

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

PRINTED: 10/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELLCOURT TERRACE NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1710 BELCOURT AVENUE NASHVILLE, TN 37212</b>
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4) 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
156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p> <p><i>acceptable POC 10/26/12 JPPHUR</i></p>	F 156	<p>Preparation and / or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and / or executed solely because it is required by the provisions of federal and / or state law. The plan of correction constitutes our credible allegation of compliance.</p>	

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STORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ray M. K...</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/26/2012</i>
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Deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days from 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 participation.

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NAME OF PROVIDER OR SUPPLIER  BELCOURT TERRACE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1710 BELCOURT AVENUE NASHVILLE, TN 37212
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= 156	<p>Continued From page 1</p> <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This</p>	F 156	<p>The ABN notice for resident #50 has been re-issued.</p> <p>Resident records have been reviewed and received ABN notices when required.</p> <p>The Social Services Director has been reeducated on the ABN requirements.</p> <p>The Administrator, DON and / or designee will complete random audits for ABN requirements monthly for three months, then quarterly for two quarters.</p> <p>Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion date 11/01/12</p>	

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F 156	<p>Continued From page 2</p> <p>includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure an Advanced Beneficiary Notice (ABN) was issued for 1 of 3 (Resident #50) sampled residents reviewed for ABNs.</p> <p>The findings included:</p> <p>Medical record review for Resident #50 documented an admission date of 6/4/12 with a discharge date from Occupational Therapy 8/6/12 and a discharge date from Physical Therapy 8/7/12. Review of the "Resident Census" documented Resident #50 changed to medicaid from skilled services 8/8/12.</p> <p>During an interview in the Social Service's office on 10/9/12 at 5:50 PM, the Social Service Director (SSD) was questioned concerning the</p>	F 156		

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F 156	Continued From page 3 ABN notice for Resident #50. The SSD stated, "...we mail forms [ABNs] to the resident's responsible party, sometimes they sign them and send them back. She [Resident #50] is still in the building, living here, met her maximum for therapy, but I can not find where one [ABN] was sent for her [Resident #50]..."	F 156		
F 164 SS=D	<b>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</b>  The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.  The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164		

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F 164	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, it was determined the facility failed to maintain privacy for 1 of 35 (Resident #13) residents reviewed included in the stage 2 review.</p> <p>The findings included:</p> <p>Review of the policy and procedure manual "LIPPINCOTT MANUAL OF NURSING PRACTICE NINTH EDITION" presented by the facility, Chapter 2 "Standards of Care, Ethical and Legal Issues", page 13 documented, "...Box 2-1 National League of Nursing Statement on Patient's Rights Nurses have a responsibility to uphold the following rights of patients... To courteous and individualized health care that is equitable, humane, and given without discrimination... To privacy during interview, examination, and treatment..."</p> <p>Observations in the hallway 1 on 10/10/12 at 7:45 AM, a surveyor knocked on Resident #13's door and waited for permission to enter the room. Certified Nursing Assistant (CNA) #1 invited the surveyor to enter the room. The privacy curtain was not pulled around the bed. Resident #13 was not dressed and was exposed when the surveyor entered the room. The privacy curtain was pulled between the beds but was not pulled around the bed to assure full privacy for the resident during the provision of care.</p> <p>Observations in the hallway 1 on 10/11/12 at 7:45 AM, a surveyor knocked on Resident #13's door and requested entrance to the room. CNA #1</p>	F 164	<p>Resident #13s privacy curtain is being pulled around the resident by staff during care.</p> <p>Residents have been assessed and privacy curtains are being pulled when providing care.</p> <p>Staff has been reeducated on providing and maintaining privacy / dignity for residents.</p> <p>The Director of Nursing, Assistant Director of Nursing or Designee will complete random audits of privacy being provided during care two times a week for four weeks, then monthly for three months.</p> <p>Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion Date 11/01/12</p>	

