

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

PRINTED: 08/28/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/14/2014 |
| NAME OF PROVIDER OR SUPPLIER WRANGELL MEDICAL CENTER LTC | | | STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 1081 WRANGELL, AK 99229 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>The following deficiencies were noted during an unannounced recertification Medicare/Medicaid survey conducted 8/10-14/14. The sample included 7 active residents and 1 closed record.</p> <p>Department of Health and Social Services Division of Health Care Services Health Facilities Licensing and Certification 4501 Business Park Blvd, Ste 24, Bldg L, Anchorage, Alaska 99503</p> <p>Abbreviations used in this document:</p> <p>DON: Director of Nursing LN: Licensed Nurse CNA: Certified Nursing Assistant MAR: Medication Administration Record ST: Speech Therapist SLP: Speech-Language Pathologist PT: Physical Therapist DM: Dietary Manager MDS: Minimum Data Set-Federally required assessment ADL: Activities of Daily Living BIMS: Brief Interview for Mental Status O2: Oxygen NC: Nasal Cannula CVA: Cerebrovascular Accident (stroke) EMR: Electronic Medical Record AODM: Adult Onset Diabetes Mellitus MD: Medical Doctor dx: Diagnosis</p> | F 000 | | |

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE CFO DATE 9/5/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | Continued From page 1 WC: Ward Clerk LTC: Long Term Care | F 000 | | |
| F 241 SS=E | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview the facility failed to provide care and services in a manner to promote dignity with dining. Specifically, 1) one resident (#3) slept at the table in front of the served meal, 2) two residents (#s 2 and 4) had their blood glucose tested while they were eating and 3) two residents (#s 4 and 8) were given injections of insulin (a drug that treats diabetes) while eating (out of a census of 13). This failed practice created the potential for 1 resident not to receive the served meal, and created interruptions and distractions for 3 residents during the meal and had the potential to have a negative impact on the residents' self-esteem, food intake, and their enjoyment of the dining experience. Findings: Resident #3 | F 241 | <u>Plan of Action</u> Any residents found sleeping at meal times will have at least one attempt made to gently awaken. If resident continues to sleep, the meal will be removed and food offered again upon awakening. Residents care plan updated with specific information on what CNAs should do if resident is sleeping during a meal. All residents with blood glucose monitoring and injections will have these procedures done in a private area to assure patient privacy and dignity. Staff disregarding this practice will have disciplinary action taken. Every effort must be made to assure these procedures occur before scheduled meals (at times ordered) to avoid disruption of the meal. <u>Procedure for Implementation</u> The dayroom will be monitored for residents sleeping during mealtimes, procedures occurring that affect patient dignity, | |

Continued on page 3

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| F 241 | <p>Continued From page 2</p> <p>Sleeping in the Dining Room During Meals</p> <p>Record review on 8/11-13/14 revealed the Resident had diagnoses that included dementia (loss of brain function that occurs with certain diseases), osteoarthritis, and glaucoma (eye disease that causes blindness).</p> <p>Review of the most recent MDS quarterly assessment, dated 7/20/14, revealed the Resident needed limited assistance with meal set up and had scored a 6 on the BIMS (a score of 0-7 indicates severe impairment).</p> <p>Observation on 8/10/14 from 6:00- 6:15 pm, revealed the Resident was sitting in a wheelchair immobile and with both eyes closed at the dining room table. A full plate of food was sitting in front of the Resident.</p> <p>During an interview on 8/10/14 at 6:10 pm, Resident #2 stated Resident #3 hadn't had anything to eat. Resident #2 then asked if helping Resident #3 eat was against the law because Resident #3 needed help.</p> <p>Observation on 8/11/14 at 12:30 pm revealed Resident #3 was sitting in a wheel chair at the dining room table. The Resident's eyes were closed and the resident was immobile. A full plate of food was on the table in front of the Resident. The Resident's hand was immobile and held a soufflé cup, which was resting on top of the food. The Resident continued to sleep in the dining room in front of the meal until the unconsumed</p> | F 241 | <p><i>Continued from Page 2</i></p> <p>as well as other dignity issues. If another resident is identified as sleeping during meal times, their care plan will be updated accordingly.</p> <p>RN/CNA meetings will be held prior to Sept. 28 to educate all nursing staff on dignity issues. A dayroom code of conduct will be developed and signed by all staff members. A copy will be placed in orientation packets for new hires. This code of conduct will be posted in the day room where all staff can see.</p> <p><u>Monitoring Procedure</u> Mealtime dignity, including sleeping & glucose testing/injections, will be monitored at random meals daily for two weeks by DNS and/or designee (Nursing Administration). Then mealtime dignity monitoring will occur at random meals at least twice weekly by DNS and/or designee (Nursing Administration). This will be placed on the DNS Quality calendar and reported at the monthly Quality meeting for one year.</p> <p><u>Date of Completion</u> September 28, 2014.</p> | | |

