For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

**F 0223**

**Level of harm - Minimal harm or potential for actual harm**

**Residents Affected - Some**

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER / SUPPLIER**

CLAIR IDENTIFICATION NUMBER 325091

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING B. WING

**(X3) DATE SURVEY COMPLETED**

09/22/2017

**NAME OF PROVIDER OR SUPPLIER**

SILVER CITY CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP 3514 FOWLER AVE SILVER CITY, NM 88061

**PREVIOUS VERSIONS OBSOLETE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED:04/14/2020 FORM APPROVED OMB No. 0938-0391

**EVENT ID: YL1O11**

Facility ID: 325091

**OMIFNo. 06-399**

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER**

**TITLED REPRESENTATIVE’S SIGNATURE**

**(X4) ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

<table>
<thead>
<tr>
<th>Event ID: YL1O11</th>
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<tbody>
<tr>
<td>Facility ID: 325091</td>
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</table>

**DATE**

**09/22/2017**

**PREVIOUS VERSIONS OBSOLETE**

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 of the survey if the deficiencies cited are an approved plan of correction in requisites to continued program participation.
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

For the record:

- **NAME OF PROVIDER OF SUPPLIER**: SILVER CITY CARE CENTER
- **STREET ADDRESS, CITY, STATE, ZIP**: 3514 FOWLER AVE, SILVER CITY, NM 88061
- **DATE SURVEY COMPLETED**: 09/22/2017
- **NUMBER**: 325091

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

- **F 0223**
  - (continued... from page 1)
  - all times. When we are cleaning his room there always has to be two people in the room.
  - On 09/22/17 at 10:45 am, during an interview with R #69, he stated, (Name of SS) explained to us he cannot leave the building unless he is going to court or an appointment and the (R #69) has to be supervised. If he (R #69) is out of his unsupervised he (staff) redirect him or I will leave the room. He is the only one that can visit, if someone else visits we would direct them to the Administrator or to the nurse in charge. He (R #69) sits in the kitchen (room) door and socializes with other residents, he (R #69) is still on line of sight for the nurse at the desk.
  - On 09/22/17 at 10:45 am, during an interview with R #69, he stated, Like I told you before, I'm not allowed to go anywhere just stay in my room. It doesn't make me feel good, I feel more lonely and depressed. I go eat in the dining room if they take me (if he is escorted), I want to go anywhere else, I want to go to the store or anywhere else. I don't like it having to be escorted to leave his room) but I'm used to it now. It's been so long. I'm just more angry than depressed.

Interventions/Approaches: Resident is not to have illegal drugs in his possession and selling them from facility.

Q. Record review of the Court Plan updated 07/01/17 revealed:
  1. On 05/17/16 Resident was found to have illegal drugs in his possession and selling them from facility.
  2. On 01/21/17, 04/12/17, 07/19/17 continue P (Name) (Plan of Care) was documented in care plan, no other interventions or approaches were listed.
  3. On 10/08/14 At risk alteration in socialization related to anxiety disorder. Approaches: Offer schedule of activities for resident to select choice(s). Engage resident in group activities. Give resident verbal reminders of activity before commencement of activity. Offer activity programs directed toward specific interests of resident. (Name of R #69) enjoys calling Bingo, watching sports, socializing with other residents, and friends who to visit, likes to help staff.
  4. On 01/21/17, 04/12/17, 07/19/17 continue P (Name) (Plan of Care) was documented in care plan, no other interventions or approaches were listed.
  5. On 10/08/14 Risk of alteration in psychosocial well being related to anxiety disorder. Approaches/Interventions: Encourage participation in facility life. Invite to care plan meetings. Honor right to refuse. Explain risk/benefits to unconventional choices. Encourage appropriate decision making. Allow feelings related to current condition as needed. Elicit the support of family/friends to assist resident with difficult or complex decision making. Provide 1:1 emotional support as needed.
  6. On 01/21/17, 04/12/17, 07/19/17 continue P (Name) (Plan of Care) was documented in care plan, no other interventions or approaches were listed.

