STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095025	A. BUILDING _____ B. WING _____	03/27/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISNER LOUISE DICKSON HURT HOME	5425 WESTERN AVE NW WASHINGTON, DC 20015

(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 000	INITIAL COMMENTS An annual re-certification survey was conducted on March 25 through 27, 2008. The following deficiencies were based on observations, staff and resident interviews and record review. The sample size was 15 residents based on a census of 60 residents on the first day of survey and five (5) supplemental residents.	F 000		
F 221 SS=D	483.13(a) PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review for three (3) of 15 sampled residents and one (1) supplemental resident, it was determined that facility staff failed to identify a seatbelt as a restraint for four (4) residents. Residents # 2, 4, 8, and A1. The findings include: 1. Facility staff failed to identify a seatbelt as a restraint. Resident #2. Resident #2 was observed in the day room across from the nursing station on March 25, 2008, at approximately 10:10 AM and March 26, 2008, at approximately 10:00 AM seated in a wheelchair and wearing a padded seat belt. On March 26, 2008 at approximately 10:10 AM, an interview was conducted with the resident and Emplovees #10 and 12. The resident was asked if	F 221	**F 221—Plan of Correction** 1.) **Immediate Response:** Resident #2's seat-belt use was re-assessed and the seat-belt was changed to a Velcro self-releasing seat-belt, which resident can self-release. The physician order is in the chart and the Care Plan for this resident was reviewed and updated to reflect this change. Resident #4's, #8's, and #A1's seat-belt use was re-assessed and dis-continued secondary to residents not needing the device. The physician orders are in the chart and the Care Plans for these residents have been reviewed and updated to reflect these changes. **2.) Corrective Action:** All residents having a seat-belt will be re-evaluated by the Rehabilitation Department. (i) Based on the re-evaluation, residents who no longer require the use of a seat-belt will have the seat-belt discontinued by the physician and their Care Plans will be updated. (ii) Based on the re-evaluation, residents who require a seat-belt but are unable to	4/15/08 4/25/08

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

Susan M Hargreave — Administrator — 4/17/08

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 221	Continued From page 1 He/she was able to open the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No". Both employees responded, "The resident is unable to self-release the seatbelt. It's to keep him/her from falling." A review of the physician's orders dated September 25 and November 20, 2007, and March 1, 2008, directed: "Treatments: May have air mattress, 2 large side rail pads ...seatbelt, [and] bed alarm for safety..." A review of the "Resident Interdisciplinary Care Plan" dated March 14, 2008 checked "No" for physical restraint. A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. 2. Facility staff failed to identify a seatbelt as a restraint. Resident #4. Resident #4 was observed on March 25, 2008 at 11:35 AM and March 26, 2008 at 12:40 PM in the day room across from the nursing station, seated in a wheelchair and wearing a padded seat belt. An interview was conducted with the resident and Employee #13 on March 25, 2008 at approximately 11:35 AM. The resident was asked if he/she was able to open the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No", the resident's fingers were contracted. Employee #13 responded; "The seat belt is for safety. The resident is unable to	F 221	**F 221 - Plan of Correction, continued** self-release a seat-belt will be identified as using a restraint. In all cases, the physician order and the Care Plan will be updated and put in place. 3.) **Systemic Changes**: In-service staff on seat-belt use, use of restraints, and proper identification of seat-belts as a restraint. In-service staff on obtaining a physician order whenever seat-belts or restraints are ordered. The Rehabilitation Department will evaluate residents upon admission for appropriatenesss of seat-belt use. If a seat-belt is necessary, residents will be re-evaluated quarterly, with any significant change and as needed for the use of a seat-belt. Residents who require a seat-belt but are unable to self-release will be identified as using a restraint. Where seat-belts or restraints are necessary, physicians' orders will be obtained and a corresponding Care Plan reflecting the use of a restraint will be put in place and updated as required. Residents who require the use of a seat-belt or restraints will be re-evaluated for the least-restrictive device to maintain the highest practicable well-being and to treat medical symptoms. Seat-belt use will be reduced, eliminated, or changed to a least-restrictive device whenever possible. 4.) **Monitoring:** The Safety committee will review all new and changed orders for seat-belt and restraint use weekly.	5/11/08 **5/11/08**