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| F 241 | <p>Continued From page 3</p> <p>plate of food was removed at 1:45 pm, 1 hour and 15 minutes later.</p> <p>During an interview on 8/12/14 at 11:47 am, Resident #2 stated "I tried to help [Resident #3] eat this morning but they [the staff] stopped me."</p> <p>During an interview on 8/13/14 at 6:30 pm, when asked about the Resident being so tired and sleeping through meals, CNA #1 stated Resident #3 cat naps throughout the day so they never know when the Resident will wake up and start eating.</p> <p>Resident #2</p> <p>Blood Glucose Testing During Meals</p> <p>Record review on 8/11-13/14 revealed Resident #2 was admitted to the facility and had diagnoses that included diabetes, depression, and glaucoma.</p> <p>Review of the physician's orders revealed the Resident was to have a finger stick blood glucose done before meals and at bedtime.</p> <p>During the noon meal on 8/11/14 at 12:40 pm, Resident #2 entered the dining room where the noon meal had already been set out on the table. After the Resident picked up a roll from the plate</p> | F 241 | | |

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| F 241 | <p>Continued From page 4</p> <p>and began nibbling, LN #1 approached the Resident and asked, "Can I get your blood sugar real quick?" The Resident then held out their right hand and allowed the LN to lance a finger to obtain the blood glucose. Afterwards, the LN stated out loud "She'll get some insulin". The Resident returned to the meal and continued eating.</p> <p>During an interview with Resident #2 on 8/12/14 at 11:47 pm, when asked about getting the blood glucose checked during the meal, the Resident stated "The nurse was running behind."</p> <p>Resident #4</p> <p>Record review on 8/11-14/14 revealed Resident #4 had diagnoses that included diabetes and Alzheimer's disease.</p> <p>Review of the physician orders revealed the Resident's blood glucose was to be checked before meals and at bedtime and the Resident was to receive sliding scale insulin for elevated blood sugars.</p> <p>On 8/11/14 at 12:35 pm, Resident #4 was observed sitting at the dining room table eating lunch while CNA #1 assisted the Resident with the meal. During the observation LN #1 approached the Resident with the machine used to check blood sugars and asked the Resident for a finger. When the Resident held up the left hand that was covered with food, the LN took the</p> | F 241 | | |

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| F 241 | <p>Continued From page 5</p> <p>Resident's right hand and performed the blood sugar check on one of the Resident's fingers. The Resident then continued eating lunch.</p> <p>Receiving injections During the Meal</p> <p>On 8/12/14 at 12:38 pm, Resident #4 was observed seated in a wheelchair in the dining room eating the noon meal while assisted by a CNA. During the observation LN #2 approached the Resident with a syringe, lifted the Resident's shirt and administered an injection of insulin in the Resident's abdomen.</p> <p>Resident #8</p> <p>Record review on 8/11-14/14 revealed Resident #8 had diagnoses that included dementia and diabetes.</p> <p>Review of the physician's orders revealed the Resident was to receive sliding scale insulin for elevated blood sugars.</p> <p>During an observation on 8/13/14 at 12:35 pm, Resident #8 was observed seated in a wheelchair eating lunch. During the observation LN #2 approached the Resident with a syringe, lifted the Resident's shirt and administered an injection of insulin into the Resident's abdomen. The Resident then returned to eating lunch.</p> | F 241 | | | |

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| F 241 | Continued From page 6 During an interview on 8/13/14 at 8:00 pm the DON stated it was not appropriate to perform blood glucose checks and administer insulin in the dining room during the meal. Review of "A Matter of Rights", the handbook provided to residents upon admission to the long-term care, undated, revealed "It is our policy to provide the kind of care to our residents that will maintain and enhance their dignity, individuality, and quality of life." | F 241 | | | |
| F 278 SS=D | 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual | F 278 | | | |

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| F 278 | <p>Continued From page 7</p> <p>to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to accurately code the MDS for 1 Resident (#8) out of 7 sampled active residents reviewed. This failed practice placed the Resident at risk for ineffective comprehensive care planning which could contribute to a decline in physical function. Findings:</p> <p>Record review on 8/12-13/14 revealed Resident #8 was admitted to the facility with a diagnosis that included left sided hemiparesis (weakness and/or immobility on one side of the body) after a stroke (CVA).</p> <p>During an interview on 8/12/14 at 9:30 am, Resident #8's family member stated there had been a decline in the Resident's participation and expressed concern over the lack of physical therapy for the Resident.</p> <p>Random observations from 8/11-13/14 revealed the Resident had mobility to the upper right side of the body.</p> | F 278 | <p><u>Plan of Action</u></p> <p>All residents will have their care plans reviewed for accuracy by the Multidisciplinary team consisting of Physical Therapy, Dietary, DNS, MDS Coordinator, CNA, LTC L.N., Social Services and any other disciplines needed to review and update residents' care needs.</p> <p><u>Procedure for Implementation</u></p> <p>An updated MDS will be completed for Resident #8 (the resident affected). Physical therapy will reevaluate Resident #8 and provide guidelines on how the function on the Resident's right side will be maintained.</p> <p>The multidisciplinary team will meet weekly to review MDS/Care Plan/ Resident Assessments (ie fall, Braden/skin, smoking, nutritional, psychotropic meds etc.)/resident current functional status, for accuracy and will update as needed. Each resident will be reviewed at a minimum of quarterly. Any residents with condition changes will be reviewed at that weeks' meeting to assure changes are reflected in the care plan, medact, and that all other appropriate documentation has occurred or is occurring.</p> <p style="text-align: right;"><i>Continued on Page 9</i></p> | 9/28/14 | |

