| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 095036 | A. BUILDING _____ B. WING _____ | 10/13/2020 |

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|---|---|---|---|---|
| F 691 | Continued From page 30<br>conducted on October 5, 2020, at approximately 2:00 PM. Resident #244 was asked about his condom catheter. Resident #244 explained that he had a condom catheter on admission but it was removed on Friday morning (October 5, 2020) and was told that it would be replaced on Friday afternoon but it was not.<br><br>Review of the progress notes showed:<br><br>9/29/2020, at 19:00 [7:00 PM], "Resident is incontinent of both bowel and bladder; has a colostomy bag and uses an [adult brief]..."<br><br>9/29/2020, at 23:18 [11:18 PM], "Resident is alert and verbally responsive...Bowel sound present in all four quadrants...the condom catheter intact and draining clear yellow urine. The urine measure 620ml (milliliters) during this shift. Safety measure maintain and call light within reach. [vital signs] BP (blood pressure) 136/70, T (temperature) 97.7, P (pulse) 80, R (respiration) 18, SPO2 (oxygen saturation) 98% room air. "<br><br>During a face-to-face interview conducted on 10/6/2020 at 3:23 PM Employee #19 (Registered Nurse), stated, "It was wrong documentation. I was the only nurse on the floor for the evening shift and I had one CNA. I was talking about the colostomy not a condom catheter. No resident on the unit had a condom catheter. It is the wrong documentation."<br><br>There was no evidence that Employee #19 recorded her assessment of the resident's colostomy site (located in an area of the abdominal quadrants and drains effluent). Her assessment of the colostomy may have included | F 691 | 3. **Measures to prevent recurrence:**<br><br>Staff Development Director will provide education to licensed nursing staff on accurate assessments.<br>Training will focus on differences between colostomy and urine catheter to foster accuracy of documentation.<br>Specific characteristics such as amount, consistency, overall appearance of the content, skin around the stoma, and pouch leakage will be included to identify colostomy documentation.<br>Urine amount, color of the urine drainage, and position of catheter bag below the bladder will be specific characteristics to catheter usage and documentation.<br><br>Assistant Director of Nursing / Designee will review clinical record including admission and re-admission profile during daily clinical ground round to ensure that residents with use or history of use of condom catheter and other medical appliances are clarified with physicians and residents to ensure continuity of use where it's determined to support residents psychosocial well being.<br><br>Audit findings will be forwarded to the Director of Nursing weekly x 4 and monthly x 3 for review. | 12/11/20 |

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|---|---|---|---|---|
| F 691 | Continued From page 31<br>characteristics such as the amount, consistency, the overall appearance of the content in the effluent (i.e. liquid, formed, soft, thin, or tarry), the skin around the stoma, pouch leakage and signs of infection. Instead, Employee #19 recorded an assessment of a condom catheter (applied to the genitals of a resident) that she stated was not present or in place on the resident.<br><br>During a face-to-face interview conducted with Employee #2 (Director of Nursing) on October 6, 2020, at 3:27 PM, the Employee acknowledged the findings. | F 691 | **4.Monitoring corrective action:**<br><br>The Director of Nursing / Designee will review and present report of findings during weekly risk management meetings. Report will be submitted to Quality Assurance Committee monthly x 3. | 12/11/20 |
| F 756 SS=E | Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)<br><br>§483.45(c) Drug Regimen Review.<br>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.<br><br>§483.45(c)(2) This review must include a review of the resident's medical chart.<br><br>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.<br>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.<br>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, | F 756 | | |