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F 164	Continued From page 5 granted entrance into the room. CNA #1 was providing care to the resident and the resident's buttocks was exposed as the curtain was not pulled around the bed to provide complete visual privacy.  During an interview in the Director of Nursing's (DON) office on 10/11/12 at 9:30 AM, the DON was asked what she would expect of the staff in regard to privacy during treatment. The DON stated, "...would expect the curtains to be pulled, blinds closed, and the doors closed. Need to pull the curtain and not just shut the bathroom door..."	F 164		
F 170 S=C	483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL  The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.  This REQUIREMENT is not met as evidenced by: Based on interview, it was determined the facility failed to ensure mail was delivered on Saturday's for the 41 residents residing in the facility.  The findings included:  During an interview in Resident #8's (resident council president) room on 10/9/12 at 2:30 PM, the resident council president was asked if the residents received mail on Saturday. The resident council president wrote on her communication board, "Monday through Friday..."  During an interview in the hall outside the Social	F 170	The US Postal Service has been instructed to discontinue Saturday mail delivery to the facility.  Residents are receiving their mail as per delivery from the US Postal Service.  Resident Council and residents have been notified of the delivery times.  Staff has been educated on mail delivery for the residents.	

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F 170	Continued From page 6 Service's office on 10/11/12 at 1:10 PM, the Administrator was asked if mail was delivered on Saturday. The Administrator stated, "...The post office [mail delivery worker] brings the mail in and puts it in the cabinet in the entryway [on Saturday]. The business office manager, when she comes in on Monday, separates the mail for delivery to the residents... Right now I guess we are in violation of resident rights..."	F 170	The Administrator, Social Services Director and / or Designee will complete random audits of mail delivery for three months, then quarterly for two months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as necessary.	
F 241 S=D	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 review of the "TENNESSEE CNA [Certified Nursing Assistant] Candidate Handbook", review of residents' rights, medical record review, and interview, it was determined the facility failed to promote care for residents in a manner that maintained or enhanced resident's dignity and respect for 2 of 19 (Residents #10 and 13) sampled residents of the 19 residents who were interviewed about dignity.  The findings included:  1. Review of the "TENNESSEE CNA Candidate Handbook Version 4.0 OCT [October] 1, 2009", page 8 documented, "...Skills 1... 2. Introduces themselves to the resident..."  2. Review of the residents' rights documented,	F 241	Completion date: 11/01/12	

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241	<p>Continued From page 7</p> <p>"...The Resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the Facility..."</p> <p>3. Medical record review for Resident #10 documented an admission date of 7/15/11 with diagnoses of Hypertension, Edema, Anxiety, Ischemic Heart Disease, Glaucoma, Congestive Heart Failure, Osteoporosis, and Constipation. Review of the quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/17/12 documented, "...Brief Interview for Mental Status [BIMS]... C0500 Summary Score 13 [a score of 13 to 15 indicates the resident is cognitively intact]..." Review of the annual MDS assessment with an ARD of 7/16/12 documented, "...Brief Interview for Mental Status... C0500 Summary Score 15..."</p> <p>During an interview in Resident #10's room on 10/9/12 at 1:46 PM, Resident #10 was asked, "Do staff treat you with respect and dignity?" Resident #10 stated, "No, never know who the tech [technician] is, walk right by and never speak..."</p> <p>4. Medical record review for Resident #13 documented an admission date of 10/24/11 with diagnoses of Osteoarthritis, Dementia, Anxiety, Hypertension, Constipation, Gastro Esophageal Reflux, Diabetes, Chronic Pain, and Cerebrovascular Disease. Review of the quarterly MDS assessment with an ARD of 4/30/12 and the quarterly MDS assessment with ARD of 7/25/12 documented, "...Brief Interview for Mental Status... C0500 Summary Score 15 [indicating the resident is cognitively intact]..."</p>	F 241	<p>Staff is talking to Residents #10 and #13 with respect and dignity.</p> <p>Residents with a Brief Interview for Mental Status ( BIMS) of 13 -15 have been interviewed and relate that staff is speaking to them with respect and dignity. Call lights are being answered in a timely manner.</p> <p>Staff has been reeducated on speaking to residents with respect and dignity and on being aware of resident rights.</p>	