F 0244

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

- **F 0246**
  - Based on record review and interview, the facility failed to give the resident council feedback on their concerns which were documented in the resident council meeting minutes. If the facility is not responding to the resident council concerns then the facility is leaving complaints and concerns unresolved. The findings are:
  1. On 06/29/17: Various residents stated they want potatoes on the menu but would like them to be prepared differently, fried potatoes, baked etc. (continued for March)
  2. On 07/26/17: Various residents stated they want potatoes on the menu but would like them to be prepared differently fried (sic) potatoes, baked etc. (continued for March)
  3. On 08/30/17: (Name of R #68) as well as other residents who have stated in previous meetings state that they only have a choice of mashed potatoes. They would like a choice between fried potatoes, baked potatoes, or french fries. (Name of R #68) states that everyone receives the same meal and that everyone has different illnesses.
  4. On 09/18/17 at 10:02 am, during an interview with R #69's Parole Officer, he stated, the facility's restrictions on (Name of R #69) are no court ordered. There are no restrictions on him to stay in his room, or in the facility, or to be monitored. The only restriction is if he moves to another location he has to let me know within 48 hours.
  5. On 09/22/17 at 8:30 am, during an interview with R #69's Parole Officer, he stated, the facility's restrictions on (Name of R #69) are no court ordered. There are no restrictions on him to stay in his room, or in the facility, or to be monitored. The only restriction is if he moves to another location he has to let me know within 48 hours.

F 0252

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

- **F 0252**
  - Based on observation and interview, the facility failed to ensure that personal items brought into the facility were kept secure for (1) (R #109) resident reviewed for missing personal items. This deficient practice could likely cause residents to lose faith in the security of their belongings, and a reluctance for them to have additional personal items brought in by family. The findings are:
  1. On 09/22/17 at 8:55 am, during observation and interview with R #109, he was sitting in his wheelchair with a sheet
(continued... from page 2)

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

[NAME] On 09/21/17 at 3:22 pm, during an interview with Certified Medicinal Aide (CMA) #1, she stated that the resident was not updated to reflect that R #57 is in the RNP. [NAME] On 09/21/17 at 2:27 pm, during an interview with Certified Nurse Aide (CNA) #3, she stated that the resident was not updated to reflect that R #57 is in the RNP.

F. On 09/22/17 at 9:43 am, during an interview with IM in R #109's bathroom, she confirmed that the resident was not updated to reflect that R #57 is in the RNP.

Conduct initial and periodic assessments of each resident's functional capacity. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

Allow the resident the right to participate in the planning or revision of the resident's care plan.

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

Make sure services provided by the nursing facility meet professional standards of quality.

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 0281

Level of harm - Minimal or potential for actual harm

Residents Affected - Some

1. Crushing an extended release medication for R #68
2. Not having ordered medications available at the time of administration for R #69
3. Leaving a medication at the bedside of R #69

These deficient practices are likely to result in the residents not receiving the intended therapeutic relief from the medications as ordered by the prescriber. The findings are:

Findings related to R #68

[NAME] On 09/19/17 at 2:50 pm, during observation and interview, Certified Medication Aide (CMA) #1 dispensed a [MEDICATION NAME] (Anti-epileptic medication) XR (Extended Release) 300 mg (milligrams) into a packet and mixed the crushed [MEDICATION NAME] XR medication into Resource (liquid supplement). CMA #1 stated at the time of preparation that she crushes all medications for the resident because it is easier for the resident to swallow. CMA #1 then administered medications to R #68.

B. Record review of the Manufacturer's Medication Guide revealed 09/17/17 revealed that [MEDICATION NAME] XR should be swallowed whole, not chewed, split or crushed.

Findings related to R #69

C. Record review of the Physician order [REDACTED]>-1. Potassium [MEDICATION NAME] (to increase urine acidity to prevent urinary tract infections), powder, one packet daily.

2. Tudorza Press (for shortness of breath) 400 mcg (micrograms) one puff daily.

D. On 09/19/17 at 8:30 am during observation and interview, CMA #1 reviewed the Medication Administration Record [REDACTED]

1. Neither Potassium [MEDICATION NAME] packet nor Tudorza Inhaler were available in the medication cart.

2. CMA #1 [MEDICATION NAME] resource to the Tudorza Inhaler due to medications not being available. She stated neither medication had been available for quite some time. She wrote on the back of the MAR indicated [REDACTED]. When asked when or if the medications would be available, she stated that she didn't know.