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|---|---|---|---|---|
| F 756 | Continued From page 32<br>and the irregularity the pharmacist identified.<br>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.<br><br>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on record review and staff interview, for two (2) of 43 sampled residents, facility staff failed to minimize potential adverse consequences related to medication therapy for one (1) resident on two occasions and failed to maintain the pharmacy drug regimen review on the active record for one (1) resident. Residents' # 50 and #172.<br><br>Findings included....<br><br>1A. Facility staff failed to minimize potential adverse consequences related to medication therapy for Resident #50 who had an elevated thyroid stimulating hormone (TSH) level.<br><br>Resident #50 was admitted to the facility on 9/26/2019, with diagnoses that included Anemia, Heart Failure, Hypertension (HTN), Renal | F 756 | **1. Corrective action for the residents affected:**<br><br>Resident #50 was re-assessed.<br>TSH level ordered and to be repeated every 3 months.<br>EKG ordered to be done for baseline and every 6 months.<br>Result of the TSH level and EKG have been reviewed by physician to be within normal limit with no new order.<br><br>Resident #50 did not suffer any negative outcome.<br><br>Resident #172 pharmacy drug regimen review was completed by pharmacist consultant for November without new<br><br>recommendations.<br>All pharmacy drug regimen monthly review have been made available in resident medical record.<br><br>Resident #172 did not suffer any negative outcome. | 12/11/20 |

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|---|---|---|---|---|
| F 756 | Continued From page 33<br>Insufficiency, Schizophrenia, Hypothyroidism and Depression.<br><br>Laboratory test results showed the following:<br><br>"Date of test: 02/03/20 Type of test: TSH 16.321(H) [high] (normal range 0.350-4.940)." "Date of test: 02/04/20 Type of test: TSH 15.512(H) (normal range: 0.350-4.940) uIU [International Units]/mL [milliliters]."<br><br>A review of the physician's order dated 2/26/2020, at 5:21 [AM] showed, "Levothyroxine Sodium Tablet 200 MCG (micrograms) Give 1 tablet by mouth in the morning for [Hypothyroidism]".<br><br>A review of the document entitled, "Consultant Pharmacist's Medication Review" dated 3/1/2020 "For Recommendations Created Between 2/1/2020 And 2/29/2020" showed on page 6, " ... [Resident #50] is ordered Levoxyl 150 mcg daily for hypothyroidism. His recent TSH was still elevated at 15.15. Please consider increasing the Levoxyl dose to 175 mcg daily at 0600 (6:00 AM) for [Hypothyroidism] and a follow-up TSH in 6-8 weeks."<br><br>In addition, subsequent review showed Consultant #1 (pharmacist) documented on the "Pharmacy Drug Regimen Review" on dates 6/9/2020, 7/11/2020, 8/7/7/2020, and 9/8/2020, "No clinically significant medication issues were identified during the drug regimen review."<br><br>There was no evidence that Consultant #1 followed up on the irregularity that was identified on 3/1/2020.<br><br>During a telephone interview conducted on | F 756 | **2. Identification of others with potential to be affected:**<br><br>All residents residing in the facility have potential to be affected.<br><br>Nurse managers conducted facility wide audit on residents receiving therapeutic regimen requiring Thyroid Stimulating Hormone (TSH) level monitoring with 90 day look back to ensure that abnormal TSH results are addressed by physicians.<br>No other residents were identified as being affected.<br><br>Nurse managers audited residents' medical records for pharmacy warning label to ensure that they are being addressed by physicians, and residents receiving anti-psychotic with cardiac related diagnosis have EKG baseline and routine monitoring.<br>No other residents were identified as being affected.<br><br>Nurse managers completed audit of Residents' medical records to ensure residents monthly pharmacy drug regimen is completed and available in residents active medical records.<br>No other residents were identified as being affected. | 12/11/20 |