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F 241	<p>Continued From page 8</p> <p>During an interview in Resident #13's room on 10/8/12 at 4:02 PM, Resident #13 was asked, "Do staff treat you with respect and dignity?" Resident #13 stated, "No, some have an attitude. They say they are tired or they are not my tech. Don't always know who my tech is... Talked to the nurse about their attitudes... Talked to the Activities Director about the attitudes also. Some things changed and some did not..."</p> <p>5. During an interview at the nurses station on 10/11/12 at 2:30 PM, Nurse #1 stated if any allegations of rudeness is reported to her she tells her immediate supervisor. Nurse #1 stated, "Unaware of any complaints voiced by the residents regarding rudeness or staff speaking harshly to the residents."</p> <p>During interview in the Director of Nursing's (DON) office on 10/11/12 at 9:27 AM, the DON was asked about the training provided to staff. The DON stated the social worker does the training on resident rights and abuse. The staff are routinely inserviced on customer service with the last inservice on 9/7/12, which included knocking and introducing themselves to the resident. The DON was informed that the residents that had concerns about dignity had a cognitive score of 15. The DON was asked what she would expect on a daily basis for the Certified Nursing Assistants to do when caring for the resident. The DON stated, "...would expect them to make rounds every 2 hours, check everybody, turn and dry, and make sure they [residents] were okay..." The DON was asked if she would expect them to knock and introduce themselves. The DON stated, "Absolutely. Would expect them to knock, request permission to</p>	F 241	<p>The Administrator, Director of Nursing, Social Services Director and / or Designee will complete random audits of staff and resident interactions two times a week for four weeks, then monthly for three months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion date: 11/01/12</p>	

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F 241	Continued From page 9 enter and introduce themselves..."	F 241		
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to accommodate the needs and preferences for 1 of 19 (Resident #50) residents interviewed during the stage 1 review.  The findings included:  Medical record review for Resident #50 documented an admission date of 6/4/12 with diagnoses of Edema, Kidney Disease, Diabetes, Hypercalcemia, Hypothyroidism, Hypertension, Gastroesophageal Reflux, and Gouty Arthritis. Review of the 30 day Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/30/12 and the quarterly MDS assessment with ARD date of 9/7/12 documented, "...Brief Interview for Mental Status [BIMS]... C0500 Summary Score 13 [a score of 13 to 15 indicates the resident is cognitively intact]..."  During an interview in Resident #50's room on	F 246	Staff is talking to Residents #50 with respect and dignity. Resident #50's call light is being answered timely.  Residents passing a brief interview for Mental Status ( BIMS) of 13 -15 have been interviewed and relate that staff is speaking to them with respect and dignity. Call lights are being answered in a timely manner.  Staff has been reeducated on speaking to residents with respect, dignity and on being aware of resident rights. Staff has been reeducated on answering call lights in a timely manner.	

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F 246	<p>Continued From page 10</p> <p>10/8/12 at 12:30 PM, Resident #50 was asked, "Has staff yelled or been rude to you?" Resident #50 stated, "Yes, come in and say what do you want harshly. Come in and cut the light off and say they will be back but know it will be an hour before they return."</p> <p>During interview in the Director of Nursing's (DON) office on 10/11/12 at 9:27 AM, the DON was asked about the training provided to staff. The DON stated the social worker does the training on resident rights and abuse. The staff are routinely inserviced on customer service with the last inservice on 9/7/12. The DON was asked what she expected the certified nursing assistants to do regarding answering call lights. The DON stated, "...would expect them [staff] to answer the call lights as quickly as they can, ask the resident what they need and meet those needs... have 1 or 2 residents that say they have had the call light on for 3 hours... The resident was cognitively impaired..." The DON was informed of the resident that had concerns about the light not being answered.</p>	F 246	<p>The Administrator, Director of Nursing, Social Services Director and / or Designee will complete random audits of staff and resident interactions and answering call lights two times a week for four weeks, then monthly for three months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion date: 11/01/12</p>	
F 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 322		

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F 322	<p>Continued From page 11</p> <p>by: Based on policy review, review of the geriatric medication handbook, medical record review, observation and interview, it was determined the facility failed to ensure that placement of a percutaneous endoscopy gastrostomy (PEG) tube was verified prior to administering medications for 1 of 2 (Resident #20) residents observed receiving medications via a PEG tube.</p> <p>The findings included:</p> <p>Review of the facility's policy and procedure manual Lippincott manual for nursing practice, ninth edition, presented by the facility, Chapter 20 "Nutritional Problems" page 751, documented, "...7. Using the catheter-tipped syringe, inject 30 cc [cubic centimeters] of air while listening with a stethoscope positioned at epigastric area..."</p> <p>Review of the geriatric medication handbook, tenth edition, provided by the American Society of Consultant Pharmacists, pages 63 and 64 documented, "...ENTERAL TUBE MEDICATION ADMINISTRATION... PROCEDURES... 8. Check for proper tube placement..."</p> <p>Medical record review for Resident #20 documented an admission date of 10/3/12 with diagnoses of Multiple Sclerosis, Dysphagia, Gastrostomy, Depressive Disorder, Nonorganic Psychosis Depressive, Dysarthria, Constipation, Anxiety State and Chronic Pain. Review of the current physician's orders for October 2012 documented the medications were to be administered per gastric tube. Review of the Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 4/6/12 and</p>	F 322	<p>Resident #20 is being assessed for placement of the percutaneous endoscopy gastrostomy (PEG) prior to administering enteral feedings, water flushes or medications.</p> <p>Residents with enteral feeding tubes are being assessed for placement and their gastrostomy tube prior to administering enteral feedings, water flushes or medications.</p> <p>Licensed Professional Nurses were reeducated on checking placements of gastrostomy tubes prior to administering enteral feedings, water flushes or medications.</p>	

