

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2019
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NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010
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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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L 000	Initial Comments The Annual Licensure Survey was conducted at Stoddard Baptist from January 22, 2019 through January 29, 2019. Survey activities consisted of a review of 37 sampled residents. The following deficiencies are based on observation, record review and resident and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The resident census during the survey was 146.	L 000	Please begin typing your responses here:	
L 012	3203.2 Nursing Facilities A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that persons in charge, who are certified food protection managers, obtained a District of Columbia issued Food Protection Manager Identification Card as evidenced by one (1) of two (2) persons in charge who did not have a District of Columbia issued Certified Food Protection Manager Identification Card. Findings included ... During record review in Dietary Services on January 22, 2019, at approximately 10:30 AM, one (1) of two (2) Persons in Charge did not possess a District of Columbia issued Food Protection Manager Identification Card. The 2012 District of Columbia Food Code, section 203.3 of chapter 2 states the following:	L 012	<ol style="list-style-type: none"> 1. Identified employee applied for the District issued food protection manager ID card on 2/12/19. 2. A review of other dining service managers was conducted and were required to obtain a DC Food Protection Manager ID if needed. 3. The Administrator provided an in-service to Human Resources, QAPI Director and Food Services Managers on the required certification and District issued ID requirements. 4. The Human Resources Director will monitor availability of required District issued ID requirement monthly and reported to QAPI quarterly. 5. Completion date 2/19/19 	2/12/19

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Madeira Johnson, WHA

TITLE

ADMINISTRATOR

(X6) DATE

2/20/19

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L 012	<p>Continued From page 1</p> <p>203 CERTIFICATION AND DISTRICT-ISSUED ID REQUIREMENTS ? FOOD PROTECTION MANAGER, PERSON IN CHARGE</p> <p>203.1 Each person in charge shall be certified by a food protection manager certification program that is accredited by the Conference for Food Protection Standards for Accreditation of Food Protection Manager Certification Programs. Such certified food protection managers shall be deemed in compliance with §201.2(b).</p> <p>203.2 A person in charge who is a certified food protection manager as required in §203.1 shall be re-certified every three (3) years.</p> <p>203.3 A person in charge who is a certified food protection manager as required in §203.1 shall obtain a District-issued Food Protection Manager Identification Card (ID Card), issued by the Department, and shall renew the District-issued ID Card every three (3) years.</p> <p>During a face-to-face interview on January 22, 2019, at approximately 10:30 AM, Employee #3 acknowledged the findings.</p>	L 012		
L 031	<p>3207.6 Nursing Facilities</p> <p>The physician shall prescribe a planned regimen of medical care which includes the following:</p> <p>(a)Medications and treatments;</p> <p>(b)Rehabilitative services;</p> <p>(c)Diet;</p> <p>(d)Special procedures and contraindications for</p>	L 031		