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| F 278 | <p>Continued From page 8</p> <p>Review of the MDS quarterly assessment, dated 6/18/13, revealed the Resident had "Impairment on one side", upper and lower extremities, which "interfered with daily functions and placed resident at risk of injury".</p> <p>Review of the MDS comprehensive assessment, dated 3/18/14, revealed the Resident had "Impairment on one side" of the upper extremities and "Impairment on both sides" of the lower extremities.</p> <p>Review of the most recent MDS quarterly assessment, dated 6/18/14, revealed the Resident had "Impairment on both sides", both upper and lower extremities.</p> <p>Review of the most recent "Physical Therapy LTC MDS Screen", dated 6/18/14, completed by PT revealed the Resident was identified as having "Impairment on both sides", upper and lower extremities. The recommendations by the PT revealed "Will benefit from ROM, strengthening activities as tolerated by activities aide or therapy aide."</p> <p>Review of the care plan, dated 3/20/14, revealed "[Resident #8] is unable to move her [Resident #8's] left side as a post effect from a CVA." Approaches included on the care plan were "Passive ROM twice daily to extremities."</p> <p>Review of the ADL report, used by staff to provide</p> | F 278 | <p><i>Continued from Page 8</i></p> <p>The Physical Therapist will develop a ROM policy will be developed for LTC. The policy will include identifying residents needing ROM or intervention and basic ROM passive and active exercises.</p> <p><u>Monitoring Procedure</u> DNS and/or Designee (Nursing Administration) will attend multidisciplinary care plan meetings weekly for a year and will report at the monthly Quality meeting for a year. Quarterly DNS will review one resident's most recent MDS quarterly assessment with the care plan to determine if it accurately reflects resident status and care. Will report to the Quality Committee quarterly.</p> <p><u>Date of Completion</u> September 28, 2014.</p> | 9/28/14 | |

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| F 278 | Continued From page 9 ROM to the Resident, dated August 2014, revealed Resident #8 was to receive "Passive range of motion to left side upper and lower extremities twice daily." The care plan and the ADL report did not address how the function on the Resident's right side would be maintained. During an interview with the DON on 8/13/14 at 7:30 pm, the DON confirmed the Resident was only impaired on the left side of the body and the MDS was coded incorrectly. | F 278 | | | |
| F 279 SS=E | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). | F 279 | | | |

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| F 279 | Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide a comprehensive care plan that included specific, accurate, and consistent interventions to meet the care planning goals for 2 residents (#s 2 and 5) of 7 active residents reviewed. Without appropriate care plan interventions and coordination, residents are at risk for not receiving the necessary and/or appropriate care and services to ensure optimal outcomes. Findings: Resident #2 Record review on 8/11-13/14 revealed the Resident was admitted to the facility with diagnoses that included hemiplegia (weakness/immobility on one side of the body), chronic airway obstruction (lung disorder), and tobacco use. Further review revealed the Resident required a wheelchair for mobility and required stand by assistance for transfers and ambulation due to poor balance. Review on 8/13/14 of the "Long Term Care Resident Smoking Assessment", dated 3/21/14, revealed the Resident was classified as needing "Minimal assist". Further review revealed, "The Following Conclusion for Resident's Ability to Safely Smoke: (will be a part of care plan) ...May use lighter and smoke unsupervised ...Smoking apron required." Review on 8/13/14 of the Resident's "Multi-Disciplinary Care Plan" did not include | F 279 | <u>Plan of Action</u> Care plan of affected resident (#2) was updated immediately and a new smoking assessment was completed. Resident #5 had dietary order change on 8/13/14 to mechanical soft and medact updated to reflect the change. All residents will have their care plan reviewed for accuracy by the multidisciplinary care team consisting of Physical Therapy, Dietary, DNS, MDS Coordinator, CNA, LTC L.N., Social Services and any other discipline needed to review and update residents' care needs. The CNA ADL reports will be compared to the care plan to ensure accuracy between the two documents. <u>Procedure for Implementation</u> A weekly multidisciplinary team meeting consisting of Physical Therapy, Dietary, DNS, MDS Coordinator, CNA, LTC L.N., Social Services and any other discipline needed to review and update residents' care needs will meet to review MDS/Care Plan/Resident Assessments (i.e. fall, Braden/skin, smoking, nutritional, psychotropic meds etc.)/resident current functional status, for accuracy and update as needed. Each resident will be reviewed at a minimum of quarterly. Any residents with condition changes will be reviewed at that week's meeting to assure changes are reflected in the care plan, <i>Continued on Page 12</i> | 8/13/14 9/28/14 | |

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| F 279 | <p>Continued From page 11 information for staff regarding the Resident's smoking plan.</p> <p>Review on 8/13/2014 of the Resident's "ADL Report" which contained information and instructions regarding the Resident's daily care did not include the Resident's smoking plan.</p> <p>During an interview on 8/13/14 at 7:00 pm the DON confirmed the Resident's care plan should have included information regarding the resident's smoking assessment and information for staff.</p> <p>Resident #5</p> <p>Record review on 8/11-13/14 revealed the Resident had diagnoses that included Parkinson's disease (disease of the nervous system that can cause stiffness, slowing of movement, and tremors), diabetes, and aspiration pneumonia (when food, saliva, liquids, or vomit is breathed into the airway or airway leading to the lungs).</p> <p>Review of the Resident's nutritional assessment, dated 7/3/14, revealed "Food preferences: Pt prefers chopped lettuce and ground ham due to ill-fitting dentures. Otherwise regular consistency."</p> <p>Review of the Resident #5's "Multi-Disciplinary Care Plan", dated 12/18/13, revealed the Resident had an "Inability to chew properly related to improperly fitting lower denture . . . Offer to assist [Resident #5] with . . . lower denture . . ." Further review of the care plan revealed the</p> | F 279 | <p><i>Continued from Page 11</i></p> <p>medact, and that all other appropriate documentation has occurred or is occurring.</p> <p>All L.N.'s and ward clerks will have an inservice on LTC admissions to include necessity of new assessments on each new LTC admission. Nutritional assessments will be reviewed by MD5 coordinator upon receipt from dietician and care plans will be updated to reflect recommended changes and MD will be notified for any order change recommendations. The Multidisciplinary team will review changes at the next scheduled meeting to assure changes are on medact, care plan, CNA nutritional intake forms, etc.</p> <p><u>Monitoring Procedure</u> DNS and/or Designee (Nursing Administration) will attend multidisciplinary care plan meetings weekly for a year and will report at the monthly Quality meeting for a year.</p> <p><u>Date of Completion</u> September 28, 2014.</p> | 9/28/14 | |

