STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095005	A. BUILDING _____ B. WING _____	02/02/2011

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THE WASHINGTON HOME	3720 UPTON STREET NW WASHINGTON, DC 20016

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F 281	Continued From page 40 [MAR] for January 2011 revealed licensed staff administered Diovan on January 1, 2011 at 9AM. The record lacked evidence of an assessment of the resident ' s blood pressure on January 1, 2011. There was no evidence that licensed staff made a determination regarding the appropriateness of administration of Diovan in the absence of a blood pressure assessment. The findings were reviewed and confirmed with Employee #3 during a face-to-face interview on January 31, 2011 at approximately 11:00 AM. Cross over to §483.25. 3. A review of the clinical record for Resident #18 revealed facility staff failed to administer resident ' s eye drop for glaucoma properly according to professional standards. Physician ' s orders dated January 11, 2100 directed the administration of Timoptic Ocumeter 0.5% instill one (1) drop to each eye every morning for glaucoma. According to the " 2006 Lippincott ' s Nursing Procedure Manual, page 283 under " Medication Administration, to instill eye drops...pull the lower lid down to expose the conjunctival sac, have the patient look up and away, then squeezed the prescribed numb of drops into the sac. " During a medication pass conducted with Employee #15 on January 24, 2011 at approximately 9:15 AM. Observed eye drops being instilled in eyes. Eye drops did not make full contact with the conjunctival sac, medication observed running down resident ' s cheek. The observation was made on January 24, 2011. Cross over to §483.25.	F 281	1. Resident #17- Nurse given one to one education regarding obtaining blood pressure assessment prior to administration of blood pressure medications. The resident did not sustain any negative outcomes after receiving the medication without having the blood pressure taken prior to administration of the medication. 2. The in-house pharmacy consultant will obtain a current listing of medications requiring blood pressure assessment and distribute to nursing units to be placed in a prominent spot in the MAR: nurses will use the list as a guide (along with physician parameters) as to when to obtain a blood pressure assessment prior to administration of blood pressure medications. A follow up random medication administration observation will be conducted with the nurse involved. All nurses will receive an education review session on using the blood pressure medication assessment sheet for a guideline of how frequent to obtain a blood pressure prior to medication administration if the physician has not given specific parameters. Nurse Managers conducted an audit of 10% of the MARS for residents on Antihypertensives to determine if other residents were affected: no other residents were affected.	

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F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, 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, record review and staff and resident interviews for four (4) of 27 sampled residents and one(1) of 12 supplemental residents, it was determined that facility staff failed to ...administer thicken liquid additive according to manufactures specifications for one (1) resident, administer Resident #10's eye drops according to physician's order for one (1) resident, to assess the resident ' s blood pressure prior to the administration of an anti-hypertensive medication for one (1) resident, follow a physician ' s order for a bedside commode and administer resident ' s eye drop medication according to physician's order for one (1) resident, to administer Vitamin D in accordance with physician ' s orders for one (1) resident, and to ensure that resident received medications as per the physician ' s order for one (1) resident. Residents:#12 #17, #25 and # F1 The findings include: 1. Facility staff failed to administer thicken liquid additive according to manufactures specifications. Resident #12	F 309	3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. The nurse managers have received a training session as to how to conduct a medication administration observation. 4. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report negative trends and corrections to the Quality Improvement Committee quarterly. 5. Compliance Date F309 1. Resident#12-Nurse education conducted regarding following instructions for accurate measurement of powered thickener added to liquids during medication administration. The resident did not sustain any negative outcomes from this incident. 2. A follow up random medication administration observation of nurse adding a powdered thickener to liquids was completed. Random medication administration observation rounds, including observing a nurse measuring powered thickener (when appropriate) will be conducted at least once per month of nurses giving medications to all residents, at least once per month by nurse managers on their respective units.	4/8/2011