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F 322	<p>Continued From page 12</p> <p>7/30/12 documented, "...Section K- Swallowing / Nutritional Status... K0510... B. Feeding tube [checked]..." Review of the care plan dated 10/14/11 documented, "...PROBLEM: Potential for complications r/t [related to] use of gastrostomy tube... check placement of gastrostomy tube prior to feedings, water flushes, medication administration..."</p> <p>Observations in Resident #20's room on 10/10/12 at 9:55 AM, Nurse #1 uncapped the PEG tube, attached the syringe and poured medications into the syringe and administered the medications without checking the placement of the PEG tube.</p> <p>During an interview outside Resident #20's room on 10/10/12 at 10:10 AM, Nurse #1 was asked if there was another resident who received medications via PEG tube. Nurse #1 stated, "...I forgot to check [PEG tube placement]... and listen to bowel sounds..."</p> <p>During an interview by the Social Service's office on 10/11/12 at 9:00 AM, the Director of Nursing (DON) was asked would she expect the nurse to check PEG tube placement prior to administering medications through it. The DON stated, "...absolutely..."</p>	F 322	<p>The Director of Nursing, Assistant Director of Nursing and / or Designee will complete complete random audits of nurses providing enteral feedings / flushes/ medications two times a week for four weeks then monthly for three months. Results of the audit will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion date: 11/01/12</p>	
F 328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care;</p>	F 328		

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F 328	<p>Continued From page 13</p> <p>Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure 1 of 2 (Resident #10) sampled residents receiving oxygen (O2) therapy received O2 at the physician's prescribed flow rate.</p> <p>The findings included:</p> <p>Review of the policy and procedure manual Lippincott manual of nursing practice, ninth edition, presented by the facility, page 244, Chapter 10, documented, "...RESPIRATORY FUNCTION AND THERAPY PROCEDURE GUIDELINES... Administering Oxygen by Nasal Cannula [N/C] ... Performance phase... 5. Set the flow rate at the prescribed liters per minute [LPM]..."</p> <p>Medical record review for Resident #10 documented an admission date of 7/15/11 with diagnoses of Hypertension, Edema, Ischemic Heart Disease, Osteoporosis, Anxiety, Glaucoma, Congestive Heart Failure, and Constipation. Review of the current physician's order dated 7/15/11 documented, "...O2 per N/C @ [at] 4 LPM q [every] shift prn [as needed]..."</p> <p>Review of the Minimum Data Sets (MDS) dated 4/17/12 and 7/16/12 documented, "...Section O..."</p>	F 328	<p>Resident #10 is receiving oxygen as per physician orders.</p> <p>Residents receiving oxygen have been assessed and oxygen is being delivered on the setting as ordered by the physician.</p> <p>Licensed Professional Nurses and Hospice staff have been reeducated on coordination of care for oxygen delivery changes.</p> <p>The Director of Nursing, Assistant Director of Nursing and / or Designee will complete random audits of oxygen delivery rates two times a week for four weeks then monthly for three months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.</p> <p>Completion date: 11/01/12</p>	

