

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2025
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NAME OF PROVIDER OR SUPPLIER SPRING LAKE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 6TH ST NW WINTER HAVEN, FL 33881
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 000 INITIAL COMMENTS

A relicensure survey was conducted from through at Spring Lake Rehabilitation Center in conjunction with a complaint investigation for complaints #2024016122 and #2024016411. There were deficiencies cited during the time of the survey.

N 000

N 201
SS=E 400.022(1)(i), FS Right to Adequate and Appropriate Health Care

(i) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide adequate and appropriate health care related to 1.) failing to assist and provide activities per preference to one resident (#71) of thirty sampled residents, 2.) failing to coordinate communication with center for one resident (#36) of one resident sampled for services, and 3.) failing to ensure appropriate cautionary and safety signs indicating the use of were posted at 23 out of 23 randomly observed rooms where was administered.

N 201

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because it is required by the provision of Federal and State Laws code section 1280 and 42 CFR 483.1.

1. Resident #71 has been discharged from the facility. Resident #36 has been discharged from the facility. Signage was updated to reflect use inside the facility.

2. Activities Director/Designee has completed a review of current facility

Findings included:

1.

Review of the policy - Individual Activities,

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

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N 201	<p>Continued From page 1</p> <p>copyright 2021, showed "Individual activities are provided for those residents who do not wish to attend group activities." The Procedure revealed:</p> <ol style="list-style-type: none"> Individual activities are provided because residents have a need for personal identity. Some residents are unable to do or do not wish to participate in Group activities. For those residents who do not wish to participate in Group activities, the activity program provides individual activities that: <ul style="list-style-type: none"> - Make maximum use of each resident's physical and mental abilities; And - Are interesting to and involve the resident, and which presents a challenge that can be met by the resident. <p>On at 10:31 a.m., an observation and interview was conducted with Resident #71. The resident stated the facility does not ask them to go to activities, "because I would probably go."</p> <p>On at 2:05 p.m., Resident #71 was observed sitting in a wheelchair in a room with a television playing. The resident reported being unaware of an activity calendar in the room. The resident stated they would go to activities, but staff don't tell her. Observation of resident room showed a calendar placed approximately four and a half from the floor on a bulletin board in the room.</p> <p>An interview was conducted on at 2:07 p.m. with Staff A, Certified Nursing Assistant (CNA). The staff member stated Resident #71 does not go to activities but goes to . . . Staff A, CNA reported the activity department goes into the resident's room to see the resident.</p> <p>Review of Resident #71's Admission Record revealed the resident was originally admitted on</p>	N 201	<p>residents to confirm that activities are provided per preference. Director of Nursing/Designee has conducted a review of current facility residents to verify communication is completed as required. Follow up based on findings. Administrator/Designee completed observation of facility entrances to verify signage stating " usage is present.</p> <p>3. Staff Development Coordinator/Designee has provided education to activity staff related to assisting and providing resident's preferred activities. Staff Development Coordinator/Designee has completed education for current facility licensed nurses related to communication requirements. Regional Support Team member provided education for the facility Inter Disciplinary Team related to signage posting requirements.</p> <p>4. Activities Director/Designee to monitor residents to verify that activities are provided per preference using a random sample of 10 residents weekly x 3 months then as needed until substantial compliance is achieved. Director of Nursing/Staff Development Coordinator/Unit Manager/Designee to complete monitoring of residents to verify communication documentation is present weekly x 3 months, then as needed until substantial compliance is achieved. Administrator/Designee observed the facility entrances to verify " in place signage in place weekly x 4, then as needed until substantial compliance is achieved. Findings to be</p>	

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N 201	Continued From page 2 The record included diagnoses of unspecified _____ and _____ following other _____ affecting left non-dominant side, adult _____, and other symptoms and signs involving _____ functions and awareness. Review of Resident #71's Care Plan revealed the resident required invitations, assistance, and some encouragement to attend programs of interest and enjoyed music programs, entertainment, card games, watching television, movies, and social visits, initiated on _____ and revised on _____. The interventions included: offer seating close to program leader, provide 1:1 leisure visits of potential interest, provide activity calendar (and) review as needed, provide invitations and offer assistance to programs of assessed interest, and provide set up with activities (and) assist as needed and encourage active participation. Review of Resident #71's Activities Evaluation, effective _____, revealed the resident had personal strengths: _____, cheerful, leisure interests, able to make needs known, and sense of humor. The resident was able to read, write, and speak/comprehend English. The evaluation revealed the resident needed encouragement to participate in activities and the activity environment was groups, own room, day/activity room, inside facility/off unit, and outdoor. The resident's current or past interests included cards, games, arts/crafts, music, shopping, conversation, watching TV, watching movies, political interests, hobbies, and special interests. The sensory adaptations to participate needed assistance, needed reminders, and needed glasses (optical). The resident required assistance for getting to and from activity areas.	N 201	reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.	