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F 309	Continued From page 42 During a medication pass observation conducted on January 25, 2011 at 8:45 AM with Employee #32, he/she poured an unmeasured amount of white powder (thicken liquid) into a 4 ounce cup of apple juice, precede to administer the medications and offered the thicken liquid following the medication administration. Review of the Physician ' s Order Form for January 2011 dated and signed by the physician on January 2, 2011 directed the following for Resident #2 ' s diet: " Pureed diet with nectar thick liquids ... " Review of the container directed to use one (1) tablespoon of thicken liquid in 4 ounces of apple juice for nectar thick. A face-to-face interview was conducted on January 25, 2011 at 12:15 PM with Employee #32. He/she indicated that the powder was not measure and it is by trial and error to get the right consistency for the resident to swallow. A face-to-face interview was also conducted on January 25, 2011 at 12:25 PM with Employee #33. He/she indicated that the instructions on the container are followed to obtain a thicken liquid, nectar consistency, add one (1) tablespoon of thicken liquid to 4 ounces of apple juice. After review of the above Employee #32 acknowledged the findings of the above observation was made on January 25, 2011. 2. A review of the clinical record for Resident #17 revealed facility staff failed to assess the resident ' s blood pressure prior to the administration of an anti-hypertensive medication. The prescription included parameters of administration. Physician ' s orders dated December 1, 2010 directed the administration of Diovan 160mg one (1) tablet daily for blood pressure, hold for systolic	F 309	Random medication administration observations were conducted during the week of April 11, 2011 (including where appropriate residents receiving thickened liquids during the medication administration): no other residents had negative effect. 3. Powdered thickening agents (multi-dose cans) will no longer be used to administer thickened liquids to residents during medication administration. Pre-thickened water and juices or a pre-mixed powdered packet will be provided on each medication cart. A memorandum will be sent to all nurses to inform them to no longer use powered thickener (multi-dose cans) for medication administration: signed signature sheet will give evidence that the nurses understand (have been educated) to not use multi-dose powdered thickeners. 4. Once per month Nurse Managers or their designee will conduct a random medication administration observation with one nurse on each shift. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report negative trends and corrections to the monthly Quality Improvement Committee. 5. Compliance Date	4/8/2011

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F 309	Continued From page 43 blood pressure less than 110 or heart rate less than 60. A review of the Medication Administration Record [MAR] for January 2011 revealed licensed staff administered Diovan on January 1, 2011 at 9AM. The record lacked evidence of an assessment of the resident ' s blood pressure on January 1, 2011. There was no evidence that licensed staff made a determination regarding the appropriateness of administration of Diovan in the absence of a blood pressure assessment. The findings were reviewed and confirmed with Employee #3 during a face-to-face interview on January 31, 2011 at approximately 11:00 AM. 3.Facility staff failed to follow a physician ' s order for a bedside commode for Resident #18. A review of Resident #18 ' s record revealed the following physician order dated January 11, 2011 that directed, " Place commode at bedside (toileting). " During the orientation tour of the facility on January 24, 2011 and January 27 and 31, 2011, no bed side commode was observed at Resident #18 ' s bedside. A face-to-face interview was conducted with Resident #18 on January 31, 2011 at approximately 1:00 PM, he/she stated, " I get up and go to the bathroom, I have to take my time. " A face-to-face interview was conducted with Employee #6 on January 31, 2011 at 3:30 PM. He/she acknowledged that resident did not have a bedside commode at bedside. The record was	F 309	1. Resident #17-Nurse given one to one education regarding obtaining blood pressure assessment prior to administration of blood pressure medications. The resident did not sustain any negative outcomes from the incident. 2. The in-house pharmacy consultant will obtain a current listing of medications requiring blood pressure assessment and distribute to nursing units to be placed in a prominent spot in the MAR: nurses will use the list as a guide (along with physician parameters) as to when to obtain a blood pressure assessment prior to administration of blood pressure medications. All nurses will receive an education review session on using the blood pressure medication assessment sheet for a guideline of how frequent to obtain a blood pressure prior to medication administration if the physician has not given specific parameters. Nurse Managers conducted an audit of 10% of the MARS for residents on Antihypertensives to determine if other residents were affected: no other residents were affected. 3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift.	

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F 309	Continued From page 44 reviewed on January 31, 2011. 4. A review of the clinical record for Resident #25 revealed facility staff failed to administer Vitamin D in accordance with physician ' s orders. According to a physician ' s summary dated December 10, 2010, Resident #25 was admitted to the facility ' s sub-acute unit for rehabilitation status post fall with functional decline. Diagnoses included Gait Disorder, Peripheral Neuropathy, spinal arthritis, acute renal failure and hypertension. The clinical record revealed the following physician orders for the month of December 2010: December 9, 2010 Vitamin D3 50,000 units buy mouth monthly for supplement December 14, 2010 Vitamin D 50,000 units, one (1) capsule by mouth biweekly for Vitamin D deficiency December 17, 2010 Discontinue monthly Vitamin D orders A review of laboratory data revealed the resident ' s Vitamin D level, preformed December 10, 2010, was 23.9 [normal 32-100]. A review of the Medication Administration Record [MAR] for the month of December 2010 revealed Vitamin D3, 50,000 units was administered on December 12, 2011. The physician ' s order of December 14, 2010 for the weekly administration of Vitamin D was transcribed onto the MAR and a dosage was administered on December 16, 2010. " Discontinued 12/17/10 " was documented on	F 309	4. Completed Medication Administration audit forms will be forwarded to the Education Department, who will report identified variances and corrections to the Quality Improvement Committee quarterly. 5. Compliance Date 1. Resident #18—bedside commode no longer needed. Order discontinued. 2. Nurse Managers to review daily 24 hour report & 24 hour chart check—orders no longer needed, will be discontinued with plan of care update accordingly. Between April 8 and April 15, 2011 Nurse Managers will review the 24 report and 24 hour chart check to see if other residents needing a bedside commode have the bedside commode as ordered and where appropriate for use by the resident. 3. Re-education on the POS end of month process conducted by OmniCare Pharmacy. 4. Nurse Managers will re-educate nurses monthly regarding consistently removing discontinued orders during the end of month POS process and report outcome to the Quality Improvement Committee quarterly. 5. Compliance Date	4/8/2011 4/8/2011