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| F 279 | Continued From page 12 Resident's diet was "Therapeutic diet due to dx of AODM and need of controlling blood sugar. . . Liberal diabetic diet per MD. Further review of the care plan contained no information about the Dietitian's order for chopped lettuce or ground ham. During an interview on 8/13/14 at 8:00 pm the DON confirmed the Resident's care plan should have been updated. The DON stated the MDS Nurse was responsible for updating the care plan. The MDS Nurse was unavailable for interview during the survey. | F 279 | | |
| F 323 SS=G | 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 record review, interview, and observation the facility failed to ensure 1 resident (#5), out of 7 sampled active residents reviewed, who had been identified as having difficulty swallowing was given a therapeutic diet that was correctly prepared to meet the resident's need and ensure the physician's order for thickened liquids were implemented. As a result of this | F 323 | <u>Plan of Action</u> Resident #5 had diet changed to mechanical soft on 8/13/14. A copy of the definition of mechanical soft diet has been placed in the front of the CNA nutritional intake book kept in LTC day room to reference. All diets along with food and fluid consistencies as well as any special instructions were placed at the top of each resident's nutritional intake form in this same | 8/13/14 9/28/14 |

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| F 323 | <p>Continued From page 13</p> <p>system failure, the resident had choked on a piece of meat and subsequently developed aspiration pneumonia. The failure to implement the physician's order correctly for thickened liquids placed the resident at risk for further harm.</p> <p>Based on record review, observation, and interview the facility failed to ensure consistent care plan interventions were developed for 1 resident (#2) out of 1 resident who smoked tobacco in the facility. This failed practice placed the resident risk for injury from burns.</p> <p>Findings:</p> <p>Resident #5</p> <p>Food Consistency</p> <p>Record review on 8/11-13/14 revealed the Resident had diagnoses that included Parkinson's disease (disease of the nervous system that can cause stiffness, slowing of movement, and tremors) and aspiration pneumonia (when food, saliva, liquids, or vomit is breathed into the airway or airway leading to the lungs).</p> <p>Review of the nurses' note, dated 7/29/14 at 3:14 pm, revealed "pt. had a choking episode around [2:45 pm] after a snack with salami was passed out, mouth was swept for food and successfully retrieved by CNA, all dentures removed, pt. suctioned for small amount of saliva, sats.</p> | F 323 | <p><i>Continued from Page 13</i></p> <p>book. MDS coordinator has reviewed all nutritional assessments and updated resident care plans September 4, 2014.</p> <p>Procedure for Implementation</p> <p>Nutritional assessments will be reviewed by MDS coordinator upon receipt from dietician and care plans will be updated to reflect recommended changes and MD will be notified for any order change recommendations.</p> <p>The multidisciplinary team will review changes in resident condition or physician orders at the next scheduled meeting to assure changes are reflected in the medact, care plan, CNA nutritional intake forms, etc.</p> <p>An RN meeting will be held to review changes to system as well as dietary order processing to assure dietary orders are updated on medact, care plan and CNA nutritional intake forms as well as monitoring to assure dietary has updated food entrée labels.</p> <p>Each resident's main entrée will have a label that identifies patient, diet order, food and fluid consistencies as well as special instructions (i.e., cut up meat, prefers... etc.) These labels will be used to assure food presented to the resident is the correct diet and appropriately prepared. The labels will be removed before placing in front of resident to assure patient privacy and dignity.</p> <p>A separate tray labeled "mechanical soft" (or other special diet choices labeled</p> <p><i>Continued on Page 15</i></p> | 9/4/14 | |