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N 201	<p>Continued From page 3</p> <p>The consideration comments revealed the resident was a prior resident, alert and oriented with some noted at time of evaluation, was currently room-bound at the time of evaluation, some hearing, and enjoyed music programs, entertainment, card games, watching television and movies, and social and visits.</p> <p>Review of Resident #71's Activities Evaluation, effective, showed the resident had no changes noted with activity preferences and staff would continue to assist as needed.</p> <p>Review of Resident #71's Minimum Data Set (MDS) assessment dated revealed under Section F - Preferences for Customary Routine and Activities, being around pets, doing things with groups of people, doing favorite activities, and going outside for fresh air was very important and listening to music and keeping up with news was somewhat important to the resident. Section GG - Functional Abilities showed the resident used a wheelchair for mobility and had a range of motion to one side of the upper extremity and one side of lower extremity.</p> <p>Resident #71's Brief Interview of Mental Status () assessment dated revealed a score of, indicating severe.</p> <p>Review of Resident #71's Activity Task documentation for 30 days prior to revealed the resident had no participation in books and poetry, creative activities, enrichment, games, holiday/special events, women club, physical activity, Resident 1:1 individual participation, resident council/empowerment,</p>	N 201		

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N 201	<p>Continued From page 4</p> <p>sensory, social/discussions/ , spiritual, trips/outings, and/or virtual visitation (14 day look). The documentation showed the resident participated in entertainment on at 2:59 p.m., participated in friendly visit/room visit and independent leisure pursuits on at 2:59 p.m. and on at 2:59 p.m., and participated in self-image/nail care on at 2:59 p.m.</p> <p>An interview was conducted with the facility's Activity Director (AD) on at 9:19 a.m. The AD reported Resident #71 was here for rehab and was admitted to the facility a couple of times before. The staff member reported the resident attended the music program yesterday between p.m. and went to a hair . . . The AD reported documentation was done electronically in the resident's record. A review of Resident #71's Activity Tasks revealed no documentation of the resident's participation in the music program or any music program in the last 30 days. The AD stated she would have to make a late entry for the resident's participation in music program. The staff member stated the resident was on isolation and did not know what type (per physician order: Contact precautions from to) and when the resident was unable to come out of room at the time. The AD stated when resident's first come in, the department does initial evaluations and if the resident's come for short-term/rehabilitation, the department goes around the building to invite them, calendars are placed in each room and lobbies, and during resident council she attempts to get ideas to either add or subtract activities. The AD stated, "we can do better documentation."</p> <p>An interview was conducted on at 10:16</p>	N 201		
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N 201	<p>Continued From page 5</p> <p>a.m. with the facility's Director of Nursing (DON). The DON stated the facility does welcoming meetings, shows new resident's the activity calendar, and the Activity Department follows up the calendar throughout the day.</p> <p>Review of the Activity calendar revealed activities are provided daily from morning to afternoon and to early evening on certain days.</p> <p>2.</p> <p>On at 12:32 p.m., Resident #36 was observed lying in bed with a lunch tray on the overbed table next to the bed. The resident reported not feeling well and may not go to . The resident also stated she has not missed any and the facility provided transportation to the center.</p> <p>Review of Resident #36's Admission Record revealed the resident was admitted on and readmitted on . The record included diagnoses of () and dependence on .</p> <p>Review of Resident #36's physician orders showed the resident was to receive three times a week every Monday, Wednesday, and Friday.</p> <p>An interview was conducted on at 3:41 p.m. with Staff B, Registered Nurse (RN). The staff member stated a sheet, list of medications, and the communication form was sent to the center for . Staff B, RN also stated the communication forms are filled out before the resident leaves and after the resident returns. They are scanned into the medical record and put</p>	N 201		
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N 201	<p>Continued From page 6 into the binder.</p> <p>Review of Resident #36's Communication forms revealed the center did not complete the portion reserved for them to complete, showing any medications given during/after treatment, pre-treatment and post-treatment, pre-treatment and post-treatment vital signs, any access problems, snacks/fluids given, any change in condition, or special instructions/comments on _____ and _____.</p> <p>An interview was conducted with Staff C, Licensed Practical Nurse (LPN)/Unit Manager (UM) on _____ at 3:48 p.m. Staff C, LPN UM reviewed the _____ Communication forms and stated, "Guess when these come without the center information I should have been asking them to complete them." The staff member stated the four forms missing the _____ center information were ones "in _____ of the book" and explained that was why she liked to scan them in so they didn't get put behind the physician orders.</p> <p>Review of Resident #36's Progress Notes on _____ and _____ did not reveal the facility attempted to contact the _____ center for information regarding the resident's treatment. The facility did not provide Progress Notes for _____.</p> <p>An interview was conducted with the facility's DON on _____ at 12:05 p.m. The DON reported they have been having a terrible time getting the _____ center to return the Communications forms and they keep calling the center, but they don't receive them. The DON stated she contacted the facility's corporate office and the</p>	N 201		