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|---|---|---|---|---|
| F 756 | Continued From page 34<br>10/6/2020, at 12:12 PM, Consultant #1 stated, "Resident's TSH levels have been hard to regulate. I asked for follow-up labs 6-8 weeks in February."<br><br>During a telephone interview conducted on 10/6/2020, at 1:19 PM, Employee #16 (medical doctor), stated, "We should have repeated another TSH level. The patient has been difficult to regulate due to underlying disease. Will order follow-up lab."<br><br>Facility staff failed to act on elevated TSH level since February 2020 for Resident #50.<br><br>1B. Facility staff also failed to minimize potential adverse consequences related to medication therapy for Resident #50 who receives Haloperidol and Seroquel (both antipsychotic medications used to treat Schizophrenia).<br><br>Review of the physician's order for Resident #50 showed, "Haloperidol Tablet 5 MG ... Give 1 tablet by mouth at bedtime for Schizoaffective disorder... Start date 7/26/2020".<br><br>"Seroquel Tablet 50 mg ... Give 1 tablet by mouth at bedtime for Schizoaffective disorder.... Start date 7/26/2020".<br><br>The pharmacy warning label proceeding the order for Haloperidol indicated, "... increase QT interval (the time from the start of the Q wave to the end of the T wave) with Seroquel".<br><br>Review of the medical record lacked evidence of monitoring of the resident's QT interval from 7/26/2020. | F 756 | **3. Measures to prevent recurrence:**<br><br>Medical director will provide education to physicians and facility pharmacy consultant on timely, consistent, and appropriate follow up with resident medical records, including abnormal lab value results and completion of monthly pharmacy drug regimen for residents to include evidence of completion by making recommendations available in resident active medical records.<br><br>Nurse managers will audit residents' medical records daily during clinical round to ensure that; abnormal lab results have been addressed by physicians, pharmacy warning labels are reviewed, monthly pharmacy drug regimen for residents are completed and available in residents' active medical records.<br><br>Findings will be submitted to the Director of Nursing weekly x 4 and monthly x 3. | 12/11/20 |

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|---|---|---|---|---|
| F 756 | Continued From page 35<br><br>During a telephone interview conducted on 10/6/2020, at 12:12 PM, Consultant #1 stated, "A baseline EKG (electrocardiogram) not required based on my clinical pharmacy resource. Resident is not at risk; he doesn't have history of heart issues. I did not make the recommendation." However, review of the diagnoses listed in the MDS dated 7/1/2020, indicated resident does have history of heart disease.<br><br>During a telephone interview conducted on 10/6/2020, at 1:19 PM, Employee #16, stated, "EKG should have been done. Will follow-up and get one."<br><br>Facility staff failed to obtain a baseline electrocardiogram (EKG) for Resident #50 who was prescribed medications that have increase risk for QT interval prolongation.<br><br>During telephone interviews conducted on 10/16/2020, both Consultant #1 and Employee #16, acknowledged the findings.<br><br>2. Facility staff failed to maintain the Pharmacy drug regimen review on the active record for Resident #172.<br><br>Resident #172 was admitted to the facility on October 14, 2011, with diagnoses to include Diabetes Mellitus 2, Hypertension, Hyperlipidemia, Cataract, Hyperkalemia, Hypothyroidism impulse disorder Alzheimer's disease, Peripheral vascular disease, and Osteoarthritis. | F 756 | **4. Monitoring corrective action:**<br><br>Director of Nursing / Designee will review report and present weekly during risk management meetings.<br><br>Report will be forwarded to Quality Assurance Committee monthly x 3. | 12/11/20 |

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|---|---|---|---|---|
| F 756 | Continued From page 36<br>A review of the Assessment section and the Miscellaneous section record in EHR (electronic health record) on 10/9/20 showed the Pharmacy Drug Regimen Review information was not available.<br><br>There was no evidence that Resident #172's record was reviewed at least once a month by a licensed pharmacist from January 2020, to May 2020 [5 months].<br><br>During a face-to-face interview conducted on October 13, 2020, at approximately 10:15 AM with Employee #2. The employee acknowledged the findings, and stated, "They were not place in the PCC [Point click care] system." | F 756 | | |
| F 758 SS=E | Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;<br>(iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; | F 758 | | |

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|---|---|---|---|---|
| F 758 | Continued From page 37<br><br>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br><br>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and<br><br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on record review and staff interview, for one (1) of 43 sampled residents, facility staff failed to adequately monitor Resident #178 for efficacy and adverse consequences who was prescribed Trazadone Hydrochloride (antidepressant and sedative).<br><br>Findings included ... | F 758 | **1. Corrective action for the resident Affected:**<br><br>Resident #178 was re-assessed by the physician on 10/13/2020.<br>Resident #178 is stable and did not suffer any negative outcome.<br><br>**2. Identification of others with potential to be affected:**<br><br>All residents residing in the facility have the potential to be affected.<br>Nurse managers completed audit of residents receiving anti-depressant to ensure that medication with "black box" pharmacy warning displayed in Point Click Care(PCC) / Electronic Medication Administration Record (EMAR) were addressed by physician and have person-centered care plans reflecting goals, and approaches as evidence of adequate monitoring for efficacy and adverse consequences.<br>No other residents were identified as being Affected. | 12/11/20 |