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F 309	Continued From page 45 the MAR for the monthly and weekly orders of Vitamin D. There were no doses of Vitamin D administered subsequent to December 16, 2010. A face-to-face interview was conducted with Employee #40 on February 1, 2011 at approximately 11:00 AM. S/he stated that both orders of the Vitamin D were erroneously discontinued, however, the resident progressed well in rehabilitation and had no adverse effect from the omitted doses. The record was reviewed February 1, 2011. 5. Facility staff failed to ensure that Resident #F2 received medications as per the physician ' s order. The Physician ' s Order Form dated January 2011 and signed by the physician on January 10, 2011 directed, " Lidocaine HCL 5% Ointment, apply to legs from knee down twice daily for pain, pt (patient) may refuse. " A review of the Medication Administration Record for January 2011 revealed that on January 9 and 20, 2011 nurses initials were circled indicating that Lidocaine was not given. A review of the reverse side of the MAR for January 2011 revealed that facility staff documented " not available from pharmacy " as the reason that Lidocaine was not administered. A face-to-face interview was conducted with Resident #F2 on January 31, 2011 at 9:40 AM. He/she stated, " I was told that my medication [resident was point to his/her legs] ran out. " The record lacked evidence that Resident #F2 received Lidocaine as per the physician ' s order.	F 309	1. Resident #25 - Negative trend cannot be retrospectively corrected. 2. Nurses re-educated will apply the five rights when administering medications: ensuring documentation following administration and MAR matches physician order. A medical record review by the Nurse Managers shows other residents are receiving vitamin D. No resident was negatively impacted. 3. Nurse Managers to review daily 24 hour report & 24 hour chart check to ensure changes in orders have been transcribed and follow up complete. All nurses were educated by the facility pharmacy on the end of the month POS process: this process assists the nurse in capturing orders that are to be continued each month. 4. Negative trends of patterns where orders are not transcribed and follow up completed will be reported quarterly by the Quality Improvement Nurse. 5. Compliance Date	4/8/2011

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F 309	Continued From page 46 A face-to-face interview was conducted on February 1, 2011 at 12:50 PM with Employee #7. He/she acknowledged that the medication was not given as it was not available from pharmacy. The record was reviewed on February 1, 2011.	F 309	1. Lidocaine was ordered and received for Resident #F2. 2. Nurse managers, supervisors and pharmacist will review pharmacy fax cut-off times, refill cut-off times and requests for STAT deliveries with nursing staff to ensure the facility receives orders to the pharmacy in a timely fashion for scheduled deliveries. Fax and refill cut-off times will be posted on each unit. Nurse managers and supervisors will also review the process if cut-off times are missed, e.g., request STAT delivery. Nursing staff will be instructed to notify nurse managers or supervisors if medication does not arrive with the anticipated delivery. 3. Nurse managers, supervisors and pharmacist will review electronic refill listing with nursing staff. The nurse managers, house supervisors and pharmacist will be instructed to use our consulting pharmacy, Omnicare real time, on-line tool, Issue Resolution Protocol, to document and report delay in delivery of medication and track consulting pharmacy Omnicare's response to reported delays in delivery. 4. Negative outcomes will be reported to quarterly Quality Improvement committee. 5. Compliance Date	4/8/2011
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation and interview of an isolated resident review, it was determined that facility staff failed to ensure incontinence care was provided consistent with Resident #6 ' s needs. Resident #6 The findings include: During a wound treatment observation on January 26, 2011 at approximately 8:45 AM, Employee #20 deferred the wound treatment secondary to determining Resident #6 was in need of incontinence care. Employee #40 proceeded with the incontinence care. The incontinent brief that was removed from the resident was " soggy " and saturated with urine. The dressing that served to cover the resident ' s sacral wound slid off with the removal of the brief due to wetness.	F 312		