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N 201	<p>Continued From page 7</p> <p>facility does not have a policy for . . .</p> <p>Review of Resident #36s . . . Communication Forms dated . . . and . . . sent to the facility by the . . . center on . . . at 10:33 a.m. revealed the completion of the . . . Center information, however it did not contain pre or post treatment facility information. The form dated . . . showed the resident received 100 milligrams of iron during or after the treatment and on . . . the resident received 100 milligrams of iron and 75 micrograms of a long-acting . . . (ESA) used for the treatment of . . . (www. . . .com).</p> <p>Review of the contract between the facility and . . . Center, effective . . . , included the following:</p> <p>2. Interchange of Information. The Nursing Facility shall provide for the interchange of information useful or necessary for the care of the . . . Residents, including a Registered Nurse as a contact person at the Nursing Facility. Those responsibilities include oversight of provision of services to the . . . residents.</p> <p>B. . . . of the . . . Unit and/or Company</p> <p>1. Standards of . . . unit. The . . . unit shall conform to standards not less than those required by any applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time.</p> <p>D. To provide to the Nursing Facility information on all aspects of the management of the Resident's care related to the provision of Services, including directions on management of medical and non-medical emergencies, including, but not limited to . . . , and care of</p>	N 201		
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N 201	<p>Continued From page 8</p> <p>access site.</p> <p>D. Mutual</p> <p>1. Collaboration of Care. Both parties shall ensure that there is documented evidence of collaboration of care and communication between the Nursing Facility and Unit. Documentation shall include, but not be limited to, participation in care conferences, continual quality improvements, and review of control of policies and procedures, in the signatures of team members from both parties on a short term care plan (STCP) and long term care plan (LTCP). Team members shall include the physician, nurse, social worker, and dietician from the unit and a representative from the nursing facility.</p> <p>3.</p> <p>During an observation on at 2:59 p.m., 23 resident rooms where was observed administered had no use signage near the resident rooms.</p> <p>During an observation on at 4:00 p.m., the facility had no smoking signs posted outside the facility next to the front entrance door, but there were no signs the use of inside the facility.</p> <p>During an interview on at 11:45 a.m., the Nursing Home Administrator and the Director of Nursing stated the facility did not need signs on resident doors because they had no smoking signs posted outside the facility.</p> <p>During an interview at 12:00 p.m. on with the Vice President of Clinical Services, she stated they were told by life safety they did not have to put signs outside resident rooms</p>	N 201		
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N 203	<p>Continued From page 10</p> <p>limited to type 2 _____ without complications, _____ in other classified elsewhere, unspecified severity, with _____, and need for assistance with personal care.</p> <p>During an interview on _____ at 10:00 AM with Staff G, License Practical Nurse/Unit Manager (LPN UM), Staff G, LPN UM stated Resident # 7 is seated in the hallway during his meals so the staff can monitor him.</p> <p>During an interview on _____ at 10:30 AM, with the Director of Nursing (DON), the DON stated Resident # 7 has _____, so they place him in an area where staff can monitor him with his meals. The DON also stated Resident # 7's daughter wants him to be in a location where the staff who know him best can assist him but acknowledged seating him in the hallway could be a dignity concern.</p> <p>The facility did not have a policy related to dignified dining.</p> <p>Class III</p>	N 203	<p>Nursing/Unit Manager/Designee to complete random observations of residents while dining to endure dignity is maintained. Observations will contain 10 residents/week x 3 months, then as needed until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.</p>	

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

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

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F 000	INITIAL COMMENTS	F 000			
F 550 SS=D	<p>A recertification survey was conducted from through at Spring Lake Rehabilitation Center in conjunction with a complaint investigation for complaints #2024016122 and #2024016411. The facility was not in compliance with 42 CFR 483. Requirements for Long Term Care Facilities Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p>	F 550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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 550	<p>Continued From page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and interviews, the facility failed to provide a dignified dining experience for one resident (#7) out of eight residents sampled for dining.</p> <p>Findings included:</p> <p>During an observation on _____ at 11:45 AM, Resident # 7 was observed sitting in his wheelchair in the hallway in a high traffic location eating his lunch with his _____. Two staff members were observed walking over to him and adjusted him in his chair. One staff member began to assist him with his meal while standing over him.</p> <p>Review of the Admission Record showed Resident # 7 was admitted to the facility on _____ with diagnoses to include but not limited to type 2 _____ without complications, _____ in other _____ classified elsewhere, unspecified severity, with _____, and need for assistance with personal care.</p>	F 550	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because it is required by the provision of Federal and State Laws code section 1280 and 42 CFR 483.1.</p> <p>1. Resident #7's plan of care has been updated to reflect the dining preferences of the resident/resident representative. The resident's representative has received information specific to dignified dining, who verbalized understanding.</p> <p>2. Director of Nursing (DON)/Designee has completed observation of current facility residents while dining to verify dignity is maintained. Follow up based on findings.</p> <p>3. Staff Development Coordinator (SDC)/Designee has completed education</p>	

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OMB NO. 0938-0391

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F 550	Continued From page 2 During an interview on _____ at 10:00 AM with Staff G, License Practical Nurse/Unit Manager (LPN UM), Staff G, LPN UM stated Resident # 7 is seated in the hallway during his meals so the staff can monitor him. During an interview on _____ at 10:30 AM, with the Director of Nursing (DON), the DON stated Resident # 7 has _____, so they place him in an area where staff can monitor him with his meals. The DON also stated Resident # 7's daughter wants him to be in a location where the staff who know him best can assist him but acknowledged seating him in the hallway could be a dignity concern. The facility did not have a policy related to dignified dining.	F 550	for current facility employees related to maintaining resident dignity while dining. 4. Director Of Nursing/Assistant Director Of Nursing/Unit Manager/Designee to complete random observations of residents while dining to endure dignity is maintained. Observations will contain 10 residents/week x 3 months, then as needed until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.	
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility did not ensure accurate and timely completion of resident assessments for two residents (#27 and #82) of two residents reviewed for resident assessments. Findings included: Review of the record for Resident #27 revealed he was admitted to the facility on _____ and in the facility on _____. An MDS (Minimum Data Set) assessment dated _____ indicated the	F 641	1. Residents #27 & #82s assessments were transmitted on _____ 2. Minimum Data Set (MDS) Coordinator/Designee has completed a review of facility resident Minimum Data Set assessments completed over the last 30 days to verify completed & transmitted timely. Follow up based on findings. 3. Staff Development Coordinator/Designee has completed	