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F 221	Continued From page 2 self-release the seatbelt. " According to a review of the physician's orders dated January 7, 2008, "Restraint / Safety Devices: May have 2 [two] small side rail pads ...seatbelt, to support safety and independence..." A review of the "Resident Interdisciplinary Care Plan" dated March 8, 2008 checked "No" for physical restraint. A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1 and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. 3. Facility staff failed to identify a seatbelt as a restraint. Resident #8. Resident #8 was observed on March 26, 2008 at 12:10 AM in the day room across from the nursing station, seated in a wheelchair and wearing a padded seat belt. An interview was conducted with the resident and Employees #1, 7 and 11 on March 26, 2008, at approximately 10:40 AM. The resident was asked if he/she was able to open the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No." Employee #7 responded; "The resident cannot open the seatbelt ". According to the resident's care plan dated January 25, 2008: "Approaches/ Interventions", included...Application of safety support devices...	F 221	**F 221—Plan of Correction,** continued: The Rehabilitation Department will perform quarterly audits of residents with seat-belts and restraints; the physician orders; and appropriate Care Plans for use, and report findings to the Quality Assurance Committee.	5/11/08

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F 221	Continued From page 3 self-releasing seat belt with alarm ..." The same care plan was checked "No" for physical restraint. The resident's record lacked a physician's order for use of a restraint. A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. 4. Facility staff failed to identify a seatbelt as a restraint. Resident A1. Resident A1 was observed during initial tour of duty of the facility on March 25, 2008 at approximately10:10 AM in own room seated in a wheelchair and wearing a padded seat belt. The resident was also observed on March 27, 2008 at approximately 8:30 AM seated in a wheelchair in the special care unit's day room in the special care unit's day room, wearing a padded seat belt. A face-to-face interview was conducted with the resident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was asked if he/she was able to open the seat belt. The resident stared at the surveyor. The employees responded; "He/she can not undo the seatbelt." A review of the physician's orders dated February 18, 2008 indicated: "May have 2 large side rail pads ...seatbelt ...to support safety and independence."	F 221		

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F 221	Continued From page 4 A review of the "Resident Interdisciplinary Care Plan" dated February 18, 2008 checked "No" for physical restraint. A face-to-face interview was conducted on March 27, 2008, at approximately 8:35 AM with Employees #1 and 2. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008.	F 221		
F 253 SS=D	483.15(h) (2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations during the environmental tour, it was determined that facility staff failed to maintain a sanitary, orderly, and comfortable interior as evidenced by marred/scarred doors, damaged chair rails in residents' rooms and tiles in the shower rooms and soiled hair rollers in the beauty shop. These observations were made on March 25, 2008 between 9:45 AM through 11:55 AM in the presence of Employees #5 and 6 who acknowledged the findings at the time of the observations. The findings include: 1. Resident room doors were observed marred/scarred in the following areas: Rooms 106, 108, 109, 111, 118, and 120 in six (6) of 14 doors observed.	F 253	**F 253—Plan of Correction** 1.) **Immediate Response:** All doors observed as marred and scarred were touched up. Cracked tiles were repaired. Hair rollers identified as being soiled were immediately cleaned. Damaged chair rail is being repaired by a contractor. 2.) **Corrective Action:** All doors will be inspected and will be touched up as required. All chair rails were inspected and damage to be repaired as necessary. All tiles were checked and repaired as necessary. All other hair rollers were checked for soil and cleaned. 3.) **Systemic Changes:** Condition of doors will be added to the monthly Room Inspection/Repair Checklist. Condition of chair rails will be added to the monthly Room Inspection/Repair Checklist. Condition of tiles will be added to the monthly Room Inspection/Repair Checklist.	4/2/2008 3/23/08 5/11/08 5/11/08 **5/11/08**

