residents at risk for receiving medications with decreased effectiveness. Findings include:</p> <p>Cottage #204. On 11/25/13 at approximately 9:25 a.m., the treatment cart in Cottage #204 contained two bottles of Debrox ear drops (ear wax removal aid) that expired on 05/29/13.</p> <p>On 11/25/13 at approximately 9:30 a.m., with Staff Member B, a RN (Registered Nurse) in Cottage #204, stated that the nurses on each shift were responsible for checking the carts for expired medications and removing them.</p> <p>Cottage #401. Observations on 11/25/13 at approximately 10:45 a.m. noted the medication cart contained expired EpiPen (Epinephrine auto injector, used for treatment of a life-threatening allergic reaction) dated 10/2013.</p> <p>Observations on 11/25/13 at approximately 10:50 a.m., noted the treatment cart in Cottage #401 contained seven bottles of Debrox ear drops and a container of MultiStix (testing strips used to determine a broad range of medical conditions)</p> | F 431         | <p>4) To ensure that expired medications are documented, audited and expired medications are returned to pharmacy the YVS pharmacist will do a monthly audit and report results to the Director of Nursing.</p> <p>5) Corrective action will be completed by January 8, 2014.</p> <p>6) The Director of Nurses is responsible to ensure corrective action.</p> |                      |

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| F 431   | <p>Continued From page 14 had expired on 10/15/13.</p> <p>On 11/25/13 at approximately 10:55 a.m. in an interview with Staff Member C, RN in Cottage #401, she stated that all nurses on every shift are responsible to check the medication and treatment carts.</p> <p>Cottage #406. On 11/25/13 at approximately 11:15 a.m., observation of the medication cart noted that one bottle of saline nasal spray was expired on 10/15/13.</p> <p>On 11/25/13 at 11:20 a.m., Staff Member D, a LPN (Licensed Practical Nurse) in Cottage #406, stated all nurses on every shift are responsible for checking carts for expired medications.</p> <p>On 11/25/13 at approximately 10:55 a.m, Staff Member C, stated the list of nursing responsibilities were placed in the front of the MARs (Medication Administration Record) in each cottage which include checking for expired medications and reorder of medications that are expired every second Thursday of each month.</p> <p>On 11/26/13, a review of the MAR, it was noted that nurse was responsible for checking for expired medications and replacing the expired supplies. The list did not have any initials for the month of November 2013.</p> <p>On 11/26/13 at approximately 9:54 a.m. in an interview with Staff Member Q, a Pharmacist, stated that the licensed nurse (LN) in each cottage was responsible for bringing expired medications to the pharmacy during operating hours. When asked if the pharmacy helped with checking medications carts for expired</p> | F 431  |   |                      |

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| F 431   | Continued From page 15<br>medications, she stated "it is more like an audit to make sure that nurses are checking for expired medications." | F 431   |   |                      |   |

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