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|---|---|---|---|---|
| F 758 | Continued From page 38<br><br>Resident #178 was admitted to the facility on 9/17/2019, with diagnoses that included Cancer, Orthostatic Hypotension, Benign Prostatic Hyperplasia (BPH), Hyperlipidemia, Retention of Urine and Depression.<br><br>Review of the Nurse Practitioner's progress note dated 6/29/2020, at 13:36 (1:36 PM), showed, "Psych Consult: Insomnia... Diagnosis: Axis1: Adjustment d/o (disorder) with depressed mood, Insomnia. Plan: Start Trazodone 50mg (milligrams) po (by mouth) qhs (every night). Monitor Mood and Behavior".<br><br>A review of the physician's order dated 6/29/2020, showed, active diagnosis of "Major Depressive Disorder, Recurrent Unspecified"; Trazadone Hydrochloride tablet 50 mg (milligram) Give 50 mg by mouth in the evening for Depression/insomnia Monitor for SI (suicidal ideation)".<br><br>Review of the Medication Administration Record from June 2020, through October 13, 2020, showed that Resident #178 received the Trazadone as ordered by the physician.<br><br>Further review showed the "Black box" pharmacy warning (are required by the U.S. Food and Drug Administration for certain medications that carry serious safety risks) stipulated, "Closely monitor all antidepressant-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors".<br><br>Review of the psychiatry follow-up notes dated 8/29/2020, and 9/18/2020, showed, " ... Monitor mood and behavior." | F 758 | **3. Measures to prevent recurrence:**<br><br>Staff Development Director will in-service licensed nursing staff and interdisciplinary team members on ensuring that residents receiving antidepressant including Trazadone have person-centered care plans and on the importance of reviewing the “black box” pharmacy warning label when displayed in Point Click Care / Electronic Medication Administrative Record to validate medication monitoring for efficacy, and adverse consequences.<br><br>Assistant Director of Nursing / Designee will review medical records of residents receiving Trazadone or anti-depressant weekly x 4,then monthly x 3 to ensure person-centered care plans, and that “black box” pharmacy warning has been reviewed and addressed.<br><br>Findings will be submitted to the Director of Nursing/Designee. | 12/11/20 |

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|---|---|---|---|---|
| F 758 | Continued From page 39<br><br>Review of the medical record from June 2020, through October 13, 2020, lacked evidence that staff adequately monitored for efficacy and adverse consequences, such as suicidal ideation, lack of sleeping, worsening depression and for adverse interactions such as, dizziness, nervousness, anxiety, for Resident #178, who was prescribed Trazadone on 6/29/2020.<br><br>In addition, there was no person centered care plan developed with goals and approaches to address the new diagnosis (depression) and monitoring of side effects for a new medication (Trazadone) for Resident #178.<br><br>During a telephone interview conducted on 10/29/2020, at approximately 3:15 PM, Employee #2 stated, "[Resident #178] does not have any behavioral monitoring notes. There's no reason that requires us to monitor his behavior." Employee #2 acknowledged the findings. | F 758 | **4. Monitoring corrective action:**<br><br>Director of Nursing / Designee will review and present report weekly during risk management meeting.<br><br>Report will be forwarded to Quality Assurance Committee monthly x 3. | 12/11/20 |
| F 773 SS=D | Lab Srvcs Physician Order/Notify of Results<br>CFR(s): 483.50(a)(2)(i)(ii)<br><br>§483.50(a)(2) The facility must-<br>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.<br>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. | F 773 | | |