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F 253	Continued From page 5 2. The following items were observed damaged: A. Chair rails in resident rooms: 103, 108, and 125 in three (3) of 14 rooms observed. B. Tiles in the shower rooms: Louise Terrace and Dickson Lane in two (2) of three (3) shower rooms observed. 3. Hair rollers were observed to be soiled with hair and a greasy substance in three (3) of three (3) roller drawers observed in the facility beauty shop.	F 253	**F 253—Plan of Correction,** continued: Hair rollers will be soaked and cleaned after each use and on a weekly basis. A check-off sheet will be instituted for weekly cleaning. 4.) **Monitoring:** The Engineering Dept will perform quarterly audits of the Room Inspection/ Repair Checklist and report findings to the Quality Assurance Committee. The Beauty Shop operator will perform quarterly audits of the hair roller checklist and report findings to the Quality Assurance Committee.	5/11/08
F 278 SS=D	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.	F 278	**F 278—Plan of Correction** 1.) **Immediate Response:** Resident # 3 had a correction done to the MDS Section D(1) to indicate impaired vision. Diagnosis of cataracts and glaucoma were added to the MDS and Care Plan was updated. RAP #3 was addressed in the nurses' notes. Resident # 9 had a correction done to the MDS Section D(3) to indicate the glasses were worn and the Plan of Care was reviewed and updated. The MDS Section P4(c) for residents # 2, #4, # 8, and #A1 were reviewed. The next scheduled MDS will be coded based on RAI guidelines. 2.) **Corrective Action:** The MDS Coordinator will review residents using seat-belts or trunk-restraints during the next scheduled MDS assessment period and code as used based on RAI guidelines. The MDS Coordinator will review all resident records for visual impairment	4/15/08 5/11/08 4/25/08

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F 278	Continued From page 6 Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff and resident interviews for five (5) of 15 sampled residents and one (1) supplemental resident, it was determined that facility staff failed to accurately code the Minimum Data Set (MDS) for seatbelts for four (4) residents, vision impairment for one (1) resident and for the use of glasses for one (1) resident. Residents #2, 3, 4, 8, 9 and A1. The findings include: 1. Facility staff failed to code the quarterly MDS for Resident #2 who required the use of trunk restraint (seatbelt) for safety support. Resident #2 was observed on March 25, 2008 at approximately 10:10 AM and March 26, 2008, at approximately 10:00 AM in the day room across from the nursing station, seated in a wheel chair and wearing a padded seat belt. An interview was conducted with the resident and Employees #10 and 12, on March 26, 2008 at approximately 10:10 AM. The resident was asked if he/she was able to release the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No." Both employees responded, "The resident is unable to self-release the seatbelt. If it is released the resident will fall. The seatbelt is needed while the resident is in the wheelchair."	F 278	**F 278—Plan of Correction,** cont'd. or use of glasses. The MDS Coordinator will modify the Annual MDS Section D for any record coded incorrectly. 3.)**Systemic Changes:** MDS Senior Clinical Consultant in-serviced the MDS Coordinator for RAI guidelines for Section P4(c) and Section D to ensure correct coding. 4.) **Monitoring:** The MDS Coordinator will perform quarterly random audits for errors in coding of the MDS for Section P4(c) and Section D. The findings of this Audit will be reported to the Quality Assurance Committee.	4/15/08 5/11/08

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F 278	Continued From page 7 A review of the physician's orders dated September 25 and November 20, 2007, and March 1, 2008 indicated: " Treatments: May have air mattress, 2 large side rail pads ...seatbelt, [and] bed alarm for safety..." A review of the resident's quarterly MDS assessments completed September 17 and December 10, 2007, and March 10, 2008, coded Section P4 (c) "Devices and Restraints: Trunk Restraint" as "0" (zero) [indicating trunk restraint not used]." A face-to-face interview was conducted with Employee #1 on March 26, 2008 at approximately 2:30 PM. He/she acknowledged that the quarterly MDS assessments failed to reflect the resident's use of trunk restraint. The record was reviewed March 26, 2008. 2. Facility staff failed to code the annual MDS for Resident #3 who had vision impairment. A review of Resident #3's History and Physical (H&P) dated August 15, 2007 included, "...bilateral Cataracts ..." The care plan dated August 16, 2007 included, "...unable to see fine print or newspaper ..." A review of the annual MDS dated August 13, 2007, Section D (Vision), did not include coding for vision impairment. A face-to-face interview was conducted with Employee #1 on March 25, 2008 at 2:30 PM. He/She stated, "It was later in the year (2007) that [Resident #3] was diagnosed with Cataracts."	F 278		