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F 312	Continued From page 47 An interview with Employee #40, subsequent to the delivery of incontinence care revealed that it was not likely that the resident received incontinent care consistent with the facility ' s practice. He/she stated that incontinence care should be provided at least every 2 hours or sooner if needed. Employees #20 and #40 agreed that it was not likely that the resident had been changed during the [night] shift. Facility staff failed to provide incontinence care for Resident #6 consistent with the resident ' s needs.	F 312	F312 1. Resident #6 - Night staff was counseled regarding failure to complete timely incontinence care. 2. Nursing staff re-educated regarding conducting at least every two hour incontinence care rounds for assigned residents. The resident was not negatively impacted. Random night shift rounds were conducted by House Supervisors from April 8th through April 15th: no other residents were found to be negatively impacted.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview for two (2) of 27 sampled residents, it was determined that facility staff failed to implement measures to prevent accidents by failing to apply safety devices for one(1) resident ' s with a history of falls and medication left unattended. Residents #18 and K3. The findings include: 1. During a medication pass on January 24, 2011 at 10:00 AM for Resident #10, Employee #15 was	F 323	3. a. Increase in unit rounds by Nurse Managers during off nursing shifts. All nurse managers are to conduct at least one off nursing shift rounds on their respective units, by the 25th of each month and forward a documented report to the director of nursing. Nursing staff re-educated regarding conducting at least every two hour incontinence care rounds for assigned residents. b. Review of call light report determining length of time from call placed to answer received from staff. 4. Call light response report reviewed weekly by QI and findings reported to Nurse Managers for correction of identified variances. Nurse Managers will counsel staff individually, as appropriate. QI will report outcomes to the Quality Improvement Committee quarterly.	

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F 323	Continued From page 48 observed leaving Resident #10 ' s room to obtain gloves and a box of tissues from another room for his/her eye drop administration. Employee #15 left resident ' s medicine unattended on top of medicine cart. The observation was made January 24, 2011. 2. Facility staff failed to ensure the application of a safety device for a resident with a history of falls. Resident K3 Physician ' s orders for January 2011 directed " Vigilon monitor alarm at all times when up in chair. " An observation of Resident K3 on January 25, 2011 at approximately 4:00 PM revealed he/she was being transported to the dining area of the unit while seated in a wheelchair. An audible alert device [Vigilon monitor] was observed attached to the wheelchair with a portion of the device dangling from the chair. After approximately 15 minutes of observation, an interview was conducted with Employee #42 at approximately 4:15 PM. S/he identified the device attached to the wheelchair of Resident #K3 as a " Vigilon Monitor, " a safety device for fall prevention. S/he stated that the resident had a history of falls and that the monitor was to be attached when the resident was in up in the wheelchair. The alarm was assessed as detached [dangling portion] and the employee proceeded to properly attached it to the resident, " we are supposed to check this every evening to make sure it is connected properly. " The record was reviewed on January 25, 2011.	F 323	5. Compliance Date F323 1. Resident #10—nurse re-educated regarding principles of medication administration 2. Follow up medication administration completed with nurse. All nurses during unit meetings were re-educated on the 5-rights of medication administration: the guideline to not leave medications unattended was a part of the discussion in order to ensure safe medication administration to all residents. Beginning April 8, 2011 random medication administration observations were conducted with all nurses. During the observations, no deficiencies were seen with any other residents. 3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. The Nurse Managers have received training through our pharmacy as to how to conduct Medication Administration observations. Follow up medication administration completed with nurse. All nurses during unit meetings were re-educated on the 5-rights of medication administration: the guideline to not leave medications unattended was a part of the discussion in order to ensure safe medication administration to all residents.	4/8/2011
F 325	483.25(i) MAINTAIN NUTRITION STATUS	F 325		

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F 325 SS=D	Continued From page 49 UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 27 sampled residents, it was determined that facility staff failed to monitor one (1) resident ' s weight loss and to follow the facility ' s policy to address the resident ' s significant weight loss. Resident P1. The findings include: Facility staff failed to monitor the resident ' s weight loss and to follow the facility ' s policy to address the resident ' s significant weight loss. A review of the resident ' s clinical record revealed that the resident sustained a significant weight loss over a period of six [6] months. The resident consistently lost weight every month over the six month period. The monthly weights as listed in the " Monthly Weight Record " are outlined below: Dates — Weights April 12, 2010 — 160 lb May 12, 2010 — 151 lb June 18, 2010 — 150 lb July 18, 2010 — 147 lb	F 325	4. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report negative trends and corrections to the monthly Quality Improvement Committee. 5. Compliance Date 1. Resident K3—staff member re-educated to check fall prevention alarm for placement during transport of resident. No negative impact to resident. 2. Re-education of staff—facility policy to complete nightly checks of functionality of fall prevention alarms and whenever a resident is transported: especially during transport for continued safety of any resident. 3. House Supervisor during shift rounds to observe functionality of fall prevention alarms. House Supervisors (and Nurse Managers) re-educated to include this duty as part of unit rounds. 4. Audit of functionality of fall prevention alarms to occur weekly by Restorative Nurse, who will report outcomes to the Quality Improvement Committee monthly. 5. Compliance Date	4/8/2011 4/8/2011