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| F 323 | <p>Continued From page 14</p> <p>[Oxygen saturation levels] were 88% afterwards, BP 158/70, HR 84, RR 20, pt. recovered well with 2L NC and was up to 98%, left on O2 for a while to help improve saturation."</p> <p>Review of the physician's discharge summary from the hospital, dated 8/7/14, revealed "... During morning checks in long term care, the staff noted that [Resident #5] was hypoxic [inadequate oxygen supply] with a pulse ox [oxygen saturation levels] in the 70's. [Resident #5] had an episode of aspiration a few days prior to that and initial work-up was consistent with aspiration pneumonia. For that reason [Resident #5] was put into acute care for treatment."</p> <p>Review of the Resident's most recent MDS quarterly assessment, dated 8/18/14, identified the Resident had signs and symptoms of a swallowing disorder evidenced by "Loss of liquids/solids when eating or drinking".</p> <p>As part of the review, a nutritional assessment, completed by the Dietitian, dated 7/3/14, revealed "Pt prefers chopped lettuce and ham due to ill-fitting dentures. Otherwise regular consistency. He self-feeds after set up in the dining room."</p> <p>Review of the "Dietitian's Recommendations", dated 7/1-5/14, revealed "[Resident #5] No changes Correct diet order is "Liberal Diabetic chop lettuce and grind ham".</p> <p>Review of the "Physician's Nursing Orders</p> | F 323 | <p><i>Continued from Page 14</i></p> <p>per type) will be provided by dietary department for snack times to allow residents choices of acceptably prepared food within their dietary regimen.</p> <p>Director of Support Services (or designee in her absence) will be responsible for assuring the accuracy of these labels.</p> <p>Monitoring Procedure</p> <p>DNS and/or Designee (Nursing Administration) will attend multidisciplinary care plan meetings weekly for a year and will report at the monthly Quality meeting for a year.</p> <p>Director of Support Services (or designee in her absence) will monitor and document labels for accuracy with diet order and preferences twice weekly for four weeks and will report compliance to the Quality meeting monthly.</p> <p>Date of Completion</p> <p>September 28, 2014.</p> | 9/28/14 |

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| F 323 | <p>Continued From page 15</p> <p>Report", dated 8/12/14, revealed the Resident's diet was listed as "Liberal Diabetic." The order did not contain the Dietitian's recommendations to chop the lettuce and grind the ham.</p> <p>Review of the "Dietary Recommendations", dated 8/1/14, revealed Resident #5's diet was listed as "Liberal Diabetic". The recommendations did not include the information about the chopped lettuce and ground ham.</p> <p>Review of the comprehensive care plan, dated 12/18/13, revealed the Resident had the problem "Inability to chew properly related to improperly fitting lower denture." The care plan included the following identified goals, and approaches: "[Resident #5] will maintain [His/Her] ability to consume [His/Her] meals without discomfort . . ." and "[Resident #5] will be able to comfortably wear [His/Her] lower dentures." The approaches listed included "Assist [Resident #5] with cleaning [the Resident's] dentures every morning and between meals as indicated" and "Apply SeaBond [denture adhesive] to upper dentures before placing in the morning." The multidisciplinary care plan did not include the information about the modified textures recommended by the Dietitian.</p> <p>During an interview on 8/12/14 at 12:30 pm, Resident #5's family member stated the Resident had only been wearing the upper dentures recently and there had been a decline in the Resident's speech the past 2-3 years.</p> | F 323 | | | |

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| F 323 | <p>Continued From page 16</p> <p>During an interview on 8/12/14 at 4:07 pm, CNA #2 stated when the choking episode occurred the Resident had been eating alone and had choked on a piece of summer sausage.</p> <p>Observations of meal service on 8/11-13/14 revealed the residents' meals were delivered on plates with lids. Stickers with the residents' names were on the lids, but the stickers did not contain any diet information.</p> <p>During an interview on 8/13/14 at 4:00 pm the DM stated the kitchen just put the residents' name on the plate lids. The facility did not use cards that listed the diets because there was no room on the sticker. When asked why dietary recommendations had not been implemented for Resident #6, the DM stated the kitchen sends pureed snacks to the LTC unit, but snacks for the modified diets were not cut up in the kitchen and the nursing staff were "Expected to know" they needed to cut the food up when it was served to residents that were on special diets.</p> <p>During an interview on 8/14/14 at 10:30 am Physician #2 confirmed the Resident had choked on a large piece of meat. During the interview, the Physician stated "[He/She] was supposed to have [His/Her] meat cut up for [Him/Her]."</p> <p>As a result of this system failure the dietary staff did not implement and prepare the Resident's snack according to the Dietitian's recommendation for ground ham (summer sausage). In addition, the information from the</p> | F 323 | | | |

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| F 323 | <p>Continued From page 17</p> <p>Dietitian about the needed modified textured diet was not communicated with the nursing staff in the care plan and physician's orders.</p> <p>Review of the facility's policy, "LTC Diet Definitions", updated August 2006, revealed a "Mechanical Soft: regular diet with foods altered in texture for ease of chewing. Soft foods ground meats and minced raw vegetables are given."</p> <p>Thickened Liquids</p> <p>During an interview on 8/11/14 at 10:30 am LN #1 stated Resident #5 was on thickened liquids because "We don't want him to aspirate again."</p> <p>During an interview on 8/12/14 at 10:01 am, LN #2 stated Resident #5 had choked on a piece of sausage and now was supposed to have fluids thickened to the consistency of nectar.</p> <p>During an observation on 8/12/14 at 10:10 am, LN #2 mixed a small amount of ThioK-It (food thickening product) into a medication cup containing water for Resident #5.</p> <p>During an interview on 8/12/14 at 10:37 am, when asked where the information about the Resident's diet was located, CNA #2 replied the staff used the EMR and could get the information verbally in report. The CNA then stated the staff did not review the residents' diets with every verbal report.</p> | F 323 | | | |