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F 641	Continued From page 3 assessment was for " in facility". The MDS assessment was completed on but was not submitted. Review of the record for Resident #82 revealed he was admitted to the facility on and discharged to the hospital on . Review of the MDS assessments for Resident #82 revealed the last assessment submitted was an Admission assessment, submitted An interview with Staff E, Resident Care I RN on at 12: 21 p.m. revealed Resident #27's MDS assessment should have been submitted. Staff E, Resident Care I RN also stated the discharge MDS assessment for Resident #82 was not submitted until She stated there was a switch in electronic medical records in of 2024 and they were working in two systems at the time. She also stated the assessment should have been completed and submitted.	F 641	education with current facility Minimum Data Set employees related to timely Minimum Data Set completion/submission. 4. Minimum Data Set Coordinator/Designee to complete monitoring to verify assessments completed/transmitted timely weekly x 3 months or until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.	
F 645 SS=E	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental and individuals with intellectual §483.20(k)(1) A nursing facility must not admit, on or after , any new residents with: (i) Mental as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental	F 645		

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F 645	<p>Continued From page 4</p> <p>condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual _____, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual _____ or _____ authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual _____.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual</p>	F 645			

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F 645	<p>Continued From page 5</p> <p>is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental if the individual has a serious mental defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual , if the individual has an intellectual , as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interviews, the facility failed to obtain an accurate Pre-Admission Screening and Resident Review (PASRR) screen prior to a re-admission for one (#98) resident of thirty sampled residents and failed to ensure residents with Mental Illness or Suspected Mental Illness were referred for Level II screening for two residents (#96 and #15) of thirty sampled residents.</p> <p>Findings included:</p> <p>1.</p> <p>Review of Resident #98's census information revealed the resident was admitted on , and re-admitted .</p> <p>Review of Resident #98's Admission Record revealed the resident was originally admitted on and re-admitted on . The record did not include any mental health diagnoses.</p> <p>Review of Resident #98's Level I PASRR screen</p>	F 645	<p>1. Resident #98's PASRR has been updated to accurately reflect the physical and mental condition of the resident. Resident #15 has been discharged from the facility. Resident #96 has been referred for a Level II PASRR.</p> <p>2. Director Of Nursing/Social Services Director/Designee have completed a review of current facility residents to verify PASRR accurately reflects the resident and has been submitted for a Level II review if indicated. Follow up based on findings.</p> <p>3. Staff Development Coordinator/Designee has provided education for Inter Disciplinary Team related to PASRR requirements.</p> <p>4. Director Of Nursing/Social Services Director/Designee to complete monitoring of admission and readmission residents using the morning meeting process to</p>	

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F 645	<p>Continued From page 6</p> <p>dated _____, did not show the resident had any Mental Illness (_____), Suspected Mental Illness (SMI), Intellectual _____ (ID), or Suspected Intellectual _____ (SID). The PASRR included in the resident record revealed the resident did not require a Level II PASRR screen.</p> <p>Review of Resident #98's _____ Medication Administration Record (MAR) showed the resident was prescribed _____ 0.25 milligram (mg) tablet every 24 hours as needed for _____ for 14 days. The documentation revealed the resident received _____, _____ medication four of twelve days. The MAR showed staff monitored the _____ behaviors of the resident and behaviors were observed on _____.</p> <p>Review of Resident #98's care plan revealed the following focuses with initiation dates:</p> <ul style="list-style-type: none"> - _____, revised _____: Resident is a risk for adverse reactions related to (R/T), _____, _____ medication use of _____, secondary to _____. - _____: Resident has a behavior problem related to (r/t) making self- _____ by placing _____ down _____. <p>Review of Resident #98's _____ MAR showed the resident received _____ 5 mg twice daily for _____, started on _____ and was _____ prescribed _____ 0.25 mg on _____ every 24 hours as needed for _____ for 14 days. The resident received _____ 0.25 mg three times during the month of _____.</p> <p>Review of the Post- _____ Stress (_____)/ _____ Screening Tool dated _____ revealed the resident did not experience any _____ events or had a current or history of _____.</p>	F 645	<p>verify PASRR accuracy and has been referred for a Level II if applicable for a period of 3 months, then quarterly as needed or until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.</p>	

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F 645	<p>Continued From page 8</p> <p>resident did not have a diagnosis or suspicion of a SMI or ID and a Level II PASRR was not required.</p> <p>A behavioral health note for Resident #96 dated and entitled "Diagnostic Evaluation" was reviewed. The Primary diagnosis listed was " " The reason for referral/presenting problem was documented as Resident #96 was referred to "due to having a diagnosis of He has nightmares, difficulty with sleeping." General comments indicated, "He as a [diagnosis] of . He states he has dealt with it for many years. He will wake up from having nightmares and has difficulty with going to sleep. Does not happen every night.... He does not have . He gets when he has the nightmares or hears a very loud noise he does not expect. He knows to take deep breaths and redirect his thoughts."</p> <p>During an interview on at 3:53 p.m., the Director of Nursing (DON) stated Resident #96 has . She stated he does not qualify for needing a Level II PASRR screening because he is stable and does not exhibit any behaviors.</p> <p>3.</p> <p>Review of Resident #15's Admission Record revealed an original admission date of with readmission on . Resident #15's diagnoses included (initiated), major (initiated), unspecified, unspecified severity, without behavioral disturbance, disturbance, disturbance, and (initiated), and adjustment</p>	F 645			