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F 325	Continued From page 50 August 5, 2010 144.6 lb September 18, 2010 143 lb October 14, 2010 138 lb November 2010 140 lb December 2010 135 .2 lbs According to the documentation in the Dietary Progress Notes Employee #26 made the following notation, " Quarterly Note: Current weight 160 lb stable and within range. " This notation was made on May 2, 2010. A review of the resident ' s weight documentation for May 12, 2010 revealed that the resident suffered a weight loss of eight [8] pounds or 5% within 30 days from April 12, 2010 to May 12, 2010. There was no evidence in the resident ' s clinical record that he/she was reweighed to validate the weight. According to the facility ' s Weight Monitoring Policy No: TX - 00055.06, " If there is a significant change in weight (increase/decrease) 5% in one month, 7.5% in 3 months or 10% in 6 months. Dietician/Designee will be notified by a consult or diet requisition form to intervene. " The purpose of the policy is listed as: " To ensure all residents with significant weight changes are identified and have an intervention in place. " Item #3 of the policy under the heading of Procedure stated, " If the weight differs by 5% from the previous recorded weight nursing will obtain a second weight to validate the weight change. " The recorded weights in the weight record revealed a weight loss of 8.2 lb or 5% from April 12, 2010 to May 12, 2010 [30 days]; 13 lb or 8% from April 12, 2011 to July 18, 2010 [90 days]; and 22lb or 13% from April 12, 2010 to October 14, 2010 [180 days]. There was no evidence in the clinical record that the resident was	F 325	F325 1. The physician of resident P1 was given notification of the recorded weight loss of the resident. 2. The nutritionist will conduct an audit of 10% of resident charts on all units to identify any other missed opportunities of undocumented nutritionally at risk residents. The nutritionist upon identification of any resident with a weight loss or weight gain of 5 lbs or more will do the following: a. Ask the Weight Team to re-weigh the resident for verification of a change b. If a change is verified, the nutritionist will notify the physician/nurse practitioner of the change and whether it is expected or unexpected. c. The nutritionist will in turn offer recommendations to the physician/nurse practitioner and the interdisciplinary care team as to how (if appropriate) the variance can be corrected. The nutritionist and the Weight Team during a training session will be educated concerning the revised weight loss/gain procedure. 3. The nutritionist will document in the medical record the notification of the physician/nurse practitioner, the interdisciplinary care team and the recommenddations made. Follow up medication administration completed with nurse.	

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F 325	Continued From page 51 reweighed in May 2010after the weight loss of 5%, in July 2010 after the weight loss of 8% or in October after the weight loss of 13% to validate his/her weight as recommended in the Weight Monitoring Policy. On October 2, 2010 Employee #26 documented the following , "Quarterly note current wt [weight] 145 lb or 9% not significant but appetite fair 75-80%. Still takes Ensure. Happy with her consumption, skin intact. Continue with dietary plan. Encourage more food." Review of documentation in the Nutritional Progress Notes dated October 18, 2010 revealed the following: "Wt [weight] declined 138 lb or 8.6% is significant but he/she is above IBW [Ideal Body Weight]." Another documentation was noted on the Nutritional Screening and Assessment Form. The reason for the assessment was checked as " Change of Condition. " The form was checked " Y " for " Yes " to indicate that the resident was referred to the RD [Registered Dietician " for further assessment due to high risk factors and that the resident ' s " Diet Order/Intake meets the Resident ' s Nutrient Needs. " On December 16, 2010 Employee #26 made the following documentation under Section IV of the Nutritional Screening & Assessment Form Summary/Plan: " Significant Change: Initiated secondary to Fx [fracture] (R) right wrist. Current weight 135.2 lb 9.8% lost in 180 days significant ... Weight WNL [within normal limits] and previous weight above range. ...Eats 75-100% of regular diet..Ensure @ 2pm..HiCal Supp [Supplement] 3ozs Bid twice a day]...ALB 3.5 [Albumin level] " A review of the documentation of the monthly weights in the resident ' s clinical record revealed that the resident ' s weight declined from 160 pounds on April 12, 2010 to 138 pounds on	F 325	3. The nutritionist will in turn offer recommendations to the physician/nurse practitioner and the interdisciplinary care team as to how (if appropriate) the variance can be corrected. Beginning April 8, 2011, the QI Nurse will conduct a monthly Nutritional Risk audit using the Weight Loss Report and review charts of residents with a weight variance to determine if physician/nurse practitioner notification, along with all weight variance processes, took place and was documented. 4. Negative trends and corrections will be reviewed during the facility Quality Improvement monthly meeting. 5. Compliance Date F329 1. Resident #10- Nurse re-educated concerning Five-Rights of Medication administration. 2. Follow up medication administration observation completed with nurse. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering eye drops. During the medication administration observation completed with the nurse, no other residents receiving eye drops had any negative effects.The 5-Rights of Medication Administration were reviewed during the same unit meetings.	4/8/2011