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| F 323 | Continued From page 18 Review of Resident #5's diet in the EMR with CNA #2 revealed the top of the screen listed an order for "thin" liquids in red. Review of Resident #5's care plan, dated 12/18/13, revealed no additional information about the thickened liquids. Closer examination of the EMR revealed the computer screen needed to be scrolled down to see the order for thickened liquids. As a result there were 2 different orders in the EMR. During an interview on 8/12/14 at 10:59 am, the DON stated the red lettering at the top of the EMR meant it was a dietary order. When asked about the 2 different orders in the EMR, the DON stated staff had forgotten to update the diet order when they had received an order for the thickened liquids. When asked about the Resident's care plan not having been updated, the DON stated the MDS nurse was responsible for updating the care plan. The MDS Nurse was unavailable for interview during the survey. Review of the "Chartlink Physician Entered Orders", dated 8/10/14, revealed the order, "Thickened Liquids (Nectar Cons. [Consistency])". On 8/12/14 at 5:05 pm, observations in Resident #5's room revealed an opened bottle of chocolate Ensure with a straw and a partially consumed cup of coffee sitting near the Resident on the bedside table. Closer examination of the contents | F 323 | | | |

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| F 323 | <p>Continued From page 19 revealed the fluids had not been thickened.</p> <p>During an interview on 8/12/14 at 5:05 pm with the Administrator and CNA #3, the CNA stated the order for thickened liquids had been canceled because Resident would not consume the thickened liquids.</p> <p>Review of the EMR and the physician's order with WC #1 on 8/12/14 at 6:07 pm revealed the order for thickened liquids was still in effect.</p> <p>During an interview on 8/12/14 at 7:25 pm, LN #3 stated the doctor had been contacted this evening and the order was now thin liquids.</p> <p>During an interview on 8/13/14 at 10:30 am, Physician #2 confirmed thickened liquids had been ordered for the Resident because a nurse had reported the Resident was holding fluid in his/her mouth and was slow to swallow.</p> <p>Smoking</p> <p>Resident #2</p> <p>Record review on 8/11-13/14 revealed Resident #2 was admitted to the facility with diagnoses that included hemiplegia (weakness/immobility on 1 side), chronic airway obstruction (lung disorder), and non-dependent tobacco use. Further review revealed the Resident required a wheelchair for</p> | F 323 | | | |

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| F 323 | <p>Continued From page 20</p> <p>mobility and required stand by assistance for transfers and ambulation due to poor balance.</p> <p>During an observation on 8/12/14 at 3:30 pm, Resident #2 went to the smoking deck accompanied by a family member. The Resident was not wearing any type of smoking apron to help protect from burns.</p> <p>During an interview on 8/12/14 at 3:45 pm LN #2 stated the Resident was supposed to wear a smoking apron and was to be accompanied when smoking. During the interview the LN stated "Oh, I forgot to put a smoking bib on [Resident #2]."</p> <p>During an observation 8/12/14 at 6:30 pm, Resident #2 was propelled to the outside smoking area by nursing staff. The staff left the Resident on the deck to smoke independently.</p> <p>During an interview on 8/12/14 at 6:30 pm with LN #3 when asked what interventions were required to ensure Resident #2 could smoke safely, the LN stated staff try to stay close by when the Resident was smoking on the deck but they do not stay outside.</p> <p>On 8/12/14 at 6:40 pm the Resident entered the facility through the smoking deck door. The Resident's smoking apron was ineffectively hanging between both legs and not covering the lap.</p> | F 323 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 08/28/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/14/2014 |
|---|--|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER WRANGELL MEDICAL CENTER LTC | | | STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 1081 WRANGELL, AK 99929 | | |
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| F 323 | Continued From page 21 Review of the Resident's LTC Resident Smoking Assessment that had been scanned into the Resident's LTC chart on 6/23/2014 revealed the Resident was classified as needing "Minimal assist". Further review revealed, "The Following Conclusion for Resident's Ability to Safely Smoke: (will be a part of care plan) ...May use lighter and smoke unsupervised ...Smoking apron required." Review of the Resident's "Multi-Disciplinary Care Plan" did not include information for staff regarding the Resident's smoking plan. Review of the Resident's ADL Report which contained information and instructions regarding the Resident's daily care, revealed the Resident's smoking plan was not included. An interview was conducted on 8/13/14 at 7:00 pm with the DON. When asked whether the Resident's care plan should include information regarding the Resident's smoking assessment and information for staff, the DON confirmed it should have been care planned. | F 323 | | | |
| F 365 SS=6 | 483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs. | F 365 | | | |