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F 645	<p>Continued From page 9</p> <p>with mixed _____ and depressed _____ (initiated _____).</p> <p>Review of Resident #15's Level I PASRR screen dated _____, showed in Section I: PASRR Screen Decision-Making, section A. (Mental Illness) or Suspected _____ (check all that apply): _____, was checked. _____ was not checked. Section II: Other Indications for PASRR Screen Decision-Making revealed a Level II PASRR evaluation must be completed if the individual has a primary or secondary diagnosis of _____ or related _____ (including _____), and a suspicion or diagnosis of a Serious Mental Illness. Under Section _____: PASRR Screen Completion, Individual may be admitted to a Nursing Facility (check one of the following): No diagnosis or suspicion of Serious Mental Illness or Intellectual _____ indicated. Level II PASRR evaluation not required, was marked.</p> <p>During an interview on _____ at 3:54 p.m., the DON stated Resident #15's PASRR Section I has _____ marked. She reviewed the resident's diagnoses in the Electronic Medical Record (EMR) and stated he has _____ and _____. She stated a Level II screen is not needed because his _____ diagnosis is not a primary or a secondary diagnosis.</p> <p>Review of the facility's undated policy titled PASRR Guidance revealed the following: Purpose: A nursing facility must notify the state mental health authority or state intellectual _____ authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness (_____) or intellectual _____ (ID) for resident</p>	F 645			

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F 645	Continued From page 10 review. To ensure that individuals with a mental or continue to receive the care and services they need and the most appropriate setting, when a significant change in their status occurs. Guidance: As part of the preadmission screening and resident review PASRR process, the facility is required to notify the appropriate state mental health authority of our state intellectual authority when a resident with a mental or intellectual , has a significant change in their physical or mental condition. The nursing facility must notify the state mental health (SMH) /ID authority of significant changes in residents with MD or ID independent of the findings of the Significant Change in Status Assessment (SCSA). functions as an independent assessment process for this population with special needs, and parallel with the facilities assessment process. The facility should know their state PASRR policy on referral to the SMH/ID authority, so that these authorities may exercise their expert judgment about when a level 2 evaluation is needed. Referral to the SMH/ID authority should be made as soon as the criteria is indicative of a significant change or evident- the facility should not wait until the SCSA is completeReferral for resident review evaluation is required for individuals previously identified by PASRR to have a mental , intellectual , or a related condition who experience a significant change.	F 645		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on	F 679		

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F 679	<p>Continued From page 11</p> <p>the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and _____ well-being of each resident, encouraging both independence and interaction in the community.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to assist and provide activities per preference to one resident (#71) of thirty sampled residents.</p> <p>Findings included:</p> <p>On _____ at 10:31 a.m., an observation and interview was conducted with Resident #71. The resident stated the facility does not ask them to go to activities, "because I would probably go."</p> <p>On _____ at 2:05 p.m., Resident #71 was observed sitting in a wheelchair in a room with a television playing. The resident reported being unaware of an activity calendar in the room. The resident stated they would go to activities, but staff don't tell her. Observation of resident room showed a calendar placed approximately four and a half _____ from the floor on a bulletin board in the room.</p> <p>An interview was conducted on _____ at 2:07 p.m. with Staff A, Certified Nursing Assistant (CNA). The staff member stated Resident #71 does not go to activities but goes to _____. Staff A, CNA reported the activity department goes into the resident's room to see the resident.</p>	F 679	<ol style="list-style-type: none"> 1. Resident #71 has been discharged from the facility. 2. Activities Director/Designee has completed a review of current facility residents to confirm that activities are provided per preference. Follow up based on findings. 3. Staff Development Coordinator/Designee has provided education to the Activity staff related to assisting and providing residents' preferred activities. 4. Activities Director/Designee to monitor residents to verify that activities are provided per preference using a random sample of 10 residents weekly x 3 months then quarterly as needed or until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated. 	

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F 679	<p>Continued From page 12</p> <p>Review of Resident #71's Admission Record revealed the resident was originally admitted on . The record included diagnoses of unspecified and following other affecting left non-dominant side, adult, and other symptoms and signs involving functions and awareness.</p> <p>Review of Resident #71's Care Plan revealed the resident required invitations, assistance, and some encouragement to attend programs of interest and enjoyed music programs, entertainment, card games, watching television, movies, and social visits, initiated on and revised on . The interventions included: offer seating close to program leader, provide 1:1 leisure visits of potential interest, provide activity calendar (and) review as needed, provide invitations and offer assistance to programs of assessed interest, and provide set up with activities (and) assist as needed and encourage active participation.</p> <p>Review of Resident #71's Activities Evaluation, effective , revealed the resident had personal strengths: , cheerful, leisure interests, able to make needs known, and sense of humor. The resident was able to read, write, and speak/comprehend English. The evaluation revealed the resident needed encouragement to participate in activities and the activity environment was groups, own room, day/activity room, inside facility/off unit, and outdoor. The resident's current or past interests included cards, games, arts/crafts, music, shopping, conversation, watching TV, watching movies, political interests, hobbies, and special interests.</p>	F 679			

