

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

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/09/2016
NAME OF PROVIDER OR SUPPLIER KETCHIKAN MED CTR NEW HORIZONS TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 TONGASS AVENUE KETCHIKAN, AK 99901		
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F 000	INITIAL COMMENTS The following deficiencies were noted during an unannounced recertification Medicare/Medicaid survey conducted 6/6-9/16. The sample included 10 residents. 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	F 000			
F 309 SS=D	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 observation, interview and record review the facility failed to appropriately manage 1 resident's (#1) pain out of 6 residents whose	F 309	Plan of Correction This deficiency had the potential to affect all residents of the facility	7/24/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/01/2016

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 309	<p>Continued From page 1</p> <p>medication regimen was reviewed. Specifically, pain medication was not offered or given to the resident within a reasonable amount of time after signs and symptoms of pain were observed by staff. In addition, cares that exacerbated the resident's pain were provided prior to and immediately post pain medication administration. This failed practice placed the resident at risk for unnecessary pain. Findings:</p> <p>Resident #1:</p> <p>Resident #1 was admitted to the facility with diagnoses of gout, inflammatory arthritis and stroke. The most recent minimum data sheet (MDS), a quarterly assessment, dated 5/17/16, revealed the Resident was coded as having pain constantly.</p> <p>Observation and interview on 6/7/16 at 9:15 am revealed the Resident was unable to eat breakfast due to pain caused by sitting up in bed.</p> <p>Observation the same morning at 10:35 am revealed the Resident was moaning and grimacing. The Certified Nursing Assistant (CNA) #1 informed Licensed Nurse (LN) #2 concerning the Resident signs and symptoms of pain.</p> <p>Observation later that morning at 11:10 am revealed CNA #1 attempting to assist the Resident in removing his shirt. The Resident stopped the CNA during the cares due to continued signs and symptoms of pain. The CNA asked the Resident if he had recieved his pain medication. The Resident did not remember if he had received pain medications recently; the CNA left the room to verify with the LN. Pain medication was given to the Resident at 11:30</p>	F 309	<p>¿ Based upon the verbal report of the surveyors, staff were informed of this finding both electronically and at a staff meeting and reminded to be vigilant about addressing the pain needs of our residents.</p> <p>¿ To preclude a repeat of this incident, remedial written education is being provided electronically to all nurses regarding this topic, in the form of an update to the policy Long Term Care □ Pain Management, which addresses:</p> <p>¿ The assessing of complaints of pain.</p> <p>¿ Time complaint received by the nurse, to be documented in the chart.</p> <p>¿ Time parameters for the assessment of a resident □s complaint of pain and the implementation of measures to relieve it will be established and implemented.</p> <p>¿ Documentation of indication / reason for the administration of pain medication, if used, Will be made in the appropriate place in the medical record (e-MAR)</p> <p>Compliance with the receipt of this education will be verified by use of electronic read verification.</p> <p>¿ Staff who haven □t read the new policy by 8 July 2016, will be handed a paper copy of the policy and documentation of this will be kept, it the</p>		

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F 309	<p>Continued From page 2</p> <p>am, after bathing had begun. Cares continued immediately after pain medication administration.</p> <p>During an interview on 6/7/16 at 2:00 pm CNA #1 stated that the LN was informed of the Resident's pain prior to cares and bathing.</p> <p>During an interview on 6/7/16 at 3:30 pm LN #1 stated reports of pain should be addressed timely and follow up pain assessments should be documented. Pain assessment documentation on 6/7/16 could not be provided by staff upon request by the surveyor.</p> <p>Record Review of the Resident's Medication Administration Record (MAR) indicated no PRN (as needed) pain medication was given during the day shift hours on 6/7/16 prior to 11:30 am.</p> <p>Review of the Resident's Current Care Plan revealed: "report to LN if resident is guarding, showing S/S [signs and symptoms] of pain." Under Multi-disciplinary problems, the documentation revealed "...monitor for non-verbal evidence of pain/discomfort, such as restlessness, grimacing, and guarding... Report to nurse if resident experiences pain/discomfort ..."</p> <p>Review of the MAR revealed "...oxycodone immediate release tablet 5mg... every 4 hours PRN [as needed] if mild pain scale 1-3, moderate pain scale 4-6, severe pain 7-10."</p> <p>Review of the facility's "PRN Medications" policy, last reviewed 8/28/15, revealed: "When resident requests a PRN medication or a nurse considers it appropriate to administer a PRN medication, the reason for administration will be documented</p>	F 309	<p>form of a check list.</p> <p>¿ Policy will be posted in the medication room for a period of at least 30 days.</p> <p>Data will be gathered monthly from the medical record and reported to the LTC Quality Committee.</p> <p>¿ Metrics will be developed by the LTC Leadership Team. Data will start to be gathered as of 1 July 2016. The metrics established and data gathered will be reviewed at the Quarterly LTC QA Committee meeting, currently scheduled for Sept. 2016.</p> <p>Completion Date: All of the above corrective measures will be completed by 24 July 2016</p>		