E. Record review of the Physician order [REDACTED]

E. On 09/19/17 at 8:30 am, during observation, CMA #1 removed the [MEDICATION NAME] from the medication cart and took the vial into R #69's room. There she emptied the vial into R #69's jet nebulizer. She placed the nebulator and mask on R #69's side table. R #69 was laying in bed. CMA #1 informed R #69 that the medication was available and on the side of the bed for R #69 to self-administer.

F 0323

Level of harm - Minimal or potential for actual harm

Residents Affected - Some

Make sure that the nursing home area is free from accident hazards and risks and provides supervision to prevent avoidable accidents.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on observation, interview and record review, the facility failed to ensure that the resident environment is free from smoking related accident hazards 2 (R #45 and 88) out of 6 (R # 32, 39, 45, 52, 68 and 88) residents reviewed for accidents by:

1. Not completing safe smoking assessments upon admission for R #45 and 88.
2. Not ensuring R #45 and 88 are supervised while smoking.
3. Allowing R #45 to keep her lighter.

If the facility is not ensuring that the environment is safe, that smoking assessments are completed, and that supervision is provided when needed, then residents are likely to be at risk of accident hazards. The findings are:

Findings related to not completing safe smoking assessments upon admission:

Findings related to R #45 and R #88:

[NAME] Record review of the Safe Smoking Data Set for R #45 indicates this assessment was completed on 09/17/17; however, R #45 was admitted on [DATE].

B. Record review of the Safe Smoking Data Set for R #88 indicates this assessment was completed on 09/17/17; however, R #88 was admitted on [DATE].

C. On 09/21/17 at 11:34 am, during an interview with the Director of Nursing (DON), she confirmed the that safe smoking assessments were not completed upon admission for R #45 and R #88.

Findings related to not ensuring residents are supervised while smoking:

D. On 09/17/17 at 7:31 pm until 7:40 am, during a random observation, R #45 and 88 were observed smoking in the outside patio area and were unattended by any staff.

E. On 09/17/17 at 7:40 pm during observation and interview, CMA #5 walked out onto the patio and stated, I'm sorry, I'm late. I usually am out here with them (residents) but I lost track of time. They (residents that smoke) should not be out here alone, staff should always be out here with them.

F. On 09/20/17 from 8:34 to 8:36 am, during random observation, R #88 was sitting in the smoking area, without any supervision, smoking a cigarette.

[NAME] On 09/20/17 at 10:05 am, during an interview with the DON, she confirmed that residents should be supervised while they are smoking by stating, Yes, there is a staff member present during designated smoking times.

Findings related to residents keeping their lighters:

H. On 09/19/17 at 10:15 am, during an interview with the Administrator, she stated, They (residents) shouldn't be keeping their lighters.

I. On 09/19/17 at 10:42 am, during observation and interview with R #45, when asked if she was able to keep her lighter, she stated, Yes and pulled out 2 lighters from her bedside drawer to show the surveyor.

[NAME] Record review of the Silver City Care Center Smoking Policy dated 05/14/17 revealed

1. All residents who smoke will be assessed using the Safe Smoking Assessment form upon admission, quarterly and with a significant change in condition to determine any special smoking needs. Resident specific smoking needs will be addressed in the resident's plan of care.

10. All lighters must be secured at the Nurses Station or other location designated by the facility. Lighters must be readily accessible to the assessed safe smokers 24/7 upon request.

11. Lighters will be returned by the resident to the charge nurse or other person as determined by the facility immediately upon returning from designated smoking area.