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F 278	Continued From page 8 The record was reviewed on March 25, 2008. 3. Facility staff failed to code the annual MDS for Resident #4 who required the use of trunk restraint (seatbelt) for safety support. Resident #4 was observed on March 25, 2008, 2008 at approximately11:35 AM and March 26, 2008 at approximately12:40 PM in the day room across from the nursing station, seated in a wheel chair wearing a padded seat belt. An interview was conducted with the resident and Employees #3 and 12 on March 25, 2008 at approximately 11:35 AM. The resident was asked if he/she was able to open the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No." The resident's fingers were contracted. Employees #3 and 12 responded, "The resident is unable to self-release the seatbelt. He/she needs the seatbelt for safety purposes while in the wheelchair." According to a review of the physician's orders dated January 7, 2008, "Restraint/Safety Devices: May have 2 small side rail pads ...seatbelt ...to support safety and independence..." A review of the resident's annual MDS completed March 4, 2008, coded Section P4 (c) "Devices and Restraints: Trunk Restraint" as "0" (zero) [indicating trunk restraint not used]." A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employee #1. He/she acknowledged that Resident #4's annual MDS assessment failed to reflect the resident's use of trunk restraint (seatbelt). The record was reviewed on March 26,	F 278		

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F 278	Continued From page 9 2008. 4. Facility staff failed to code the quarterly MDS for Resident #8 who required the use of trunk restraint (seatbelt) for safety support. Resident #8 was observed on March 26, 2008 at approximately 12:10 AM in the day room across from the nursing station, seated in a wheel chair and wearing a padded seat belt. An interview was conducted with the resident and Employee #7 on March 26, 2008, at approximately 12:40 AM. The resident was asked if he/she was able to release the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No." Employee #7 responded, "The resident is unable to self-release the seatbelt. He/she needs the seatbelt for safety while up in the wheelchair. " According to the resident's care plan dated January 25, 2008: "Approaches/ Interventions" included: "...Application of safety support devices... self-releasing seat belt with alarm ..." A review of the resident's quarterly MDS assessment completed January 18, 2008 coded Section P4 (c) "Devices and Restraints: Trunk Restraint" as "0" (zero) [indicating trunk restraint not used]." There was no evidence in the resident's record of a physician's order for the use of a restraint. A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employee #1. He/she acknowledged that Resident #8's quarterly MDS assessment failed to	F 278		

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F 278	Continued From page 10 reflect the resident's use of trunk restraint (seatbelt). The record was reviewed on March 26, 2008. 5. Facility staff failed to code the annual MDS for Resident #9 who required the use of eye glasses for reading. A review of Resident #9's H&P dated May 9, 2007 included, "...decreased vision ..." The care plan dated May 29, 2007 included, "...requires glasses to perform daily task ..." An update to the Care Plan on August 30, 2007 included, "...uses glasses ..." A face-to-face interview was conducted with Employee #1 on March 25, 3008 at 2:35 PM. He/She stated, "Sometimes he/she wears glasses, sometimes he/she doesn't ..." A face-to-face interview was conducted with Resident #9 on March 26, 2008 at 2:00 PM. He/she stated, "I have glasses. I need them for fine print." Resident #9 reached into the side pocket on his/her wheelchair and pulled out a pair of glasses to show the surveyor. The record was reviewed on March 25, 2008. 6. Facility staff failed to code the quarterly MDS for Resident A1 who required the use of trunk restraint (seatbelt) for safety support. Resident A1 was observed during initial tour of the facility on March 25, 2008, at approximately10:10 AM in own room seated in a wheelchair and wearing a padded seat belt. The resident was also observed on March 27, 2008 at approximately 8:30 AM seated in a wheelchair in	F 278		