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F 309	Continued From page 3 in the appropriate fields of the Electronic Medication Administration Record (EMAR)."	F 309			
F 371 SS=F	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: Based on observation and interview the facility failed to ensure: 1) food was properly stored in the central kitchen and 2) testing of sanitation solution was in accordance with manufacture's guidelines. These failed practices placed all residents (based on a census of 21) at risk for food borne illness. Findings: Food Storage: Observation of the central kitchen prep-area on 6/6/16 at 2:10 pm revealed a large container of sugar - open to air and uncovered. Observation of the central kitchen refrigerator on	F 371	Plan of Correction: F371 <input type="checkbox"/> Food Storage 1.Manager will hang Placards with both pictures and instructions on covering food items on all of the freezers and coolers with instructions appropriate for each of the freezers and coolers. Item will be completed by June 29th. a.ALL OPEN ITEMS MUST BE WRAPPED OR COVERED AND NOT EXPOSED TO AIR b.PATIENT FOODS ONLY c.ROTATE STOCK AND WASTE OLD PRODUCE AND EXPIRED ITEMS. 2.Read and sign reviewing necessity of	7/24/16	

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F 371	<p>Continued From page 4</p> <p>6/6/16 revealed:</p> <ul style="list-style-type: none"> · ½ smoked ham - open to air and uncovered; · 1 - package of turkey breast - fresh by 5/22/16; · 1 - package of turkey breast - open to air and uncovered; · 1 - package of chicken thighs - open to air and uncovered; · 1 - package of flour tortillas - open to air and uncovered; · 2 quart container of kidney beans - open to air and uncovered; · 4 quart container of garbanzo beans - open to air and uncovered; · 20 - cantaloupes with soft spots and white fuzz-like substance; and · 1 - box of mini-loaf sourdough - open to air and uncovered <p>Observation of one central kitchen freezer on 6/6/16 at 2:30 pm revealed a bag of cool whip open to air and undated. In addition, a container of avocado ice cream which belonged to a staff member was stored with resident food.</p> <p>During an interview on 6/8/16 at 3:30 pm, when asked about the findings in the kitchen related to raw foods, the Infection Preventionist stated raw foods open to air in the refrigerator was not best practice.</p> <p>Sanitation Solution:</p> <p>Observation on 6/6/16 at 3:00 pm revealed a red bucket filled with rags and clear liquid. The Dietary Manager (DM) proceeded to test the solution for appropriate sanitation levels. The DM obtained a strip of testing paper from a QT-10</p>	F 371	<p>making sure that foods are not exposed to air. This will be posted on June 28th for staff to read and sign. Three staff will return late July but otherwise everyone will have a chance to read by the first of July.</p> <p>3. Manager will hold one-on-one meetings with each of the cooks, three of these meetings will be completed by June 29th and the remaining two cooks will be finished in July when they return to work.</p> <p>4. Add this check to the monthly FSV safety report and send to TCU Quality Committee</p> <p>F371 <input type="checkbox"/> Sanitation Solution</p> <p>1. Manager already read through the manufacturer's instructions and hung a placard with the information. The sign with the details was available from ECOLAB. Manager did add a line to check the test strip expiration to the instructions and then Posted 6/10/16</p> <p>2. Manager already ordered test strips and replaced the expired strips on 6/20/2016</p> <p>3. Check the test strip dates each month and waste any that will expire within the next 30 days.</p> <p>4. Add this check to the monthly FSV safety report and send to TCU Quality Committee</p>		