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L 031	<p>Continued From page 2</p> <p>the health and safety of the resident;</p> <p>(e)Resident therapeutic activities; and</p> <p>(f)Plans for continuing care and discharge. This Statute is not met as evidenced by: Based on medical record review and staff interview for two (2) of 37 sampled residents the physician failed to review the resident's total program of care to include a co-signature for a telephone order for one (1) resident who receives enteral feeding and to consider tapering the dose of prednisone for one (1) resident. Residents # 62 and #118.</p> <p>Findings included ...</p> <p>Record review of facility's policy titled "Physician Order Admission/Re-admissions revision date of 10/11/18 showed "all resident orders should be reviewed by the physician at least every 60 days for intermediate residents and 30 days for skilled residents, the physician countersigns telephone orders within 10 days."</p> <p>1.Resident #62 was admitted to the facility on 8/27/18 with diagnoses to include Heart Failure, Pneumonia, Hypertension, Hyperlipidemia and Parkinson's disease.</p> <p>On 1/23/19 at 10:00 AM, Resident #62 was observed lying in bed on his left side with Jevity 1.5 infusing at 90ml/hr via gastrostomy-tube. On 1/25/19 at 11:00 AM the resident was observed receiving Jevity 1.5 infusing at 90 ml/hr via gastrostomy-tube.</p> <p>Review of the Quarterly Minimum Data Set [MDS] dated 11/28/18 showed the under Section C [Cognitive Patterns] Resident #62 had a Brief</p>	L 031	<p>L031 Resident #62</p> <ol style="list-style-type: none"> 1. Resident #62 was immediately reassessed and physician notified of the need to review the plan of care and sign the order. 2. All other resident orders for the prior 6 months were reviewed and addressed with physician as applicable. 3. The Medical Director addressed the concerns and reeducated all other physicians on the need to review care plans and timely sign off on orders. 4. Physician compliance with review of physician's orders and physician's review of plan of care will be audited monthly by Director of Nursing/designee and medical records. The finding will be reported to QAPI quarterly. 5. Completion date: 2/19/19 	1/30/19
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L 031	<p>Continued From page 3</p> <p>Interview for Mental Status [BIMS] score of "11" which indicates the resident's cognition is moderately impaired. Under Section K [Swallowing/Nutritional Status] K0510- indicates the resident has a feeding tube (nasogastric or abdominal). Review of the care plan showed "feeding tube; resident requires feeding tube related to Dysphagia post Stroke."</p> <p>A further review of the medical record showed an Allied Pharmaceutical Service Enteral Protocol dated 11/5/18 Enteral Protocol with a telephone order "tube feeding nutrient Jevity 1.5 at 90ml/hour X 18 hours up at 6:00 PM down at 12 noon." A review of the form showed the section for the physician's signature is left blank, indicating that she did not cosign the order and review this order as a part of the total plan of care.</p> <p>During an interview on 1/25/19 at 11:00 AM, Employee# 4 acknowledged the finding at the time of the medical record review.</p> <p>2. Resident # 118 was admitted to the facility on 2/13/16 with diagnoses which include Chronic Obstructive Pulmonary Disease, Anemia, Coronary Artery Disease, Hypertension, Alzheimer's disease and Hip Fracture.</p> <p>Review of Resident #118 Quarterly Minimum Data Set [MDS] dated 12/26/18 on 1/28/19 at 3:00 PM showed Section C [Cognitive Patterns] a Brief Interview for Mental Status [BIMS] with a score of "15" which indicate cognitively intact. Section O [Special Treatments, Procedures and Programs] respiratory treatments while a resident, Oxygen therapy is selected.</p>	L 031	<p><u>Resident #118</u></p> <ol style="list-style-type: none"> 1. Resident #118 was reassessed and physician notified. Physician reviewed the recommendation from consult and documented response to pulmonary consult recommendation. 2. A review of consults recommendations for the prior 6 months was done and any identified consults needing response were referred to physician as appropriate. 3. The Medical Director addressed the concern and reeducate physicians on the need to reply to consults and document their response. 4. Physician compliance with review of physician's orders and physician's review of plan of care will be audited monthly by Director of Nursing/designee and medical records. The finding will be reported to QAPI quarterly. 5. Completion date: 2/14/19 	1/30/19
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L 031	<p>Continued From page 4</p> <p>Review of Pulmonary Consultation dated 9/4/18 showed continue current therapy except consider tapering Prednisone (Patient is on appropriate therapy but would consider slowly tapering Prednisone 5mg every 2 to 4 weeks).</p> <p>Review of the Medication Administration Record (MAR) for September 2018-January 2019 "Prednisone 20 mg tablet by mouth (1 tablet/20 mg) daily 9:00 AM for: Chronic Pulmonary Disease (COPD). Medical record review failed to show a tapering of Prednisone dose and no documented rational to continue or discontinue the Prednisone dosage (therapy).</p> <p>During a telephone interview on 1/28/19 at 2:00 with Employee #8 [Physician] stated I did see the recommendation but I elected not to taper the dose at this time, I should have addressed it in my notes.</p> <p>During a phone interview on 1/28/19 at 2:00 Employee# 8 acknowledged the finding.</p>	L 031	<p><u>L039 – Employee #4</u></p> <ol style="list-style-type: none"> 1. Employee #4 was immediately reassigned as licensed practical nurse on the unit. A registered nurse was assigned to the position of Resident Care Coordinator on Unit 2. 2. All other Resident Care Coordinator records were checked. There were no other LPNs assigned as a Resident Care Coordinator. 3. Human Resource Director was provided education on ensuring staff credentials meet regulatory and licensing requirements. 4. All staff's credentials will be monitored to ensure they meet regulatory and licensure requirement and reported to QAPI quarterly. 5. Complete date 1/29/19 	1/29/19
L 039	<p>3208.1 Nursing Facilities</p> <p>A licensed registered nurse shall be employed full-time as Director of Nursing Services, except a provided in this section. This Statute is not met as evidenced by: Based on record review and staff interviews, it was determined that the facility failed to ensure that the licensed practice nurse performed duties in accordance with his/her scope of practice as evidenced promotion into a Resident Care Coordinator (RCC) which according to the facility job description is a registered nurse position.</p>	L 039		