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F 278	Continued From page 11 the special care unit's day room wearing a padded seat belt. A face-to-face interview was conducted with the resident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was asked if he/she was able to release the seat belt. The resident stared at the surveyor. Both employees responded, "The resident is unable to self-release the seatbelt. The seat belt is to keep the resident in the wheel chair and from falling." A review of the physician's orders dated March 5, 2008, indicated: "May have 2 large side rail pads ...seatbelt ...to support safety and independence." A review of the resident's quarterly MDS completed March 15, 2008 coded Section P4 (c) "Devices and Restraints: Trunk Restraint" as "0" (zero) [indicating trunk restraint not used]." A face-to-face interview was conducted on March 27, 2008, at approximately 8:35 PM with Employee #1. He/she acknowledged that Resident A1's quarterly MDS failed to reflect the resident's use of trunk restraint [seatbelt]. The record was reviewed on March 26, 2008.	F 278		
F 279 SS=D	483.20(d), 483.20(k) (1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 279	**F 279—Plan of Correction** 1.) **Immediate Response:** A care plan was developed with goals and approaches for the identified resident with behaviors. A care plan was developed with goals and approaches for the identified resident with a pacemaker.	3/26/08

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F 279	Continued From page 12 assessment. 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). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for two (2) supplemental residents, it was determined that facility staff failed to develop a care plan with goals and approaches for one (1) resident with behaviors and one (1) resident with a pacemaker. Resident F1 and F4. The findings include: 1. Facility staff failed to develop a care plan with goals and approaches for Resident F1 with behaviors. A review of the nurse's notes revealed the following: December 4, 2007 at 11:53 PM, "CNA reported that during PM care resident scratched her on her right forearm. Red linear area noted on CNA forearm about six (6) inches long with intact skin. First aid rendered to CNA." January 19, 2008 at 9:30 AM, "Resident bit primary CNA on Lt [left] breast while transferring	F 279	**F 279—Plan of Correction,** continued: 2.) **Corrective Action:** A record review will be conducted by the MDS Coordinator and the Director of Social Services of all Nursing Facility residents, identifying all residents with either (a) behaviors, or (b) a pacemaker. The MDS Coordinator and the Director of Social Services will review all corresponding care plans to ensure goals and approaches are in place for all residents with (a) behaviors, or (b) a pacemaker. 3.) **Systemic Changes:** (i) The Director of Social Services or designee will review residents identified as having new behaviors or change in behavior, and a Care Plan will be put in place with goals and approaches. (ii)The MDS Coordinator or designee will review residents identified as having a pacemaker or newly-inserted pacemaker, and a Care Plan will be put in place with goals and approaches. (iii) A Care Plan will be put in place, reviewed and updated upon admission to the facility, quarterly and with any change in resident condition for all residents (a) with behaviors, or (b) with a pacemaker. (iv) Staff will be in-serviced on reporting resident behaviors and care-planning of behaviors by the Director of Social Services. (v) Staff will be in-serviced on reporting changes/use of pacemakers and care-planning for residents with pacemakers..	4/25/08 4/25/08 5/11/08

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F 279	Continued From page 13 form bed to chair..." The care plan, last updated/reviewed on January 31, 2008, lacked evidence of goals and approaches to address the resident's physically aggressive behaviors. A face-to-face interview was conducted with Employee #2 on March 26, 2008 at 2:25 PM. He/She reviewed the resident's record and acknowledged that there was no care plan developed to address the resident's physically aggressive behavior. The record was reviewed on March 26, 2008. 2. Facility staff failed to develop a care plan with goals and approaches for Resident F4 with a pacemaker. A review of the annual Minimum Data Set completed April 10, 2007 revealed that in Section I [Disease Diagnoses] the resident was coded for status post pacemaker insertion. The care plan, last updated/reviewed on January 16, 2008, lacked evidence of goals and approaches to address the resident's pacemaker. A face-to-face interview was conducted with Employee #3 on March 26, 2008 at 2:25 PM. He/she reviewed the resident's record and acknowledged that there was no care plan developed for Resident F4's pacemaker. The record was reviewed on March 26, 2008.	F 279	**F-279—Plan of Correction,** continued: 4.)**Monitoring:** (i) The Interdisciplinary Care Plan Team will review weekly reports of residents identified as having new or a change in behavior, or (b) having a new pacemaker or need for pacemaker care. (ii). The Director of Social Services or designee will conduct a sample record audit to monitor that residents with behaviors have a corresponding Care Plan in place with goals and approaches, and report findings to the Quality Assurance Committee, quarterly. (iii). The MDS Coordinator or designee will conduct a sample record audit to monitor that residents with pacemakers have a corresponding Care Plan in place and report findings to the Quality Assurance Committee, quarterly.	5/11/08
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,	F 309	**F 309—Plan of Correction** 1.) **Immediate Response**: Resident #8's seat-belt was re-assessed and discontinued by the physician secondary to residents not needing the device.	4/15/08