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F 371	Continued From page 5 Hydrion (paper testing strips for testing of sanitation levels) dispenser and dipped the strip into the solution for approximately 2 seconds. The dipped strip appeared to contain shades of green and dark gold. The DM stated the strips were no good and obtained a QT-40 Hydrion (paper testing strips for testing of sanitation levels) dispenser and dipped the new strip into the solution for approximately 2 seconds and stated the solution. Further observation revealed the QT-40 strips used for the second testing expired on 12/15/14. Review of the Hydrion testing procedure revealed a non-expired strip should be submerged into the solution for 10 seconds and then immediately read. During an interview on 6/8/16 at 3:30 pm, when asked about the appropriate use of test strips for sanitation buckets in the kitchen area, the Infection Preventionist stated the manufacturer's recommendations should have been followed.	F 371			
F 514 SS=C	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient	F 514		7/24/16	

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F 514	<p>Continued From page 6</p> <p>information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, observation and record review the facility failed to provide resident records that were readily accessible. Specifically, the facility failed to provide the State survey team complete access to the residents' medical records in a timely fashion. This failed practice affected the timeliness of record reviews for 10 of 10 sampled residents' whose records were reviewed. Findings:</p> <p>During an entrance interview on 6/6/16 at 2:00 pm electronic medical record (EMR) access was requested by the survey team in order to facilitate necessary record reviews.</p> <p>Observation on 6/7/16 at 1:00 pm revealed the facility provided EMR access login and password information to the survey team. Attempts to access certain areas of the EMR were noted to be restricted. This was brought to the attention of the Director of Nursing (DON), who verified that the surveyors' access did not have the same privileges or access as the staff. The DON and Administrative Assistant #1 were hindered in their efforts to assist the surveyors in finding documentation due to the restricted and unfamiliar viewing access that was provided to the surveyors. As a result, the surveyors found the need to request numerous paper print outs in</p>	F 514	<p>Plan of Correction:</p> <p>The electronic access request form has been updated and made readily available, to make it possible to give surveyors the correct access, which is a read only Nurse type access.</p> <p>The template that is assigned to surveyors (a read only Nurse type profile) has had coding errors repaired and is now functioning properly to provide the correct profile for surveyors.</p> <p>In addition we will identify one to two super users at each facility to be available when surveyors are on site to help them navigate through the EMR.</p> <p>If the surveyors determine they want to navigate the EMR by themselves, this super user will be made available to give the surveyors a tutorial on using the EMR.</p> <p>A process document has been created outlining all the steps needed to provide access to the surveyors.</p> <p>The IT security team has shared the</p>		

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F 514	<p>Continued From page 7</p> <p>an effort to thoroughly review sampled residents medical records timely.</p> <p>Record Review on 6/8/16 at 10:30 am revealed EMR access given to the State survey team continued to be: 1) limited, with multiple areas of the EMR restricted; and 2) in an unfamiliar format to the facility's staff, which limited staffs' ability to assist surveyors while signed on under the surveyors' login.</p> <p>An interview on 6/8/16 at 11:25 am revealed the DON stated the appropriate access was not given to the surveyors from Information Technology (IT) security department despite the DON's repeated requests for complete access.</p> <p>Observation on 6/8/16, the third day of the unannounced survey, at 2:05 pm limited medical records access necessitated one-on-one EMR informatics consultants to assist surveyors via individual teleconference.</p> <p>Further observation on 6/8/16 at 3:00 pm revealed the survey team was finally provided with the appropriate viewing privileges as to review the entire EMR record without restriction or further use of one-on-one consultation. The untimely accessibility of the complete EMR delayed the surveyors in their record reviews.</p>	F 514	<p>process document they will follow when they receive requests for Auditor/Surveyor setup with the team.</p> <p>∩</p> <p>The IT security staff notified the Help Desk where the new form is located and this has been added to their files.</p> <p>There also will be a PeaceHealth system team evaluating the process and defining how to improve and expedite access for surveyors to the EMR.</p> <p>This step will be added to the current process and be rolled out to all PeaceHealth facilities.</p>		