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| F 365 | <p>Continued From page 22</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure food that was served to 1 resident (#5) out of 7 active residents reviewed was prepared in a manner to reduce the risk of choking. The failure to ensure the recommended dietary interventions were implemented for the resident contributed to the resident choking and developing aspiration pneumonia. Findings:</p> <p>Record review on 8/11-13/14 revealed the Resident had diagnoses that included Parkinson's disease (disease of the nervous system that can cause stiffness, slowing of movement, and tremors) and aspiration pneumonia (when food, saliva, liquids, or vomit is breathed into the airway or airway leading to the lungs).</p> <p>Review of the nurse's note, dated 7/29/14 at 3:14 pm, revealed "pt. had a choking episode around [2:45 pm] after a snack with salami was passed out, mouth was swept for food and successfully retrieved by CNA, all dentures removed, pt. suctioned for small amount of saliva, sats. [Oxygen saturation levels] were 88% afterwards, BP 158/70, HR 64, RR 20, pt. recovered well with 2L NC and was up to 96%, left on O2 for a while to help improve saturation."</p> <p>Review of the physician's discharge summary from the hospital, dated 8/7/14, revealed "... During morning checks in long term care, the staff noted that [Resident #5] was hypoxic [inadequate oxygen supply] with a pulse ox [oxygen saturation levels] in the 70s. [Resident #5] had an episode of aspiration a few days prior</p> | F 365 | <p><u>Plan of Action</u></p> <p>Resident's meals and snacks will be labeled with diet.</p> <p><u>Procedure for Implementation</u></p> <p>The Dietary Department will label each resident's main entrée with a label that identifies patient, diet order, food and fluid consistencies as well as special instructions (i.e., cut up meat, prefers... etc.) These labels will be used to assure food presented to the resident is the correct diet and appropriately prepared. The labels will be removed before placing in front of resident to assure patient privacy and dignity.</p> <p>A separate tray labeled "mechanical soft" (or other special diet choices labeled per type) will be provided by dietary department for snack times to allow residents choices of acceptably prepared food within their dietary regimen.</p> <p>Explanation of mechanical soft diet has been posted for the CNAs.</p> <p><u>Monitoring Procedure</u></p> <p>The Director of Support Services (or designee in her absence) will monitor snack trays 2 times per week for 4 weeks to ensure compliance with diet order and preferences and will report compliance to the monthly Quality meeting.</p> <p>Director of Support Services (or designee in her absence) will monitor meal labels 2 times per week at various meals for 4 weeks to ensure compliance diet order and preferences and will report results at the monthly Quality Meeting.</p> <p><u>Date of Completion</u> September 28, 2014.</p> | 9/3/14 | |

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| F 365 | <p>Continued From page 23</p> <p>to that and initial work-up was consistent with aspiration pneumonia. For that reason [Resident #5] was put into acute care for treatment."</p> <p>Review of the nutritional assessment, completed by the Dietitian, dated 7/3/14, revealed "Pt prefers chopped lettuce and ham due to ill-fitting dentures. Otherwise regular consistency. He self-feeds after set up in the dining room."</p> <p>Review of the "Dietitian's Recommendations", dated 7/1-5/14 revealed "[Resident #5] No changes Correct diet order is "Liberal Diabetic chop lettuce and grind ham".</p> <p>Review of the "Dietary Recommendations", dated 8/1/14, revealed Resident #5's diet was listed as "Liberal Diabetic". The recommendations did not include the information about the chopped lettuce and ground ham.</p> <p>During an interview on 8/13/14 at 4:00 pm the DM stated the kitchen just put residents' names on the plate lids. The facility did not use diet cards because they did not use trays and there was no room for the diets on the sticker. When asked why the dietary recommendations had not been implemented for Resident #5, the DM stated the kitchen sends pureed snacks to the LTC unit, but snacks for the modified diets were not cut up in the kitchen. Nursing staff were "Expected to know" they needed to cut the food up when it was served to residents that were on special diets.</p> <p>During an interview on 8/14/14 at 10:30 am Physician #2 confirmed the Resident had choked on a large piece of meat. During the interview, the Physician stated "[He/She] was supposed to have [His/Her] meat cut up for Him/Her."</p> | F 365 | | | |

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| F 365 | Continued From page 24 As a result of this system failure the dietary staff did not prepare the Resident's snack according to the Dietitian's recommendation for ground ham (summer sausage). | F 365 | | | |
| F 406 SS=D | 483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure the services of a SLP was available for 1 resident (#5) with difficulty chewing and swallowing, out of 7 active sampled residents. The failure to ensure the services of a SLP was available placed the resident at risk for injury from choking and subsequent aspiration pneumonia (food, saliva, or vomit inhaled into the lungs or airways and causes pneumonia). Findings: Record review on 8/11-13/14 revealed the Resident had diagnoses that included | F 406 | <u>Plan of Action</u> CEO will work with PeaceHealth rehabilitation department and legal department to establish an agreement which allows WMC to utilize a speech-language therapist to meet the needs of our residents. <u>Monitoring Procedure</u> Quality Director will monitor for compliance. <u>Date of Completion</u> September 28, 2014. | 9/28/14 | |

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| F 406 | <p>Continued From page 25</p> <p>Parkinson's disease (disease of the nervous system that can cause stiffness, slowing of movement, and tremors) and aspiration pneumonia.</p> <p>Review of the MDS quarterly assessment, dated 6/18/14, revealed the Resident had signs and symptoms of a swallowing disorder exhibited by "Loss of liquids/solids from mouth when eating or drinking".</p> <p>Review of the MDS comprehensive assessment, dated 12/16/13, revealed the Resident had signs and symptoms of a swallowing disorder exhibited by "Loss of liquids/solids from mouth when eating or drinking" and had "Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)".</p> <p>Review of the "Dietitian Recommendations" completed by the Dietitian, dated 7/3/14, revealed "Pt prefers chopped lettuce and ham due to ill-fitting dentures. Otherwise regular consistency. He self-feeds after set up in the dining room."</p> <p>Review of the nurses' note, dated 7/29/14 at 3:14 pm, revealed "pt. had a choking episode around (2:45 pm) after a snack with salami was passed out, mouth was swept for food and successfully retrieved by CNA, all dentures removed, pt. suctioned for small amount of saliva, sats. [oxygen saturation levels] were 88% afterwards, BP 158/70, HR 64, RR 20, pt. recovered well with 2L NC and was up to 96%, left on O2 for a while to help improve saturation."</p> <p>During an interview on 8/13/14 at 10:30 am Physician #2 confirmed the Resident had choked on a large piece of meat. During the interview the</p> | F 406 | | | |