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L 039	<p>Continued From page 5</p> <p>Findings included ...</p> <p>"According to District of Columbia Municipal Regulations for Practical Nursing 5514.4 ... A practical nurse shall not (b) supervise the clinical practice of a registered nurse."</p> <p>A review of Employee #4's Human Resources file revealed "Job Description Title: Resident Care Coordinator was not signed and dated by Employee #4, the Human Resources Manager, or the Director of Nursing Services. The RCC job description stipulates that the Employee reports to the Director of Nursing, Purpose of the Job: The Primary purpose of the job is to manage and coordinate the day-to-day activities of the assigned nursing unit. Such (management) activities must be in accordance with federal, state, and local standards, guidelines and regulations ..."</p> <p>Management Duties and Responsibilities": manage the day-to-day functions of nursing activities ...Provide supervisory coverage of clinical service area as assigned, e.g..., relief of evening or night supervisor as scheduled/needed. Prepare employee performance evaluations, make recommendations to the director of Nursing Services concern hiring, employee learning needs disciplinary measures, transfers, and dismissalSupervise and evaluate each nursing employee on the unit. Education; Required Bachelor Science degree in Nursing from an Accredited College or university ...</p> <p>Specific Requirements: Must possess a current unencumbered license to practice as a Registered Nurse in the District of Columbia."</p> <p>According to the employee record, on November</p>	L 039		
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L 039	<p>Continued From page 6</p> <p>5, 2007, the following Interoffice memorandum was submitted and stipulates: "To All Employees From; [Name of Nursing Director], Re: Promotion It gives me great pride to announce the promotion of Employee #4, LPN (Licensed Practical Nurse) to the position of unit 2, Resident Care Coordinator ...</p> <p>A face-to-face interview was held with the Employees #4 on January 29, 2019, at approximately 12:10 PM when questioned he stated: "I'm an LPN (Licensed Practical Nurse), and am the manager [Resident Care Coordinator] of the 2nd-floor unit".</p> <p>January 29, 2019, at approximately 2:30 PM a face-to-face interview was conducted with Employee #2, (Director of Nursing). When questioned about the status of the 2nd-floor unit manager to which she responded yes he is an LPN and that he was in the position when she was hired. She also confirmed registered nurses are assigned to the unit as reflected on the staffing sheets dated January 6, 2019 through January 19, 2019.</p>	L 039	<p>L051</p> <ol style="list-style-type: none"> 1. Resident #110 was assessed and care plan updated and completed by RN to include swallowing and risk for aspiration. 2. All other residents with swallowing problems and risk for aspiration were reviewed. There were no other residents impacted by this practice 3. All interdisciplinary team members were reeducated regarding care plans ensuring they are person centered and meet all the needs of the residents. 	1/28/19
L 051	<p>3210.4 Nursing Facilities</p> <p>A charge nurse shall be responsible for the following:</p> <p>(a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;</p> <p>(b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order</p>	L 051	<ol style="list-style-type: none"> 4. Care plans will be audited by nursing leadership monthly and reported to QAPI quarterly. 5. Completion date 2/14/19. 	