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F 679	<p>Continued From page 13</p> <p>The sensory adaptations to participate needed assistance, needed reminders, and needed glasses (optical). The resident required assistance for getting to and from activity areas. The consideration comments revealed the resident was a prior resident, alert and oriented with some . . . noted at time of evaluation, was currently room-bound at the time of evaluation, some hearing . . . , and enjoyed music programs, entertainment, card games, watching television and movies, and social and . . . visits.</p> <p>Review of Resident #71's Activities Evaluation, effective . . . , showed the resident had no changes noted with activity preferences and staff would continue to assist as needed.</p> <p>Review of Resident #71's Minimum Data Set (MDS) assessment dated . . . revealed under Section F - Preferences for Customary Routine and Activities, being around pets, doing things with groups of people, doing favorite activities, and going outside for fresh air was very important and listening to music and keeping up with news was somewhat important to the resident. Section GG - Functional Abilities showed the resident used a wheelchair for mobility and had a range of motion . . . to one side of the upper extremity and one side of lower extremity.</p> <p>Resident #71's Brief Interview of Mental Status (. . .) assessment dated . . . revealed a score of . . . , indicating severe . . .</p> <p>Review of Resident #71's Activity Task documentation for 30 days prior to . . .</p>	F 679		

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F 679	<p>Continued From page 14</p> <p>revealed the resident had no participation in books and poetry, creative activities, enrichment, games, holiday/special events, women club, physical activity, Resident 1:1 individual participation, resident council/empowerment, sensory, social/discussions/ , spiritual, trips/outings, and/or virtual visitation (14 day look). The documentation showed the resident participated in entertainment on at 2:59 p.m., participated in friendly visit/room visit and independent leisure pursuits on at 2:59 p.m. and on at 2:59 p.m., and participated in self-image/nail care on at 2:59 p.m.</p> <p>An interview was conducted with the facility's Activity Director (AD) on at 9:19 a.m. The AD reported Resident #71 was here for rehab and was admitted to the facility a couple of times before. The staff member reported the resident attended the music program yesterday between p.m. and went to a hair , . The AD reported documentation was done electronically in the resident's record. A review of Resident #71's Activity Tasks revealed no documentation of the resident's participation in the music program or any music program in the last 30 days. The AD stated she would have to make a late entry for the resident's participation in music program. The staff member stated the resident was on isolation and did not know what type (per physician order: Contact precautions from to) and when the resident was unable to come out of room at the time. The AD stated when resident's first come in, the department does initial evaluations and if the resident's come for short-term/rehabilitation, the department goes around the building to invite them, calendars are</p>	F 679			

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F 679	Continued From page 15 placed in each room and lobbies, and during resident council she attempts to get ideas to either add or subtract activities. The AD stated, "we can do better documentation." An interview was conducted on _____ at 10:16 a.m. with the facility's Director of Nursing (DON). The DON stated the facility does welcoming meetings, shows new resident's the activity calendar, and the Activity Department follows up the calendar throughout the day. Review of the _____, Activity calendar revealed activities are provided daily from morning to afternoon and to early evening on certain days. Review of the policy - Individual Activities, copyright 2021, showed "Individual activities are provided for those residents who do not wish to attend group activities." The Procedure revealed: 1. Individual activities are provided because residents have a need for personal identity. Some residents are unable to do or do not wish to participate in Group activities. 2. For those residents who do not wish to participate in Group activities, the activity program provides individual activities that: - Make maximum use of each resident's physical and mental abilities; And - Are interesting to and involve the resident, and which presents a challenge that can be met by the resident.	F 679		
F 695 SS=E	_____, _____, _____ Care and Suctioning CFR(s): 483.25(f) § 483.25(f) _____, _____ care, including _____, _____ care and _____ suctioning. The facility must ensure that a resident who	F 695		

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F 695	<p>Continued From page 16</p> <p>needs , care, including care and suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure appropriate cautionary and safety signs indicating the use of . . . were posted at 23 out of 23 randomly observed rooms where . . . was administered.</p> <p>Findings include:</p> <p>During an observation on . . . at 2:59 PM, 23 resident rooms where . . . was observed administered had no . . . use signage near the resident rooms.</p> <p>During an observation on . . . at 4:00 PM, the facility had no smoking signs posted outside the facility next to the front entrance door, but there were no signs . . . the use of . . . inside the facility.</p> <p>During an interview on . . . at 11:45 AM, the Nursing Home Administrator and the Director of Nursing stated the facility did not need . . . signs on resident doors because they had no smoking signs posted outside the facility.</p> <p>During an interview at 12:00 PM on . . . with the Vice President of Clinical Services, she stated they were told by life safety they did not have to put . . . signs outside resident rooms where . . . is administered because they have no smoking signs posted on the . . . storage</p>	F 695	<ol style="list-style-type: none"> 1. Signage was updated to reflect . . . use inside the facility. 2. Administrator/Designee completed observation of facility entrances to verify signage stating . . . usage is present. 3. Regional Support Team member provided education for the facility Inter Disciplinary Team related to . . . signage posting requirements. 4. Administrator/Designee will observe the facility entrances to verify . . . in use signage in place weekly x 4, then as needed until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated. 	