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F 309	Continued From page 14 mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and record review for one (1) of 15 sampled residents and one (1) supplemental resident, it was determined that facility staff failed to: obtain a physician's order for the use of a restraint for one (1) resident and assess the ability of one (1) resident to swallow medications. Resident's #8 and JH1. The findings include: 1. Facility staff failed to obtain a physician's order for the use of a restraint (seatbelt) for Resident #8. Resident #8 was observed on March 26, 2008 at approximately 12:10 AM in the day room across from the nursing station, seated in a wheelchair and wearing a padded seatbelt. A face-to-face interview was conducted with the resident and Employee #7 on March 26, 2008, at approximately 10:40 AM. Employee #7 and the resident were asked if the resident was able to release the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No." Employee #7 added, "The resident is unable to self-release the seatbelt, the seatbelt is for the resident's safety." There was no evidence of a physician's order for the use of a seatbelt in the resident's record.	F 309	**F 309—Plan of Correction,** continued: Resident #JH1's difficulty in swallowing medications was reported to the physician and physician ordered to crush all crushable medications. **2.) Corrective Action:** All residents having a seat-belt will have their chart re-viewed to check for physician orders for the seat-belt. Any resident with a seat-belt that does not have a physician order for the device will have a physician order obtained and put in place. The Charge Nurse will observe all residents for difficulty in swallowing medication and report any with swallowing difficulties to the physician. The Charge Nurse or designee will obtain a physician order to crush all crushable medications and to obtain liquid medications whenever possible, for all residents identified. **3.) Systemic Changes:** In-service staff on obtaining physician orders for seatbelts. Licensed nurses were in-serviced on swallowing evaluations, crushed medications and notifying physician of resident swallowing problems. In-service SLP on proper completion on the entire SLP Evaluation Form. Licensed nurses will report to the Charge Nurse any resident having difficulty in swallowing their medication. The Charge Nurse or designee will notify the physician	3/25/08 4/18/08 4/18/08 4/25/08 4/9/08 4/25/08 5/11/08

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F 309	Continued From page 15 A face-to-face interview was conducted on March 26, 2008 at approximately 2:30 PM with Employees #2. He/she acknowledged that the resident's record lacked evidence of the physician's order for the use of the seat belt. The record was reviewed on March 26, 2008. 2. Facility staff failed to assess Resident JH1 for the ability to swallow medications. On Tuesday, March 25, 2008, at approximately 11:00 AM, during the morning medication pass, Resident JH1 was unable swallow one (1) tablet. The resident was administered medications with pudding and water. Even though the resident consumed a can of Ensure, a glass of orange juice and another glass of water the resident did not swallow one (1) tablet, later identified as Slow Mag. Employee #7 removed the tablet from the resident's mouth, after waiting 25 minutes for the resident to swallow the medication. During a face-to-face interview, on March 26, 2008, at approximately 12:00 PM, Employee #7 acknowledged that the resident had difficulty swallowing some medications. However, he/she did not report it to the charge nurse. A face-to-face interview was conducted on March 26, 2008 at approximately 12:00 PM with Employee #8. He/She stated, " When I administered medication to the resident, (prior to this date), the resident spit out the medication and would sometimes refuse the medications." He/she did not report it to the charge nurse.	F 309	F 309—Plan of Correction, continued and obtain orders to crush all crushable medications and obtain liquid medications whenever possible. 4.) **Monitoring:** The Charge Nurse or designee will perform random audits of medical records for residents using seat-belts for proper physician orders and report findings to the Quality Assurance Committee, quarterly. The Charge Nurse or designee will perform random audits of residents during medication administration, to check resident ability to swallow medications, compliance with crush medication orders and report findings to the Quality Assurance Committee quarterly.	5/11/08