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L 051	<p>Continued From page 7</p> <p>policies;</p> <p>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:</p> <p>Based on medical record interview and staff interview for one (1) of 37 sampled residents, the facility staff failed to update/revise care plan to include specific interventions for a resident at high risk for aspiration. Resident #110.</p> <p>Findings included...</p> <p>Resident #110 was admitted to the facility on 10/1/14 with diagnoses to include Dysphagia, Oropharyngeal Phase, Pneumonia, Pressure ulcer, Weight loss, Gastritis and Cardiac Arrhythmia.</p> <p>Review of Resident #110 Quarterly Minimum Data Set [MDS] dated 12/26/18 showed Section C [Cognitive Patterns] the resident had a Brief Interview for Mental Status [BIMS] with a score of "15" which indicate she was cognitively intact. Under Section K [Swallowing/Nutritional Status] resident is coded as not having signs and</p>	L 051		
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L 051	<p>Continued From page 8</p> <p>symptoms of possible swallowing disorder.</p> <p>Review of Speech Therapy Discharge Summary [dates of service 9/25/18-10/8/18] on 1/28/19 at 2:30 PM showed "swallow strategies/positions, it is recommended the patient use the following strategies and/or maneuvers during oral intake: alternation of liquids/solids, alternation of temperatures, rate modification, bolus size modifications, hard throat clear/swallow, no straws and general swallow techniques/ precautions upright posture during meals and upright posture for >30 minutes after meals. Patient and Caregiver Training: Instructed patient and primary caregivers in safe swallow techniques, staff have been in serviced and trained on aspiration precautions."</p> <p>Further review of the medical record showed a Mann Assessment Swallowing Ability (MASA) Scoring Sheet dated 1/18/19 with a score of "132" which indicate moderate aspiration, additional problems: at risk for silent aspiration; summary: severe oropharyngeal dysphagia high risk for aspiration.</p> <p>A further review of the medical record showed a physician's order dated 1/24/19 "may continue present diet with honey thick liquid, aspiration precautions."</p> <p>Review of Resident #110's Nutrition care plan failed to show updates or revisions to include swallowing strategies/maneuvers, caregiver training provided by the speech therapist on safe swallowing strategies for resident at high risk for</p>	L 051		
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L 051	Continued From page 9 aspiration. During an interview on 1/28/19 at 3:00 PM, Employee #4 acknowledged the finding and stated "yes, I can update the care plan."	L 051		
L 099	3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to maintain food service equipment in good condition as evidenced by one (1) of one (1) dishwashing machine that failed to reach a final rinse temperature of 180 degrees Fahrenheit and by failing to maintain a wheelchair in safe working condition. Findings included ... During a tour of the Dietary Services on January 22, 2019, at approximately 9:25 AM: One (1) of one (1) dishwashing machine failed to reach a minimum final rinse temperature of 180 degrees Fahrenheit (F) during observations between 10:05 AM and 10:50 AM. Final rinse temperatures fluctuated between 168 degrees F and 181 degrees F during that time and dietary staff was unable to clean dishes effectively. As a result, paper plates were used for lunch. At approximately 12:16 PM, the dishwashing	L 099	<u>L099</u> 1. Outside vendor was immediately called to repair the final rinse cycle and repair was completed the same day. Paper plates were used for lunch. A review of the facility temperature log maintained on the dish machine revealed all temperatures were appropriate prior to date checked. 2. There were no other dish machines in the same condition. 3. The preventive maintenance program has been revised to include monitoring and inspection of the dishwashing machine final rise temperature. Maintenance staff has been provided an in-service on the preventive maintenance of the dish machine and temperature requirements. Dietary staff was also provided reeducation on out of range temperature and to alert maintenance department for repair. 4. The Maintenance Director will review adherence to preventive maintenance program monthly and reported to QAPI quarterly. 5. Completion date: 2/15/19	1/22/19

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L 099	<p>Continued From page 10</p> <p>machine was repaired and final rinse temperatures were between 182 degrees F and 192 degrees F on five (5) of five (5) consecutive dishwashing cycles.</p> <p>On January 24, 2019, at approximately 10:10 AM, the final rinse temperature was observed to be 188 degrees F.</p> <p>These observations were acknowledged by Employee #3 during a face-to-face interview on January 22, 2019, at approximately 10:50 AM.</p> <p>2. Facility staff failed to maintain a wheelchair used by Resident # 45 in safe operating condition.</p> <p>Record review of facility's policy titled "Wheelchair Preventive Maintenance review date 3/14/18 showed purpose is to ensure all wheelchairs are in proper working order, wheelchairs will be checked and maintained on a regular basis."</p> <p>Observation on 1/28/19 at 10:00 AM showed Resident #45 sitting in a black wheelchair at the nurses' station. During an interview with Employee# 4 on 1/28/19 at 10:30 AM while at the nurses station, surveyor heard a thump and saw Resident# 45 on the floor (at the nurses station), staff responded immediately and assisted the resident to a seated position in the wheelchair. Resident #45 remained alert and responded appropriately to staff. As staff were placing resident in the wheelchair observed the left arm rest of the wheelchair was loose, and unable to attach and lock onto the frame of the wheelchair. Resident #45 remained alert and responded appropriately to staff.</p> <p>Resident #45 was admitted to the facility on</p>	L 099	<p><u>Resident #45</u> Wheelchair</p> <ol style="list-style-type: none"> 1. Resident #45's wheelchair was immediately repaired. 2. All other wheelchairs were checked for any needed repairs. There were no other wheelchairs found requiring repair. 3. Maintenance staff was provided an in-service education on preventive maintenance of wheelchairs. Staff were reeducated on wheelchair inspection before use with residents. 4. Engineering and maintenance director will monitor wheelchair preventive maintenance monthly and report to QAPI quarterly. 5. Completion date: 2/14/19 	1/28/19
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2019
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NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010
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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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L 099	<p>Continued From page 11</p> <p>6/28/18, with diagnoses which include Essential hypertension, Cough variant Asthma, Insomnia, Iron deficiency and Altered Mental Status.</p> <p>During an interview on 1/28/19 at 11:00 AM, Employee #4 stated I will put in a work order to get it fixed, the left arm rest is not locking, I see it.</p> <p>Facility staff failed to maintain a wheelchair used by Resident # 45 in safe operating condition.</p> <p>During a face-to-face interview on 1/28/19 at 11:00 AM Employee #4 acknowledged the finding.</p>	L 099		
L 533	<p>3270 Nursing Facilities</p> <p>DISCHARGE PLANNING</p> <p>This Statute is not met as evidenced by: Based on record review and staff interviews for two (2) of 37 sampled residents, the facility staff failed to develop and implement a discharge plan for Resident's # 68 and 118.</p> <p>Findings included ...</p> <p>1. Resident #68 was admitted, with diagnoses to include; Coronary Artery Disease, Cerebrovascular Accident, Hemiparesis, and Hypertension.</p> <p>During a face-to-face interview on January 23, 2019, at 10:30 AM, Resident #68 stated he would like to go home but no one ever discussed this with him, and he did not realize it was an option.</p> <p>A medical record review on December 28, 2019, at 10:00 AM of the Quarterly Minimum Data Set</p>	L 533	<p><u>L533 – Resident #345</u></p> <ol style="list-style-type: none"> 1. Resident #345 was reassessed; documentation of hourly monitoring could not be corrected retrospectively. 2. A review of residents at risk for falls was conducted as it pertains to physician orders of hourly monitoring. There were no other residents impacted by this practice. 3. Nursing staff were reeducated on accurately implementing doctor's orders on monitoring for comfort, fall and behavior. 4. The nursing leadership will audit residents with orders for hourly monitoring for accuracy and documentation monthly and report to QAPI quarterly. 5. Completion date: 2/14/19 	