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| F 773 | Continued From page 40<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on record review and staff interview, the attending physician failed to act upon abnormal lab results in a timely manner for one (1) of 43 sampled residents, Resident #50.<br><br>Findings included...<br><br>Resident #50 was admitted to the facility on 9/26/2019, with diagnoses that included Anemia, Heart Failure, Hypertension (HTN), Renal Insufficiency, Schizophrenia, Hypothyroidism and Depression.<br><br>Laboratory test results showed the following:<br><br>"Date of test: 02/03/20 Type of test: TSH [Thyroid-stimulating hormone] 16.321(H) [high] (normal range 0.350-4.940)."<br>"Date of test: 02/04/20 Type of test: TSH 15.512(H) (normal range: 0.350-4.940) ulU (International Units)/mL (milliliters)."<br><br>A review of the physician's order dated 2/26/2020 at 5:21 [AM] showed, "Levothyroxine Sodium Tablet 200 MCG (micrograms) Give 1 tablet by mouth in the morning for [Hypothyroidism]".<br><br>A review of the document entitled "Consultant Pharmacist's Medication Review" dated 3/1/2020, "For Recommendations Created Between 2/1/2020 And 2/29/2020" showed on page 6, " ... [Resident #50] is ordered Levoxyl 150 mcg daily for hypothyroidism. His recent TSH was still | F 773 | **1. Corrective action for the resident Affected:**<br><br>Resident #50 was re-assessed by clinical team on 10/11/2020.<br>Result of the newly ordered TSH level was received and reviewed by physician.<br><br>Result is within normal value range with no new order.<br><br>Resident #50 did not suffer any negative outcome.<br><br>**2. Identification of others with potential to be affected:**<br><br>All residents residing in the facility have the potential to be affected.<br>Nurse managers completed review of residents medical record to ensure abnormal laboratory results have been addressed by physicians.<br><br>No other residents were affected by this deficient practice. | 12/11/20 |

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|---|---|---|---|
| | 095036 | A. BUILDING _____ B. WING _____ | 10/13/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| UNIQUE REHABILITATION AND HEALTH CENTER LLC | 901 FIRST STREET NW WASHINGTON, DC 20001 |

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| F 773 | Continued From page 41<br>elevated at 15.15. Please consider increasing the Levoxyl dose to 175 mcg daily at 0600 (6:00 AM) for [Hypothyroidism] and a follow-up TSH in 6-8 weeks."<br><br>In addition, subsequent review showed Consultant #1 (pharmacist) documented on the "Pharmacy Drug Regimen Review" on dates 6/9/2020, 7/11/2020, 8/7/2020, and 9/8/2020, "No clinically significant medication issues were identified during the drug regimen review."<br><br>During a telephone interview conducted on 10/6/2020, at 12:12 PM, Consultant #1 stated, "Resident's TSH levels have been hard to regulate. I asked for follow-up labs 6-8 weeks in February."<br><br>During a telephone interview conducted on 10/6/2020, at 1:19 PM, Employee #16 (medical doctor), stated, "We should have repeated another TSH level. The patient has been difficult to regulate due to underlying disease. Will order follow-up lab."<br><br>Facility staff failed to act on elevated TSH level since February 2020, for Resident #50.<br><br>During telephone interviews conducted on 10/16/2020, both Consultant #1 and Employee #16 acknowledged the findings. | F 773 | **3. Measures to prevent recurrence:**<br><br>Medical director will provide education to physician and facility pharmacy consultant on the importance of consistent review of residents' medical record and follow up with abnormal laboratory result. Training will address consistent monthly pharmacy review of residents' clinical record with emphasis on ensuring that previous recommendations are being followed up.<br><br>Assistant Director of Nursing / Designee will conduct audit during daily clinical round to ensure that abnormal laboratory results have been reviewed and addressed by physician and that pharmacy consultant recommendations are being followed up.<br><br>Findings will be reported to Director of Nursing.<br><br>**4.Monitoring corrective action:**<br><br>Director of Nursing/Designee will report findings weekly x 4 during risk management meeting and submit monthly x 3 to Quality Assurance Committee. | 12/11/20 |
| F 804 SS=D | Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)<br><br>§483.60(d) Food and drink<br>Each resident receives and the facility provides- | F 804 | | |