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F 695	Continued From page 17 rooms located in the facility.	F 695		
F 698 SS=D	The facility did not have an _____ policy related to _____ signs. Photographic Evidence Obtained CFR(s): 483.25(l) §483.25(l) The facility must ensure that residents who require _____ receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to coordinate communication with a _____ center for one resident (#36) of one resident sampled for _____ services. Findings included: On _____ at 12:32 p.m., Resident #36 was observed lying in bed with a lunch tray on the overbed table next to the bed. The resident reported not feeling well and may not go to _____. The resident also stated she has not missed any _____ and the facility provided transportation to the _____ center. Review of Resident #36's Admission Record revealed the resident was admitted on _____ and readmitted on _____. The record included diagnoses of _____ (_____) and dependence on _____.	F 698	1. Resident #36 has been discharged from the facility. 2. Director Of Nursing/Designee has conducted a review of current facility residents to verify _____ communication is completed as required. Follow up based on findings. 3. Staff Development Coordinator/Designee has completed education for licensed nurses related to _____ communication requirements. 4. Director Of Nursing/Staff Development Coordinator/Unit Manager/Designee to complete monitoring of _____ residents to verify communication documentation is present weekly x 3 months, then as needed until substantial compliance is achieved. Findings to be reviewed during _____	

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F 698	<p>Continued From page 18</p> <p>Review of Resident #36's physician orders showed the resident was to receive three times a week every Monday, Wednesday, and Friday.</p> <p>An interview was conducted on _____ at 3:41 p.m. with Staff B, Registered Nurse (RN). The staff member stated a _____ sheet, list of medications, and the communication form was sent to the _____ center for _____ Staff B, RN also stated the communication forms are filled out before the resident leaves and after the resident returns. They are scanned into the medical record and put into the _____ binder.</p> <p>Review of Resident #36's Communication forms revealed the center did not complete the portion reserved for them to complete, showing any medications given during/after treatment, pre-treatment and post-treatment _____, pre-treatment and post-treatment vital signs, any access problems, snacks/fluids given, any change in condition, or special instructions/comments on _____, and _____.</p> <p>An interview was conducted with Staff C, Licensed Practical Nurse (LPN)/Unit Manager (UM) on _____ at 3:48 p.m. Staff C, LPN UM reviewed the _____ Communication forms and stated, "Guess when these come without the center information I should have been asking them to complete them." The staff member stated the four forms missing the _____ center information were ones "in _____ of the book" and explained that was why she liked to scan them in so they didn't get put _____ behind the physician</p>	F 698	<p>the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.</p>	

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F 698	<p>Continued From page 19 orders.</p> <p>Review of Resident #36's Progress Notes on _____, and _____ did not reveal the facility attempted to contact the _____ center for information regarding the resident's treatment. The facility did not provide Progress Notes for _____.</p> <p>An interview was conducted with the facility's Director of Nursing (DON) on _____ at 12:05 p.m. The DON reported they have been having a terrible time getting the _____ center to return the Communications forms and they keep calling the center, but they don't receive them. The DON stated she contacted the facility's corporate office and the facility does not have a policy for _____.</p> <p>Review of Resident #36s _____ Communication Forms dated _____ and _____, sent to the facility by the _____ center on _____ at 10:33 a.m. revealed the completion of the _____ Center information, however it did not contain pre or post treatment facility information. The form dated _____ showed the resident received 100 milligrams of iron during or after the treatment and on _____ the resident received 100 milligrams of iron and 75 micrograms of _____ a long-acting _____ (ESA) used for the treatment of _____ (www. _____ .com).</p> <p>Review of the contract between the facility and _____ Center, effective _____, included the following: 2. Interchange of Information. The Nursing Facility shall provide for the interchange of information useful or necessary for the care of the Residents, including a Registered Nurse</p>	F 698			

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F 698	Continued From page 20 as a contact person at the Nursing Facility. Those responsibilities include oversight of provision of services to the residents. B. _____ of the _____ Unit and/or Company. 1. Standards of _____ unit. The _____ unit shall conform to standards not less than those required by any applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. D. To provide to the Nursing Facility information on all aspects of the management of the Resident's care related to the provision of Services, including directions on management of medical and non-medical emergencies, including, but not limited to _____, and care of _____ access site. D. Mutual 1. Collaboration of Care. Both parties shall ensure that there is documented evidence of collaboration of care and communication between the Nursing Facility and _____ Unit. Documentation shall include, but not be limited to, participation in care conferences, continual quality improvements, and review of _____ control of policies and procedures, in the signatures of team members from both parties on a short term care plan (STCP) and long term care plan (LTCP). Team members shall include the physician, nurse, social worker, and dietician from the _____ unit and a representative from the nursing facility.	F 698			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761			

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F 761	<p>Continued From page 21</p> <p>labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) 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>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, 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:</p> <p>Based on observations, interviews, and policy review, the facility failed to ensure medications were stored in a safe manner and inaccessible to unauthorized personnel, visitors, and residents on two (800-hall and 200-hall) of seven medication carts.</p> <p>Findings included:</p> <p>On _____ at 8:49 a.m., an observation was conducted with Staff F, Licensed Practical Nurse (LPN) of medication administration.</p> <p>On _____ at 9:13 a.m. after the observation of</p>	F 761	<ol style="list-style-type: none"> 1. Identified medications were relocated to an appropriate storage area. 2. Director of Nursing/Designee have completed a review of medication carts to ensure medications were stored in a safe manner and inaccessible to unauthorized personnel. Follow up based on findings. 3. Staff Development Coordinator/Designee has completed education with licensed nurses related to medication storage standards. 	