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| F 406 | Continued From page 26 Physician stated "[Resident #5] was supposed to have [His/Her] meat out up for [His/Her]." When asked why the Resident had not been offered a bed side swallowing evaluation by a SLP, the Physician replied "We don't have that option, we can't afford it." During an interview on 8/13/14 at 8:00 pm, the DON confirmed the facility did not have a SLP available to perform a swallowing evaluation for Resident #5. | F 406 | | | |
| F 431 SS=E | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, | F 431 | | | |

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| F 431 | <p>Continued From page 27</p> <p>permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were stored in accordance with the manufacturer's recommendations for 3 residents (#2, 3, and 4) out of 5 residents reviewed with insulin dependent diabetes. This failed practice placed the residents at risk for receiving ineffective medications and placed them at risk for unstable blood sugars. Findings:</p> <p>A medication pass observation on 8/11/14 at 1:35 pm revealed LN #1 removed a vial of Resident #2's Novolog insulin from the medication cart and proceeded to draw the insulin into a syringe for administration. Closer examination of the insulin vial revealed the vial did not have the date on the vial when it had been opened. During an interview on 8/11/14 at 1:38 pm, LN #1 stated the insulin should not be used.</p> <p>Further observation of the insulin vials located in the same medication cart with LN #1 on 8/11/14 at 2:00 pm revealed:</p> <p>1 opened vial of Lantus insulin for Resident #3;</p> | F 431 | <p><u>Plan of Action</u></p> <p>Outdated vials have been removed and replaced. All currently opened vials have the expiration date added to them. The policy (see attached) has been updated to include a 28 day expiration date that will be written on all vials when open.</p> <p><u>Procedure for Implementation</u></p> <p>The nursing staff in Long Term Care will be responsible for checking the vials in the medication cart twice weekly and recording the check on the LTC Narcotic Count Sheet (see attached). New insulin/ multi-dose medications will be ordered as needed.</p> <p><u>Monitoring Procedure</u></p> <p>The Pharmacy nurse will be responsible for monitoring for compliance. It will be monitored weekly for 3 months and then monthly for 3 months and compliance reported to the Quality meeting monthly.</p> <p><u>Date of Completion</u></p> <p>Outdated vials have been removed and expiration date written on new vials as of 9/3/14. This new policy and procedure will be reviewed at a nursing meeting by September 28, 2014.</p> | 9/3/14 9/28/14 | |

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| F 431 | <p>Continued From page 28 with the number "14" written on it, and a "dispensed" date of 7/4/14, and</p> <p>1 opened vial of Lantus insulin for Resident #4 with the date 7/10/14 written on it.</p> <p>During an interview on 8/11/14 at 2:00 pm LN #1 confirmed the insulin should not be used.</p> <p>During an interview on 8/11/14 at 2:45 pm, LN #4, the nurse responsible for the ordering and disposition of medications in the facility, stated the nurses were responsible for checking the medication carts for outdated medication every Sunday.</p> <p>Review of the manufacturer's insert sheet for Novolog insulin, revised March 2013, revealed "Opened vials on Novolog should be thrown away after 28 days, even if they still have insulin left in them."</p> <p>Review of the manufacturer's insert sheet for Lantus Insulin, revised December 2013, revealed "Open (in use) vial: Vials must be discarded 28 days after being opened. If refrigeration is not possible the opened vial can be kept unrefrigerated for up to 28 days away from direct heat and light, as long as the temperature is not greater than 86 [degrees] F.</p> <p>Review of the facility policy "PH 102 Dating Medication Vials", dated 11/15/13, revealed "All multidose vials must be dated when opened." and "All multidose vials used for injections, may be used only for 30 days after opening and then must be discarded."</p> | F 431 | | | |

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| F 497 SS=F | <p>483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE</p> <p>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on personnel record review and interview the facility failed to ensure 1 CNA #4 out of 4 CNAs personnel records reviewed had received initial or annual training in dementia care. This failed practice had the potential to placed 6 resident's with a dementia related illness out of 7 active residents reviewed at risk for receiving less than optimal care. Findings:</p> <p>Review of personnel records on 8/13/14 revealed CNA #4 had not received any dementia education.</p> <p>During an interview on 8/13/14 at 1:00 pm, the Staff Development Coordinator stated they were not aware of the requirement for CNA staff to</p> | F 497 | <p><u>Plan of Action</u> All nursing staff will receive 6 hours of training in dementia care using the Hand-In-Hand training toolkit provided by CMS, upon hire and annually thereafter.</p> <p><u>Procedure for Implementation</u> Four of the LTC nurses' aides have been inserviced using this training on 9/4/14. The remaining nurses' aides will receive the 6 hours of training by September 28, 2014. in addition the LN staff will be inserviced by 10/28/14.</p> <p><u>Monitoring Procedure</u> Six hours of training in dementia care using the Hand-In-Hand training toolkit provided by CMS will be provided on a quarterly basis to all new hires and staff needing annual review. Staff Development Coordinator will notify employees when their training is due. Documentation of the training will be kept by the Staff Development Coordinator in her files.</p> <p><u>Date of Completion</u> September 28, 2014.</p> | 9/4/14 9/28/14 | |

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| F 497 | Continued From page 30 have dementia training. The Staff Development Coordinator confirmed CNA #4 had not received any dementia training. | F 497 | | | |