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F 325	Continued From page 52 October 14, 2010 which was reflective of a significant weight loss of 13% in six [6] months or 180 days. A face-to-face interview was conducted with Employee #26 at approximately 10:30 AM on February, 1, 2011. He/she acknowledged that the resident ' s weight loss was significant. He/she stated, " I did not see the weight loss as a problem because he/she [the resident] was above his/her IBW initially. " Employee #26 continued, "At 102 [years] you don't really worry about the weight loss because it happened over six [6] months. She is eating and getting supplements and her aide said she is eating about 75% at every meal." Facility staff failed to monitor the resident ' s weight loss and follow the facility's weight loss policy to reweigh the resident after a significant weight loss. The record was reviewed on January 28, 2011. --	F 325	3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. Nurse managers have received training through our pharmacy on how to conduct Medication Administration Observation rounds. 4. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report negative trends and corrections to the Quality Improvement Committee quarterly. 5. Compliance Date	4/8/2011
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any	F 329		

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F 329	Continued From page 53 combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and record review for one (1) of 27 sampled residents and 12 supplemental residents it was determined that facility staff failed to ensure that a resident was free from unnecessary drugs. Resident #10. The findings include: 1. During the medication pass observation on January 24, 2011 at approximately 9:35 AM, the nurse was observed administering Resident ' s 10 ' s medications, one of which included Cosopt Ocumeter Plus, instill one (1) drop in left eye every 12 hours for glaucoma. He/she informed the resident that she/he was going to administer his/her eye drops. Employee #15 instilled one drop in the right eye. A review of Resident #10 ' s record revealed	F 329	F332 1. Resident #10—eye drops given in wrong eye Nurse re-educated concerning Five-Rights of Medication administration. Resident did not sustain any negative outcomes from the occurrence. 2. Follow up medication administration observation completed with nurse. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering eye drops. During the medication administration observation completed with the nurse, no other residents receiving eye drops had any negative effects. The 5-Rights of Medication Administration were reviewed during the same unit meetings. 3. Follow up medication administration observation completed with nurse. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering eye drops. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. Nurse Managers received an education session presented by the pharmacy, on how to conduct Medication Administration Observations. 4. Completed Medication Administration audit forms will be forwarded to the Education Department.	

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F 329	Continued From page 54 physician ' s orders dated January 7, 2011 directed, " Cosopt Ocumeter Plus..instill (one) 1 drop in left eye every 12 hours for glaucoma. The findings were reviewed and confirmed by Employee #15 during a face-to-face interview on January 24, 2011 at 9:50 AM. The record was reviewed January 24, 2011.	F 329	The Education Department will report negative trends and corrections to the Quality Improvement Committee quarterly. 5. Compliance Date 1. Resident # 18 - Nurse re-educated concerning 5-Rights of Medication administration.	4/8/2011
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on medication administration observation of four (4) sampled residents it was determined that facility staff failed to maintain a medication error rate of less than five (5) percent by not administering medications according to physician ' s order for four (4) residents.. There were four (4) medication errors in 44 opportunities resulting in a medication error rate of 9.09%. Residents #8, 10, 18, and 22. The findings include: 1. During the medication pass observation on January 24, 2011 at approximately 9:35 AM, Employee #15 was observed administering Resident #10 ' s medications, one of which included Cosopt Ocumeter Plus, instill one (1) drop in left eye every 12 hours for glaucoma. He/she informed the resident that he/she was going to administer his/her eye drops. Employee #15 instilled one drop in the resident's right eye.	F 332	2. Follow up medication administration observation completed with nurse. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering eye drops. During the medication administration observation completed with the nurse, no other residents receiving eye drops had any negative effects. The 5-Rights of Medication Administration were reviewed during the same unit meetings. 3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. Nurse Managers received an education session presented by the pharmacy, on how to conduct Medication Administration Observations. 4. Completed Medication Administration audit forms will be forwarded to the Education Department.	

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F 332	Continued From page 55 A review of Resident #10 ' s record revealed physician ' s orders dated January 7, 2011 which directed, " Cosopt Ocumeter Plus..instill (one) 1 drop in left eye every 12 hours for glaucoma. The findings were reviewed and confirmed by Employee #15 during a face-to-face interview on January 24, 2011 at 9:50 AM. The record was reviewed January 24, 2011. 2. During the medication pass observation on January 24, 2011 at approximately 9:15 AM, the nurse was observed administering Resident #18's medications, one of which included Timoptic Ocumeter, instill one (1) drop to each eye every morning for glaucoma. He/she informed the resident that he/she was going to administer his/her eye drops. Employee #15 instilled two drops into the resident's left eye. A review of Resident #18 ' s record revealed physician ' s orders dated January 11, 2011 directed, " Timoptic Ocumeter ophthalmic 0.5% drops ...instill one (1) drop to each eye every morning for glaucoma. The findings were reviewed and confirmed by Employee #25 during a face-to-face interview on January 24, 2011 at 9:30 AM. The record was reviewed January 24, 2011. 3. Facility staff failed to follow the physician's order to administer Insulin before breakfast to Resident #22. On January 26, 2011 at approximately 10:00AM Resident #22 became agitated during the medication pass observation. The nurse was	F 332	The Education Department will report negative trends and corrections to the monthly Quality Improvement Committee. 5. Compliance Date 1. Resident #22 - Nurse re-educated concerning 5-Rights of Medication Administration. Resident did not sustain any negative outcomes from occurrence. 2. Follow up medication administration observation completed with nurse. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering insulin. During the medication administration observation completed with the nurse, no other residents receiving insulin had any negative effects. The 5-Rights of Medication Administration were reviewed during the same unit meetings. 3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. Nurse Managers received an education session presented by the pharmacy, on how to conduct Medication Administration Observations.	4/8/2011

