

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Cordova Community Med Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE 602 Chase Ave Cordova, AK 99574	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43792</p> <p>Based on record review and interview, the facility failed to provide written notice of the bed hold policy and provide the facility's bed hold form (policy of reserving a resident's bed for a specified period when the resident is temporarily transferred to a hospital or another healthcare setting) for two residents (#s eight and nine), out of nine residents reviewed, who were transferred to the emergency department (ED) and/or hospital, for medical treatment. This failed practice had the potential for the residents and/or their resident representatives to not be informed of the facility's bed hold policy, placing these residents at risk for losing their beds at the facility due to an extended stay at another healthcare facility.</p> <p>Findings:</p> <p>Resident #8</p> <p>Record review from 1/27- 31/25 revealed Resident #8 was admitted to the facility with diagnoses that included sequelae of central nervous system tuberculosis (long-term complications or residual effects that persist after an individual has recovered from tuberculosis infection) and gastrostomy (a surgical opening in the stomach that allows for the insertion of a feeding tube) status.</p> <p>Review of Resident #8's Discharge Assessment MDS (Minimal Data Assessment - a federally required nursing assessment), dated 10/6/24, revealed: Discharge assessment-return anticipated 10/6/24. This assessment showed the resident had been transferred out of the facility and was expected to return.</p> <p>Further review of Resident #8's Discharge Assessment MDS, dated [DATE], revealed: Discharge assessment-return anticipated 12/17/24. This assessment showed the resident had been transferred out of the facility and was expected to return.</p> <p>Further review revealed Resident #8 was transferred from the LTC (Long Term Care) facility and admitted to the hospital due to a dislodged gastrostomy tube (feeding tube) on 10/7/24 and discharged back to the facility on [DATE]. Resident #8 was also transferred to the hospital on 12/17/24 for another dislodged gastrostomy tube and discharged back to the facility on [DATE]. Further review revealed no documentation a bed hold policy or bed hold form was provided to the patient's representative for either of these transfers to the hospital.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/25 at 3:10 PM, the Director of Nursing (DON) stated, I do not see bed hold [forms] for [Resident #8] were sent to the POA [Power of Attorney] who we reach by email. The DON further stated .we give a bed hold letter with an emergency transfer. The bed hold form should be given to the POA.</p> <p>Resident #9</p> <p>Closed record review on 1/28-30/25, revealed Resident #9 was admitted to the facility with diagnoses that included adult failure to thrive (condition characterized by unintentional weight loss, decreased appetite, poor nutrition, and inactivity); anemia (condition in which the blood lacks enough healthy red blood cells to carry adequate oxygen to the body's tissues); and heart failure (condition in which the heart is unable to pump blood effectively).</p> <p>Further review revealed no evidence that a bed hold notice was provided to Resident #9 when he/she was transferred to a hospital for a medical emergency on 1/26/25.</p> <p>During an interview on 1/29/25 at 3:10 PM, when asked about the process for providing bed hold notices to a resident upon transfer to another facility due to a medical emergency, the DON stated, Our policy is to give the resident a written letter. My guess is that it wasn't given to [Resident #9] because the transfer was an emergency.</p> <p>Review of the facility policy, Bed Hold, dated 5/24/23, revealed: Purpose and/or Policy statement: Cordova Community Medical Center will provide resident and/or legal representative written notice of the bed hold policy on admission and prior to transfer. Further plans for readmission are addressed after an absence of more than 10 days from the facility . Definitions: Bed-hold: Holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization . Policy: Cordova Community Medical Center will hold LTC beds for up to twelve (12) days for a therapeutic leave and up to fourteen (14) days for a transfer to an acute care facility. Procedure: The resident and/or their legal representative will be notified of the bed hold policy upon admission to the facility. If the resident has not returned to the facility by day (10), the Director of Nursing or LTC Coordinator will follow up with the resident/representative and reassess the situation. If it is apparent that the absence will be longer than fourteen (14) days, and the bed is needed for another resident, The Director of Nursing will notify the resident or their representative that the bed will not be held.</p> <p>Review of the facility document titled, Cordova Community Medical Center Bed Hold Letter, undated, revealed: Dear _____ . A transfer to the hospital can be a stressful circumstance for people. Medicaid and Medicare will not pay for holding a bed during hospitalization of a resident. In order to alleviate some of the anxiety and stress to the residents of Cordova Community Medical Center [CCMC] we have listed basic guidelines that are intended to assist people in their decision-making and to provide a smoother transfer process. 1. We are able to hold a resident's room for up to fourteen [14] days. Residents have the option of hold the room indefinitely by arranging private payment on a daily basis. For more information, please contact the Business Office or the Director of Nursing . Your room will be held for fourteen (14) days. The last day the room will be held is _____. If you have any questions, please contact the Director of Nursing. This form was to be signed by the Resident or Resident Representative and the Director of Nursing or Long Term Care Coordinator.</p> <p>(continued on next page)</p>		

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. 51615

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>50078</p> <p>Based on record review and interview, the facility failed to provide proof that the Alaska Nurse Aide Abuse Registry was checked before hiring Certified Nurse Aides (CNAs). This failed practice placed all residents, based on a census of eight, at potential risk of abuse by individuals who may have had a documented history of misconduct.</p> <p>Findings:</p> <p>Record review on 1/30/25 revealed the facility had 13 CNAs working at the Long-Term Care (LTC).</p> <p>Review of the CNA employee records revealed no documentation that the Alaska Nurse Aide Abuse Registry was checked, prior to the CNAs starting work with residents of the LTC.</p> <p>During the course of this survey, proof was requested that the Alaska Nurse Aide Abuse Registry was checked for all CNAs working at the LTC.</p> <p>Review of the facility-provided form, Nurse Aides Abuse Registry, revealed this form was dated 1/29/16.</p> <p>During an interview on 1/30/25 at 8:30 AM, the facility's Chief Executive Officer (CEO) stated the Human Resources (HR) staff took screenshots of the abuse registry to confirm that an employee was not listed and placed this documentation in the employee's file. The CEO further stated that no such screenshots were available for any CNA employed at the facility.</p> <p>Review of the facility policy, Background Check, last reviewed 11/14/24, revealed: . 3. Nurse Aide Abuse Registry: A. The HR director will perform a check on the Nurse Aide Abuse Registry on all CNA's prior to making an Offer of Employment.</p> <p>Review of the facility's Policy and Procedure, Abuse Prevention, Recognition, and Reporting, last revised on 5/31/23, revealed: all candidates for employment will be screened by checking the licensing registry prior to hiring. The policy further stated that, these steps will be documented and maintained.</p> <p>Review of the Alaska Nurse Abuse Registry at https://www.commerce.alaska.gov/web/Portals/5/pub/NUA_NurseAideAbuseRegistry.pdf on 2/5/25, revealed it was last updated on 5/1/24.</p>		