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F 761	<p>Continued From page 22</p> <p>medication administration with Staff F, LPN, an observation was conducted of a cooler sitting on top of the medication cart of the 800-hall with a bottle of over-the-counter medication handwritten labeled Lacto Probiotic. The staff member stated the Lacto was left unattended on the medication cart, but it had to stay refrigerated during the medication pass.</p> <p>On at 11:41 a.m., an observation was conducted with Staff D, LPN obtaining a level and the administration of aspart for Resident #246. The staff member moved the medication cart from the doorway outside of the resident's room to the nursing station where the amount of was verified with Staff C, LPN/Unit Manager. The amount of was verified, the was placed in a pharmacy labeled bag, and the medication cart was moved to the area outside of the resident room, approximately half the medication cart was unseen from the resident room. The staff member entered the resident room, leaving the medication cart unlocked, with the and administered the medication while standing over the resident. The medication cart was not visible to staff during the administration.</p> <p>An interview was conducted on at 12:58 p.m. with the Regional Nurse Consultant (RNC). The RNC stated medications should not be left unattended on top of medication cart.</p> <p>Review of the policy titled Storage of Medications, revised , showed medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed</p>	F 761	<p>4. Director of Nursing/Staff Development Coordinator/Unit Manager/Designee to observe medication carts to verify medications are stored in a safe manner and inaccessible to unauthorized personnel daily x 2 weeks, 3 x/ week x 2 weeks, weekly x 4, then monthly as needed or until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Committee Meeting. Modifications implemented as indicated.</p>	

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F 761	Continued From page 23 nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. The Procedure of the policy revealed only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) are permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access. Review of the policy titled Medication Pass Guidelines, copyright 2008, revealed during the administration of medication "Lock medication cart when not in direct view of nurse administering medication."	F 761		
F 880 SS=D	Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Control The facility must establish and maintain an prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable and §483.80(a) prevention and control program. The facility must establish an prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling and communicable for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		

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F 880	<p>Continued From page 24</p> <p>arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable _____ or _____ before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable _____ or _____ should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of _____ ; ()When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the _____ agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable _____ or _____ skin _____ from direct contact with residents or their food, if direct contact will transmit the _____ ; and</p> <p>(vi)The _____ hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 25</p> <p>transport linens so as to prevent the spread of</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility did not ensure timely isolation precautions were initiated for one resident (#345) out of 39 residents sampled.</p> <p>Findings included:</p> <p>A review of Resident #345's Admission Record showed an admit date of _____ with a primary diagnosis of _____ about internal _____ left _____, subsequent encounter.</p> <p>On _____ at 9:50 a.m., an observation and interview was conducted with Resident #345 in the resident's room. Resident #345 stated he was in the facility for rehabilitation after _____ repair surgery. Resident #345 had two _____ on his left lower extremity. Resident #345 did not have any signage indicating the resident was on Enhanced Barrier Precautions (EBP).</p> <p>On _____ at 12:45 p.m., an interview was conducted with the Assisted Director of Nursing/ _____ Control Preventionist (ADON/ _____). The ADON/ _____ stated all residents with any _____, including surgical _____, should be on EBP.</p> <p>On _____ 12:22 p.m., a follow up interview was conducted with the IPC related to Resident</p>	F 880	<ol style="list-style-type: none"> Resident #345's plan of care was updated to include enhanced barrier precautions. Director of Nursing/Designee have completed a review of current facility residents to confirm enhanced barrier precautions are implemented if indicated. Follow up based on findings. Staff Development Coordinator/Designee has conducted education with licensed nurses related to implementation of enhanced barrier precautions. Director of Nursing/Staff Development Coordinator/Unit Manager/Designee to complete monitoring of facility residents to verify enhanced barrier precautions are implemented if indicated daily x 4 weeks, weekly x 4 weeks, then monthly as needed or until substantial compliance is achieved. Findings to be reviewed during the monthly Quality Assurance and Performance Improvement Meeting. Modifications implemented as indicated. 		

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

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F 880	<p>Continued From page 26</p> <p>#345. The IPC stated based on Resident #345's surgical , the resident should have been placed on EBP upon admission.</p> <p>On 09:34 a.m., an interview was conducted with the Director of Nursing (DON), who stated she was aware of the lack of EBP for Resident #345 and stated, "we have a great deal of turn around with admits and discharges and we could be doing a better job."</p> <p>A review of the facility's policy and procedure titled Isolation - Precautions Overview: SNF (Skilled Nursing Facility) and ALF (Assisted Living Facility), copyright 2013, showed the following Purpose statement:</p> <ul style="list-style-type: none"> - To provide a system of isolation precautions to prevent the transmission of - To prevent the transmission of <p>The policy also revealed the following Procedure: Enhanced Barrier Precautions - refer to an control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident area activities. EBP are used in conjunction with standard precautions and expand the use of PPE (personal protection equipment) to donning gowns and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (multi-drug-resistant organisms) to staff and clothing.</p> <p>EBP are indicated for residents with any of the following:</p> <ul style="list-style-type: none"> - or colonization with a CDC-targeted (Centers for Control and Prevention) MDROs when Contact Precautions do not 	F		

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F 880	Continued From page 27 otherwise apply; or - and/or , medical devices even if the resident is not known to be or colonized with an MDRO.	F 880			