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F 309	Continued From page 16 During a face-to-face interview, on March 26, 2008, at approximately 12:00 PM, Employee #3 was not aware that the resident spit out and refused medication and had difficulty swallowing. An interim order dated November 8, 2007 documented that the resident was to receive a pureed diet. The speech therapist evaluated Resident JH1 on November 30, 2007 for cognition. There was no evidence that the speech therapist evaluated the resident for swallowing. According to the, "Speech Evaluation Form," the area entitled "Swallowing" was marked, "not applicable." The following sections and the area of evaluations were not completed (left blank) on the "Speech Evaluation Form": Oral: Stasis, Pocketing, Labial Loss, Mastication Pharyngeal: Swallow Delay, Gurgly Vocal Quality, Cough/Throat Clear, Stasis/Multiple Swallows Risk Of: Choking, Aspiration, Dehydration, Malnutrition The record was reviewed on March 26, 2008.	F 309		
			F 323—Plan of Correction:	
F 323 SS=D	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	1.) **Immediate Response:** Staff immediately removed the identified items from the residents' rooms at the time of observation during the survey. 2.)**Corrective Action:** The Charge Nurse conducted a room-to-room inspection of all resident rooms to identify, remove, and/or secure hazardous items to ensure that resident rooms were a hazard free environment.	3/25/08 3/26/08

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F 323	Continued From page 17 This REQUIREMENT is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to maintain a hazard free environment as evidenced by: laundry detergent, rubbing alcohol, mouthwash and a shaving razor was observed in resident rooms. These observations were made on March 25, 2008 in the presence of Employees #2, 3, 5 and 6 from 9:45 AM through 11:55 AM. The findings include: 1. A container of laundry detergent and a bottle wintergreen rubbing alcohol 70% was observed in room 110. 2. Chlorhexidine 0.12% oral rinse was observed in a bathroom cabinet in room 127. 3. A shaving razor was observed on a shelf in the bathroom in room 134. Employees #2, 3, 5 and 6 acknowledged these findings at the time of the observations.	F 323	**F 323—Plan of Correction,** continued: 3.) **Systemic Changes** to prevent future occurrences: Nursing staff were in-serviced on maintaining a hazard-free environment. The Charge Nurse or designee will conduct daily rounds of resident rooms for hazardous items in order to maintain a hazard-free environment using the Daily Monitoring Log. **4.) Monitoring:** The Charge Nurse or designee will conduct random audits of all resident rooms to identify, remove or secure hazardous items. The results of the room to room inspections will be reported to the Quality Assurance Committee quarterly.	4/9/2008 5/11/08
F 371 SS=D	483.35(i) (2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews during the dietary tour, it was determined that facility staff failed to serve food under sanitary conditions	F 371	**F 371—Plan of Correction** **1.) Immediate Response:** All equipment was immediately cleaned. Floors in walk-in refrigerator and walk-in freezer were immediately swept and mopped. 2.) **Corrective Action:** All equipment will be cleaned daily by cooking personnel.	3/25/08 3/26/08 4/10/08