F 0329

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

1) Make sure that each resident’s drug regimen is free from unnecessary drugs; 2) Each resident’s entire drug regimen is managed and monitored to achieve highest well being.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on observation, interview and record review, the facility failed to ensure that each residents' drug regimen is free from unnecessary medications for 1 (R #68) of 5 (R #18, 21, 33, 61 and 88) residents reviewed during unnecessary medications, by not documenting behaviors or potential side effects warranting the need for the psychoactive medications. If the facility is not adequately monitoring residents' symptoms warranting the need for psychoactive medications, then residents may be receiving these medications unnecessarily and could likely experience adverse side effects and not receive the desired therapeutic effect. The findings are:

[NAME] On 09/09/17 at 10:22 am, during observation in the locked unit, R #66 was continuously pacing and inability to sleep. Between 09/01/17 and 09/21/17 these behaviors were not monitored 6 out of 20 opportunities.
For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

<table>
<thead>
<tr>
<th>(X1) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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**F 0329**

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

(continued... from page 4)

D. On 09/21/17 at 10:39 am, during an interview with Licensed Practical Nurse (LPN) #2, she confirmed that the staff should be monitoring behaviors everyday and noting if they are not committing any behavior (e.g., yes, someone should have marked that they had eyes on her (been monitoring her behaviors on the behavior sheet).

E. On 09/21/17 at 5:22 pm, during interview with Director of Nursing (DON), when asked if the behavior/intervention monthly flow record should be completed everyday she stated, Yes, every day, every shift. These are supposed to be complete at all times.

**F 0367**

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

Make sure that special or therapeutic diets are ordered by the attending doctor.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on observation, interview and record review, the facility failed to provide a therapeutic diet for 1 (R #24) of 1 (R #24) resident reviewed during random observation, by not providing a renal diet (diet to compensate for the lack of kidney function which limits proteins, phosphorus and potassium) as ordered by the physician. If the facility is not ensuring that residents are not being served therapeutic diets, then residents are likely to experience a decline in health. The findings are [NAME] Record review of the Physician orders [REDACTED] #24 has a [DIAGNOSES REDACTED].

B. On 09/19/17 at 11:45 am, during lunch dining observation and interview. R #24 was served a lunch tray which consisted of Spaghetti with marinara sauce and Italian sausage and a white dinner roll. During interview with R #24 he confirmed that he was not provided a choice of lunch meal.

C. Record review of the CNA (Certified Nurse Aide) ADL (Activities of Daily Living) Tracking Form dated 09/19/17 revealed that R #24 consumed 50% of his lunch meal.

D. On 09/19/17 at 11:47 am, during interview with Dietary Manager, he stated, No, someone on a renal diet shouldn’t be given tomato sauce. He further stated, He (R #24) came by and asked for that (spaghetti and marinara) so that is what he was served.

E. On 09/19/17 at 11:48 am, during interview with R #24, he stated, I didn’t ask for this (spaghetti and marinara). I dont like pasta and this sauce is awful.

**F 0371**

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Based on record review, observation, and interview, the facility failed to ensure that food was served and stored under sanitary conditions for all 71 residents on the census list provided by the Administrator on 09/17/17. If the facility doesn’t ensure food preparation, food service and food storage under sanitary conditions, then residents are likely to be exposed to food borne illness.

On 09/17/17 5:04 pm, during initial tour of the facility kitchen, the facility failed to:

1. Ensure food items were kept on ice.
2. Ensure food items in the refrigerator were labeled and dated.
3. Ensure food items in the refrigerator were labeled and dated.
4. Ensure food items were kept away from the serving line.
5. Ensure refrigerators/freezer logs were complete.
6. Ensure refrigerators/freezer logs were complete.
7. Ensure that food set out for residents consumption was kept on ice.

Findings related to food items:

- On 09/17/17 5:04 pm, during observation of facility kitchen, the following was observed. Certified Medication Aide (CMA) #2 and Activities Assistant (AA) #1 were observed standing next to the serving line and were not wearing hair restraints. Cook #1 was not wearing a beard guard.
- On 09/17/17 5:31 pm, during observation, cook #1 was not wearing a beard guard.
- On 09/17/17 5:07 pm, during an interview with CMA #2 and AA #1, they confirmed they should not have been in the facility kitchen without a hair restraint.
- On 09/17/17 5:40 pm, during an interview with Dietary Manager (DM), he confirmed they (staff) should not have been in the facility kitchen without hair restraints.
- On 09/17/17 5:30 pm, during an interview, he confirmed, Personal telephones should not be on the serving line. Findings related to re-serving a dinner plate:
- On 09/17/17 5:04 pm, during observation, a personal cell phone was observed sitting on the plate warmer.
- On 09/17/17 5:05 pm, Cook #1 confirmed it was his personal cell phone and it should not have been sitting on the plate warmer next to the plates that were being used to serve dinner.
- On 09/17/17 5:40 pm, during an interview with DM, he stated, Personal telephones should not be on the serving line.
- On 09/17/17 5:40 pm, during an interview with DM, he confirmed, Personal telephones should not be on the serving line. Findings related to personal items:
- On 09/17/17 5:04 pm, during observation, a personal cell phone was observed sitting on the plate warmer.
- On 09/17/17 5:05 pm, Cook #1 confirmed it was his personal cell phone and it should not have been sitting on the plate warmer next to the plates that were being used to serve dinner.
- On 09/17/17 5:40 pm, during an interview with DM, he confirmed they (staff) should not have been in the facility kitchen without hair restraints.

**G 0250**

Level of harm - Minimal harm or potential for actual harm, Could result in death or permanent disability.

Residents Affected - Some

On 09/19/17 at 11:45 am, during lunch dining observation and interview, R #24 was served a lunch tray which consisted of Spaghetti with marinara sauce and Italian sausage and a white dinner roll. During interview with R #24 he confirmed that he was not provided a choice of lunch meal.

On 09/19/17 at 11:47 am, during interview with Dietary Manager, he stated, No, someone on a renal diet shouldn’t be given tomato sauce. He further stated, He (R #24) came by and asked for that (spaghetti and marinara) so that is what he was served.

On 09/19/17 at 11:48 am, during interview with R #24, he stated, I didn’t ask for this (spaghetti and marinara). I dont like pasta and this sauce is awful.

---

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

B. On 09/19/17 at 11:45 am, during lunch dining observation and interview, R #24 was served a lunch tray which consisted of Spaghetti with marinara sauce and Italian sausage and a white dinner roll. During interview with R #24 he confirmed that he was not provided a choice of lunch meal.

C. Record review of the CNA (Certified Nurse Aide) ADL (Activities of Daily Living) Tracking Form dated 09/19/17 revealed that R #24 consumed 50% of his lunch meal.

D. On 09/19/17 at 11:47 am, during interview with Dietary Manager, he stated, No, someone on a renal diet shouldn’t be given tomato sauce. He further stated, He (R #24) came by and asked for that (spaghetti and marinara) so that is what he was served.

---

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

**G 0250**

Level of harm - Minimal harm or potential for actual harm, Could result in death or permanent disability.

Residents Affected - Some

---

On 09/19/17 at 11:45 am, during lunch dining observation and interview, R #24 was served a lunch tray which consisted of Spaghetti with marinara sauce and Italian sausage and a white dinner roll. During interview with R #24 he confirmed that he was not provided a choice of lunch meal.

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B. On 09/19/17 at 11:45 am, during lunch dining observation and interview, R #24 was served a lunch tray which consisted of Spaghetti with marinara sauce and Italian sausage and a white dinner roll. During interview with R #24 he confirmed that he was not provided a choice of lunch meal.

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On 09/19/17 at 11:48 am, during interview with R #24, he stated, I didn’t ask for this (spaghetti and marinara). I dont like pasta and this sauce is awful.
Maintain drug records and properly mark/label drugs and other similar products according to approved professional standards.

Based on observation and interview, the facility failed to:
1. Ensure that the expired medications were not removed and not available to be administered.
2. Ensure that the medications were being stored at the appropriate temperature. These deficient practices are likely to affect all 74 residents identified on the Census list provided by the administrator of 09/17/17. If the facility is not ensuring that items are labeled and dated, that sterile supplies are not sealed and report any irregularities to the attending doctor.

Findings related to R #33:
- **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

**A. RECORD REVIEW OF MEDICATION REGIMEN REVIEW (MRR)**

1. Review of Physician's orders [REDACTED].

**B. RECORD REVIEW OF MEDICATION REGIMEN REVIEW (MRR)**

1. Review of Physician's orders [REDACTED].

**C. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**D. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**E. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**F. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**G. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**H. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**I. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**J. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**K. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**L. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**M. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**N. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**O. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**P. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**Q. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**R. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**S. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**T. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**U. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**V. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**W. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**X. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**Y. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].