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L 533	<p>Continued From page 12</p> <p>(MDS) dated December 03, 2018, showed that in Section G (Functional Status) the resident required extensive assistance with one person assistance and under Section Q (Assessment and Goal Setting) Is active discharge planning already occurring for the resident to return to community was coded as, "no".</p> <p>A review of Resident #68's care plan on January 28, 2019, at 9:00 AM revealed no documentation regarding the resident's discharge wishes or discharge plans.</p> <p>There was no evidence of discharge planning or that the facility staff discussed discharge planning with the resident during his initial comprehensive assessment or subsequent Interdisciplinary Team meetings.</p> <p>Employee #6 acknowledged the findings during a face-to-face interview on January 28, 2019, at 10:00 AM.</p> <p>2. Resident# 118 was admitted to the facility on 2/13/16 with diagnoses which include Chronic Obstructive Pulmonary Disease, Anemia, Coronary Artery Disease, Hypertension, Alzheimer's disease and Hip Fracture.</p> <p>During a face-to-face interview on 1/23/19 at 11:00 AM, Resident# 118 stated I have been here for a while now and it would be nice to go home, but no one talked to me about it yet.</p> <p>Review of Resident# 118 Comprehensive Minimum Data Set [MDS] dated 12/20/18 showed Section C [Cognitive Patterns] a Brief Interview for Mental Status [BIMS] with a score of "4" which indicate severe cognitive impairment.</p>	L 533	<p>Resident #118</p> <ol style="list-style-type: none"> 1. The Interdisciplinary Team met with Resident #118. Resident indicated a desire to go home; however, is content being at facility. Care plan was updated to address discharge plans. 2. All other resident care plans were audited for availability of discharge plans and updated as appropriate. 3. The Interdisciplinary Team was reeducated on the need to address discharge plans for all residents. 4. Social Worker Director/ designee will audit care plans for availability and documentation of discharge plans monthly and report to QAPI quarterly 5. Completion date: 2/14/19 	1/31/19
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L 533	<p>Continued From page 13</p> <p>Section G [Functional Status] resident required limited assistance with activities of daily living (dressing, eating, personal hygiene and toileting) and under Section Q [Participation in Assessment and Goal Setting] Q0300. Resident's Overall Expectation for discharge was left blank (not coded).</p> <p>A review of Resident# 118 Socail Service care plan showed "to evaluate for discharge from the facility every three months, explore alternative care options with resident and family, discuss benefits and options to placement settings." A further review of the medical record showed care plan and interdisciplinary meetings, but no evidence facility staff discussed discharge planning with the resident and/or resident family.</p> <p>During a face-to-face interview on 1/23/19 at 3:00 PM Employee# 6 stated: "I should have discussed discharge, I will get on it right away."</p> <p>Facility staff failed to show evidence discharge planning was discussed during the initial comprehensive assessment or at subsequent Interdisciplinary Team Meetings.</p> <p>During a face-to-face interview on 1/28/19 at 3:00 PM Employee# 6 acknowledged the finding.</p>	L 533		
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