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F 371	Continued From page 18 as evidenced by soiled: grill, deep fryers, convection ovens, stove, a shelf in the cook's prep area and soiled floors in the walk-in refrigerator and freezer. These observations were observed in the presence of Employee #4 in the main kitchen on March 25, 2008 from 8:45 AM through 9:35 AM. The findings include: 1. The grill was observed soiled with accumulated grease in one (1) of one (1) grill observed. 2. The deep fryer was observed soiled with accumulated grease in one (1) of one (1) deep fryers observed. 3. Two (2) of two (2) convection ovens were observed soiled on the exterior with grease. 4. The stove was observed soiled with grease in one (1) of one (1) stove observed. 5. The shelf under the cook's prep area was soiled in one (1) of one (1) shelf observed. 6. The floors of the walk-in refrigerator and freezer were observed soiled in one (1) of one (1) refrigerator and freezer observed. Employee #4 acknowledged the above findings at the time of the observations.	F 371	**F 371—Plan of Correction, continued** Floors will be thoroughly swept and mopped daily. **3.) Systemic Changes** In-service all cooking staff on how to properly clean equipment. Cleaning of equipment was added to the "Cook's Opening and Closing Checklist" which is signed upon cleaning completion. In-service for stocking personnel on how to properly clean floors. Cleaning of the floors was added to the "Stock Persons' Cleaning List" . **4.) Monitoring**: Supervisor will monitor checklists for both equipment and floors weekly and retain records in office. Director of Dietary Services will report findings at Quality Assurance Committee quarterly.	4/10/08 5/11/08
F 425 SS=D	483.60(a), (b) PHARMACY SERVICES The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State	F 425	F425 Plan of Correction **1.) Immediate Response**: The narcotic emergency box containing expired medi-cation was exchanged immediately.	3/26/08

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F 425	Continued From page 19 law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, it was determined that facility staff failed to ensure that an expired medication was removed from the narcotic emergency box. The findings include: On Wednesday, March 26, 2008, at approximately 11:00 AM, during the inspection of the facility's medication storage area, the narcotic box was observed locked with an expiration date of June 6, 2008 on the exterior of the box. When opened, five (5) packages of ETH Oxydose 20mg/ml syringes were observed with an expiration date of October 2007. According to a receipt that the narcotic box, the pharmacy exchanged the box on February 16, 2008.	F 425	**F 425—Plan of Correction,** continued: 2.) **Corrective Action:** Pharmacy will exchange box at least monthly and by request of facility. 3.) **Systemic Changes:** The Pharmacist Consultant or designee will audit the emergency box monthly for medication about to expire and exchange medication prior to expiration date. 4.) **Monitoring:** The Pharmacist Consultant or designee will audit the emergency box for medication expiration dates and report results quarterly to the Quality Assurance Committee.	3/26/08 4/30/08 5/11/08

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F 425	Continued From page 20 There was no evidence that residents required the above sited narcotic from February 16, 2008 until March 26, 2008. Employee #3 acknowledged the medication in the emergency narcotic box was expired and telephoned the pharmacy to exchange the box, immediately.	F 425		
F 431 SS=C	483.60(b), (d), (e) PHARMACY SERVICES 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. 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. 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. 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 abuse, except when the facility uses single unit package drug distribution systems in which the	F 431	**F 431—Plan of Correction** 1.) **Immediate Response:** Unauthorized employees were prohibited from using the medication storage area without appropriate licensed staff. 2.) **Corrective Action:** A lock was installed on the refrigerator in the medication room and keys provided to appropriate licensed staff. Interim box will be exchanged for an enclosed, locked box. 3.) **Systemic Changes:** Staff were in-serviced as to proper medication storage and appropriate access. Nursing Supervisor or designee will audit proper locks in place on Walking Round Work Sheet. **4.) Monitoring:** The DON or designee will audit proper locking of medication, and the results will be reported to the Quality Assurance Committee, quarterly.	3/26/08 4/11/08 4/30/08 5/11/08 5/11/08

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F 431	Continued From page 21 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined that facility staff failed to ensure that an unauthorized employee was supervised while in the medication storage area The findings include: On Tuesday, March 25, 2008, between 11:45 AM and 12:00 PM, it was observed that an unauthorized employee (Employee #9) entered into the medication room to fax information on two occasions unsupervised. Employee #9 had access to the unlocked medication refrigerator and the interim box. Employee #9 did not have a key, but was admitted by an authorized employee to the medication storage area to use the fax machine. During a face-to-face interview on March 26, 2008 at approximately 10:30 AM, Employee #2 stated that Employee #9 was allowed access into the medication storage room by nurses to use the fax machine.	F 431		