**Z. RECORD REVIEW OF RECOMMENDATION SUMMARY FOR DON (DIRECTOR OF NURSING) AND MEDICAL DIRECTOR**

1. Review of Physician's orders [REDACTED].
For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

**F 0431**

**Level of harm - Minimal harm or potential for actual harm**

**Residents Affected - Some**

**[NAME] Record review of the facility’s Charting and Documentation Policy revised (MONTH) 2008 revealed:**

1. All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented. The findings reveal that 1 (R #55) of 4 (R #2, 37, 88 and 92) residents were not documented.

2. All incidents, accidents, or changes in the resident's condition must be recorded. The findings reveal that 1 (R #55) of 4 (R #2, 37, 88 and 92) residents were not documented.

B. On 09/20/2017 at 8:35 am, during an interview with the Director of Nursing (DON), she stated, The inventory was not completed. The inventory should be maintained between 38-46 degrees.

C. On 09/20/17 at 8:45 pm, during an observation of the 200 wing, medication cart the following was observed:

1. A bottle of Novolin (insulin-used to control high blood sugar)100 units reveals discarded after 42 days. A written note on the bottle read opened 07/27/17

2. A medication bubble pack of Lorazepam (anti-anxiety medication) had mg for had an expiration date of 12/2017.

3. A medication bubble pack of hydrocodone-acetaminophen (pain medication) for reveals an expiration date of 08/2017

D. On 09/20/17 at 8:46 pm, during an interview with the RQM (Regional Quality Manager), she confirmed that the medication (Novolin) was expired and should be removed from the medication cart.

E. On 09/20/2017 at 8:58 pm, the DON confirmed, the medication Lorazepam and the medication hydrocodon-acetaminophen were expired and the Lorazepam should have been refrigerated.

**F 0441**

**Level of harm - Minimal harm or potential for actual harm**

**Residents Affected - Some**

A. Building ______

B. Wing ___

C. On 09/18/2017 at 3:10 pm during interview with R #109, when asked why there was a need for the medical shelving unit he stated, It was used to hold contact precaution supplies (ie. gloves, gowns, masks and booties) however there were no supplies in the shelf unit. There was no contact precaution sign indicating R #109 was on contact precautions.

D. On 09/20/17 at 8:39 am, during observation and interview, the surveyor observed Registered Nurse (RN) #1 enter R #37’s room and administer medications to R #37 without wearing gloves, gown, mask or booties. When asked if R #37 was on contact precautions she stated, I don’t know. She turned to Licensed Practical Nurse (LPN) #3 and asked if R #37 was on any precautions, he replied Yes, for [DIAGNOSIS REDACTED] she turned back to the surveyor and stated Yes, she is on precautions for [DIAGNOSIS REDACTED]. She confirmed that she had contact with R #37 and did not use the proper contact precaution supplies and did not wash her hands immediately after leaving R #37’s room.

F. On 09/20/17 at 1:48 pm, during observation of Housekeeping staff (HS) #1 leaving R #37’s room after cleaning the room, she placed the gloves and booties she was wearing in her cart trash bag and proceeded to R #89’s room without washing her hands.

**F 0514**

**Level of harm - Minimal harm or potential for actual harm**

**Residents Affected - Some**

A. Building ______

B. Wing ___

C. On 09/18/17 at 7:35 pm, during random observation, a small plastic container with drawers holding contact precaution supplies was outside R #37’s room, however there was no contact precaution sign indicating R #37 was on contact precautions. E. On 09/20/17 at 8:39 am, during observation and interview, the surveyor observed Registered Nurse (RN) #1 enter R #37’s room and administer medications to R #37 without wearing gloves, gown, mask or booties. When asked if R #37 was on contact precautions she stated, I don’t know. She turned to Licensed Practical Nurse (LPN) #3 and asked if R #37 was on any precautions, he replied Yes, for [DIAGNOSIS REDACTED] she turned back to the surveyor and stated Yes, she is on precautions for [DIAGNOSIS REDACTED]. She confirmed that she had contact with R #37 and did not use the proper contact precaution supplies and did not wash her hands immediately after leaving R #37’s room.