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F 332	Continued From page 56 unable to give him/her the Insulin and placed the syringe with Insulin in a drawer in the medication cart. Employee#22 was observed administering the prescribed Insulin at approximately 10:30AM, after the resident had eaten his/her breakfast and contrary to the physician's order which directed that the Insulin should be administered before breakfast. A review of the clinical record revealed a physician's order initiated May 17, 2010 which directed, "Novolog100 units/ml vial 3units sub-q before breakfast for Diabetes Mellitus." A review of the resident's January 2011 Medication Administration Record revealed the following: " Novolog 3units sub-q before breakfast and Novolog 100 units/ml inject sub-q per sliding scale: check blood sugar before meals and at bedtime." A face-to-face interview was conducted with Employee #22 on January 26, 2011 at approximately 11:30 AM. He/she acknowledged the findings. The medication order was reviewed on January 26, 2011. 4. On January 26, 2011 at approximately 9:30AM Employee #36 administered one (1) Probiotic tablet to Resident #8. A review of the physician ' s orders revealed the following order: " Probiotic 1 [one] tab [tablet] po [by mouth] daily x [times] 14 days. The medication was ordered on January 12, 2011. A review of the Medication Administration Record [MAR] revealed that January 25th was the 14th day and the last scheduled day for the	F 332	All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering insulin. 4. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report outcome trends and corrections to the Quality Improvement Committee quarterly. 5. Compliance Date 1. Resident # 8 - Nurse re-educated concerning 5-Rights of Medication Administration. No negative outcome to resident. 2. Follow up medication administration observation completed with nurse. During the medication administration observation completed with the nurse, no other residents receiving probiotics had any negative effects. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering medications. The 5-Rights of Medication Administration were reviewed during the same unit meetings. 3. By April 8, 2011 Nurse Managers or their designee will conduct a random medication administration observation with one nurse. Once per month Nurse Managers or their designee will conduct a random medication administration with one nurse on each shift. Nurse Managers received an education session presented by the pharmacy, on how to conduct	4/8/2011

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F 332	Continued From page 57 administration of the medication.. A box was designated for the nurse to sign after administering the medication. The word STOP was written on the MAR for January 26, 2011. A face-to-face interview was conducted with Employee #37 immediately after the medication administration. He/she acknowledged administering the medication and stated, I thought today was the last day for that medication. "	F 332	Medication Administration Observations. All nurses, during unit meetings were instructed to review the procedure in the Lippincott manual, for administering medications. 4. Completed Medication Administration audit forms will be forwarded to the Education Department. The Education Department will report outcome trends and corrections to the QI Committee quarterly.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: A. Based on observations that were made during a tour of the dietary services on January 24 thru January 28, 2011, it was determined that the facility failed to prepare and serve food under sanitary conditions as evidenced by expired food items such as 44 of 44 four-ounce cartons of skim milk in the tray line refrigerator, one (1) of one (1) pan of rice dinner, one (1) of one (1) pan of ground pork and one (1) of one (1) pan of ground pork in the walk-in refrigerator and nine (9) of 60 loaves of white bread on the bread storage shelf, soiled articles such as two (2) of two (2) convection ovens, four (4) of five (5) pizza	F 371	5. Compliance Date F371-1A & B. **1.** Milk cartons, pans of rice dinner, meat loaf, and ground pork past expiration dates were discarded and dietary staff was re-educated on correct dating of food items. 2. A review of all food dates identified no other items past the expiration date. 3. Food storage expiration dates are reviewed by dietary management daily and foods past expiration date are discarded. Pre-printed food date stickers were purchased and implemented, to clearly identify day of week the item is placed in storage and day of week the item expires. 4. Dietary management audits food item dates daily and corrective action is taken immediately. Outcome, identified variances, and trends are reported to QI Committee monthly. F371 - 1C. 1. Loaves of bread with Sell By date of 01/19/11 were verified in writing by vendor as within date for safe serving.	4/8/2011