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F 328	<p>Continued From page 14</p> <p>Respiratory Treatments... Oxygen therapy... Performed while a resident of this facility... [checked]..." The comprehensive MDS dated 7/17/12 documented, "...Section C Cognitive Patterns Summary Score 15 [a score of 13 to 15 indicates the resident is cognitively intact]..."</p> <p>Observations in Resident #10's room on 10/8/12 at 3:30 PM, 10/9/12 at 5:56 PM, and 10/10/12 at 7:47 AM and 6:25 PM, revealed Resident #10 receiving O2 via N/C at 3.5 LPM.</p> <p>During an interview in Resident #10's room on 10/10/12 at 6:25 PM, Resident #10 was asked if she adjusted her O2 flow rate. Resident #10 stated that she does not adjust her O2.</p> <p>During an interview in Resident #10's room on 10/11/12 at 9:20 AM, the Director of Nursing (DON) was asked what Resident #10's O2 LPM flow rate was set on. The DON stated, "...3 and half [3.5 LPM]... Should be at 4 [LPM] according to the [physician's] order."</p>	F 328		
371 S=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced</p>	F 371	<p>The stove top, pans, shelf above the stove and steam table have been cleaned. The muffin pans, baking sheets and small square pans have been cleaned or replaced.</p> <p>The Dietary Manager has checked the kitchen and it is being cleaned as per cleaning schedules.</p>	

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F 371	<p>Continued From page 15</p> <p>by: Based on review of the facility's kitchen cleaning schedule, observation and interview, it was determined the facility failed to ensure food was prepared, stored, or served under sanitary conditions as evidenced by a black greasy substance build-up on the stove top; dark brown greasy build-up on the food holding area to the left side of the stove; a brownish greasy substance buildup on the bottom of a large skillet hanging over the food preparation counter; a small sauce pan with a large amount of brownish greasy substance on the inside and outside of the pan; the shelf above the stove had a brownish build-up and crumbs; the steam table had a large amount of brownish substance build-up on the sides and the bottoms of the water wells; and a dark brown substance build-up on the entire inner and outer surfaces of two large muffin pans, under the lip of 2 of 7 large sheet pans, sides and bottom of a large rectangle pan and sides and bottom of two deep square pans on 4 of 4 (10/8/12, 10/9/12, 10/10/12 and 10/11/12) days of the survey.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's cleaning schedule documented, "...Clean Stove Tops... Clean Steam table De-lime wells on Wed [Wednesday] ...Pot and Pans Cleaned... Everybody is to check and see if these things are done everyday..."</li> <li>2. Observations in the kitchen on 10/8/12 at 10:50 AM, revealed a brownish greasy substance buildup on the bottom of a large skillet hanging over the food preparation counter. A small sauce pan sat on the food holding area beside the stove</li> </ol>	F 371	<p>The Dietary Manager and the Dietary staff have been reeducated on dietary sanitation requirements and cleaning schedules.</p> <p>The Registered Dietician, Dietary Manager, Administrator and / or Designee will complete random sanitation audits of the kitchen two times a week for four weeks then monthly for three months. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as necessary.</p> <p>Completion date: 11/01/12</p>	
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F 371	<p>Continued From page 16</p> <p>with a large amount of a brownish, greasy substance noted on the inside and outside of the pan.</p> <p>3. Observations in the kitchen on 10/9/12 at 8:20 AM, revealed the stove with black greasy substance build-up on the stove top and a dark brown greasy build-up on the food holding area to the left side of the stove. The shelf above the stove had brownish build-up and crumbs on it. A large amount of a brownish substance build-up was noted on the sides and the bottoms of the steam table water wells.</p> <p>During an interview in the kitchen on 10/9/12 at 8:25 AM, the Dietary Manager (DM) was asked about the buildup on the steam table. The DM stated, "...lime build-up, I need to de-lime it..."</p> <p>4. Observations in the kitchen on 10/10/12 at 12:20 PM, revealed a dark brown substance build-up on the entire inner and outer surfaces of two large muffin pans, under the lip of 2 of 7 large sheet pans, on the sides and bottom of a large rectangle pan and on the sides and bottom of the two deep square pans.</p> <p>During an interview in the kitchen on 10/10/12 at 12:20 PM, the DM was asked what was the dark brown substance build-up on the pans observed 10/10/12 at 12:20 PM. The DM stated, "...build-up over time..."</p> <p>5. Observations in the kitchen on 10/11/12 at 3:00 PM, revealed a brownish buildup on the sides and bottoms in the steam table water wells and a small sauce pan on the stove with a brownish greasy substance on the inside and</p>	F 371			

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F 371	Continued From page 17 outside of the pan.  During an interview in the kitchen on 10/11/12 at 3:00 PM, the DM was asked about the small sauce pan with brown greasy substance on the inside and outside of the pan. The DM stated, "...I have ordered a new one [small sauce pan] it will be here Monday..."	F 371			

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