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| F 804 | Continued From page 42<br>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;<br><br>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by:<br><br>Based on observations and interview, facility staff failed to distribute and serve foods under sanitary conditions as evidenced by breakfast food items such as scrambled eggs and ground turkey that were tested below 135 degrees Fahrenheit (F), and inconsistent food temperatures documentation during the months of July, August, and September 2020.<br><br>Findings included ...<br><br>1. Facility failed to maintain breakfast food temperatures that were safe and appetizing to Resident #51.<br><br>During a face-to-face interview with Resident # 51 on 10/01/20, at 11:32 AM, he stated, "My food in the morning is cold."<br><br>On October 7, 2020, at 8:57 AM a test tray containing breakfast foods was measured to determine the food temperatures. The food temperatures were as follows:<br><br>Ground turkey from the regular diet test tray tested at 119.2 degrees F, and scrambled eggs tested at 123.3 degrees F.<br>Breakfast food temperatures were inadequate and failed to test above 135 degrees Fahrenheit (F). | F 804 | **1. Corrective action for the Resident affected.**<br><br>Resident #51 is stable and resides in the facility.<br>Resident #51 has been encouraged to report food temperature issue for immediate follow up.<br>Resident #51 did not suffer any negative outcome.<br><br>**2. Identification of others with potential to be affected:**<br><br>All residents residing in the facility have the potential to be affected. Interdisciplinary team members completed residents' interview on all units to identify complain of disatisfaction with meal temperature and presentation.<br><br>No other residents were identified As being affected. | 12/11/20 |

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| F 804 | Continued From page 43<br>During a face-to-face interview on October 9, 2020, at approximately 10:30 AM, Employee #11 acknowledged these findings.<br><br>2. Dietary staff failed to document tray line food temperatures consistently during the months of July, August, and September 2020.<br><br>Breakfast, lunch, and/or dinner tray line food temperatures were not documented as follows:<br><br>Four (4) out of 31 days in July 2020<br>Eight (8) out of 31 days in August 2020<br>Fifteen out of 30 days in September 2020.<br><br>During a face-to-face interview on October 9, 2020, at approximately 10:30 AM, Employee #11 acknowledged these findings. | F 804 | **3. Measures to prevent recurrence:**<br><br>Director of Food Services will provide in-service for dietary staff on the importance of providing meals at temperatures that are safe and apetizing at minimum of 135 degrees (F) on delivery.<br><br>Training will emphasize on the importance of consistent documentation of tray line food temperature for all meals.<br><br>Dietary Supervisor will conduct test trays two days every week to ensure appropriate food temperatures when delivered to the unit.<br>Meal temperature log will be audited daily by Dietary Supervisor to ensure consistent and accurate meal temperature documentation.<br><br>Identified issues will be reported to the Director of Food Services. | 12/11/20 |
| F 842 SS=E | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete; | F 842 | **4. Monitoring corrective action:**<br><br>Director of Food Services / Designee will submit report including issues identified and addressed to Quality Assurance Committee monthly x 3. | |

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| F 842 | Continued From page 44<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-<br>(i) To the individual, or their resident representative where permitted by applicable law;<br>(ii) Required by Law;<br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.<br><br>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.<br><br>§483.70(i)(4) Medical records must be retained for-<br>(i) The period of time required by State law; or<br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(i)(5) The medical record must contain-<br>(i) Sufficient information to identify the resident;<br>(ii) A record of the resident's assessments; | F 842 | **1. Corrective action for the resident Affected:**<br><br>Residents #61 and #158 are stable and have been re-assessed; AV graft/fistula sites are intact and positive for bruit and thrills.<br><br>Resident #83 is stable and has been re-assessed for splint usage, fall precautions, perineal care, skin impairment, vital signs for Covid 19 and turning and repositioning to ensure resident #83 has no negative outcome.<br><br>Residents #61, #158, and #83 did not Suffer any negative outcome.<br><br>**2. Identification of others with potential To be affected:**<br><br>All residents residing in the facility have potential to be affected.<br>Nurse managers completed medical record audit including Treatment Administration Record (TAR) and residents' receiving hemodialysis to ensure consistent documentation of AV graft/fistula dressing removal post dialysis.<br><br>No other residents were identified as being affected . | 12/11/20 |