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F 371	Continued From page 58 pans, one (1) of eight (8) large pans and one (1) of one (1) ice cream freezer, 39 of 39 sheet pans that were stored wet and on top of each other, low water temperatures in two (2) of two (2) hand washing sinks, two (2) of ten (10) hot food items that were less than 140 degrees Fahrenheit (F) and one (1) of one (1) cold food item that were above 40 degrees F, a dusty fire extinguishing system, two (2) of six (6) fruit salad plates that were not dated, two (2) of two (2) loose door handles and one (1) of two (2) worn gasket in one (1) of one air curtain refrigerator and pre-recorded refrigerator temperatures on three (3) of ten (10) temperature logs reviewed. The findings include: 1. Food items were stored beyond their expiration date in several observations: A) Forty-four (44) four- ounce cartons of skim milk were expired as of January 17 in the tray line refrigerator. B) A pan of rice dinner and a pan of meat loaf (expired 1-23-11) and a pan of ground pork (expired 1-22-11) were observed in the walk-in refrigerator. C) Nine (9) of 60 loaves of white bread dated 1-19-11 were observed on the bread storage shelf. 2. Two convection ovens, four pizza pans, one large pan and the ice cream freezer were soiled. In addition, 39 sheet pans were stored wet and on top of each other. 3. Policies and procedures (P and P ' s) for hand washing were not properly followed. Both P and P ' s require hot water temperatures in the kitchen to equal or exceed 100 degrees F and the highest measured water temperature was 80 degrees F. 4. Hot food temperature for two (2) items was less than 140 degrees F and milk was tested at 44 degrees F.	F 371	2. A review of all bread identified no additional loaves with Sell By date of 01/19/11. 3. Dietary staff was re-in-serviced on using pre-printed food date stickers to ensure correct rotation of loaves. 4. Dietary management will monitor rotation bread daily and report outcome, corrections, and trends to QI Committee monthly. F371 - 2 1. Soiled items were immediately cleaned and cleaned sheet pans were stacked to dry vertically. 2. An inspection of the kitchen identified no other soiled ware or equipment. 3. Dietary staff was re-in-service on correct sanitation practices for maintaining cleanliness of equipment/ware and correct storage method for washed sheet pans. A sanitation and equipment inspection form was developed and implemented. Dietary staff makes daily kitchen rounds to ensure cleanliness of all equipment and correct storage. 4.Dietary management will inspect cleanliness of equipment/ware and storage of sheet pans daily. Outcomes, corrective actions, and trends will be reported to QI Committee monthly. F371 - 3 1.Hand sanitizers were immediately installed at each hand washing sink. 2.Dietary staff was re-in-serviced on correct hand hygiene. Water temperatures were corrected to within prescribed range. 3.Dietary management and Plant Operations will monitor temperature of water in hand washing sink to ensure hot water temperature meets regulation. 4. Water temperature log will be reviewed by Dietary management daily and variances with corrective actins reported to QI Committee monthly.	

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F 371	Continued From page 59 5. The Ansul fire extinguishing system was soiled with dust particles. 6. Two fruit plate salads stored in the tray line refrigerator were not dated. 7. Both door handles were loose and a door gasket was worn and damaged on the air curtain refrigerator. 8. Refrigerator temperatures were pre-recorded on three (3) of ten (10) temperature logs reviewed on 1-24-11. These observations were made in the presence of employee # 38 who acknowledged these findings during the survey. B. Based on observation and interview, it was determined that facility staff failed to store foods in sanitary conditions as evidenced by food items that were stored beyond the manufacturer ' s expiration date. The findings include: An observation of the storage closet on unit 1-A on February 1, 2011 at 10:30 AM revealed the following food items were stored beyond expiration dates: 14 of 14 bottles of Jevity enteral feeding solution and three (3) of six (06) cans of Beneprotien nutritional supplement. The observations were made in the presence of Employee #3.	F 371	F371 - 4 1.Hot food and milk out of prescribed temperature range were discarded. 2. All other tray line foods were within prescribed temperature ranges. 3.Staff was re-in-serviced on maintaining foods at correct temperatures by testing foods on tray line and at point served, and documenting temperature measurements. Master Temperature Logs were implemented that clearly identify dates temperatures are measured. Test trays temperatures based on Test Tray Temperature Logs are monitored monthly by Dietary management 4.Dietary management will audit temperature ranges and report variances, corrective actions, and trends to QI Committee monthly. F371 - 5 1.The Ansul fire extinguishing system was cleaned. 2. Inspection of the kitchen identified no other soiled equipment. 3.A sanitation and equipment inspection form was implemented that includes inspection of the Ansul System monthly. The Ansul System will remain on the established annual preventive maintenance cleaning schedule. 4.Dietary management will report outcome, variances, corrective actions, and trends of sanitation and equipment inspection to QI Committee monthly. F371 - 6 1. The fruit plates past expiration date were discarded.	
F 386 SS=D	483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal	F 386		