F. On 09/20/17 at 8:39 am, during observation of the 200 wing medication room, the room/refrigerator temperature log dated 09/01/17 to 09/20/17 reveals, Refrigerator range: 38 to 42 degrees (Fahrenheit). There were 40 out of 42 documented temperatures documented as being out of the proper temperature range.

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C. On 09/20/17 at 8:45 pm, during an observation of the 200 wing, medication cart the following was observed:

1. A bottle of Novolin (insulin-used to control high blood sugar)100 units reveals discarded after 42 days. A written note on the bottle read opened 07/27/17

2. A medication bubble pack of Lorazepam (anti-anxiety medication) had mg for had an expiration date of 12/2017.

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D. On 09/20/17 at 8:46 pm, during an interview with the RQM (Regional Quality Manager), she confirmed that the medication (Novolin) was expired and should be removed from the medication cart.

E. On 09/20/2017 at 8:58 pm, the DON confirmed, the medication Lorazepam and the medication hydrocodon-acetaminophen were expired and the Lorazepam should have been refrigerated.
Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Findings for R #55:

B. Record review of Face Sheet dated 01/19/17 revealed a diagnosis (Dx) of: Pneumonia, Gastroparesis (a disorder that occurs when the stomach takes too long to empty food), Fever, [MEDICAL CONDITION], Hypertension, [MEDICAL CONDITION], loss of ability to understand or express speech), Type 2 Diabetes, [MEDICAL CONDITIONS], Gastro-[MEDICAL CONDITION] reflux disease, [MEDICAL CONDITION], Anxiety disorder, [MEDICAL CONDITION], cough, Major [MEDICAL CONDITION], fracture of right acetabulum (the socket of the hipbone), [MEDICAL CONDITION], pain, and shortness of breath.

C. Record review of Medication Administration Record [REDACTED]

1. [MEDICATION NAME] R 100 units/ml (milliliters) sliding scale for a [DIAGNOSES REDACTED].

2. Check [DEVICE] (medical device used to provide nutrition to patients who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation) residuals every 6 hours at 12:00 am, 6:00 am, 12:00 pm and 6:00 pm was documented as having been completed on 09/14/17 at 12:00 pm, and 09/17/17 at 12:00 am and 6:00 am.

D. Record review of MAR indicated [REDACTED]

1. [MEDICATION NAME] R 100 units/ml (milliliters) sliding scale for a [DIAGNOSES REDACTED].

2. Check [DEVICE] residuals every 6 hours at 12:00 am, 6:00 am, 12:00 pm and 6:00 pm was documented 118 times out of 124 opportunities.

3. [MEDICATION NAME] 1.5 (a calorically dense unique fiber blend that provides complete, balanced nutrition for tube feeding.) liquid on at 2100 (9:00 pm) and off at 9:00 am was not documented as being removed on 08/26/17 at 9:00 am.

4. [MEDICATION NAME] Tatrate 25 milligrams (mg) tablet to be given at 12.5 mg twice daily for a [DIAGNOSES REDACTED].

was not documented as given or held on 08/13/17 at 8:00 pm, no blood pressure reading was documented on this date for this resident.

E. Record review of MAR indicated [REDACTED]

1. [MEDICATION NAME] Tatrate 25 mg tablet to be given at 12.5 mg twice daily for a [DIAGNOSES REDACTED].

2. [MEDICATION NAME] R 100 units/ml sliding scale for a [DIAGNOSES REDACTED].

3. Flush tube with 200 ml water 4 times daily was not documented as having been completed on 07/21/17 at 12:00 pm and 6:00 pm.

F. Record review of Behavior/Intervention Monthly Flow Record for (MONTH) (YEAR) revealed no documented behaviors, interventions or outcomes documented on 07/08/17 thru 07/11/17, 07/15/17, 07/22/17 and 07/26/17.

NAME] Record review of Behavior/Intervention Monthly Flow Record for (MONTH) (YEAR) revealed no documented behaviors, interventions or outcomes documented on 06/03/17, 06/04/17, 06/05/17, 06/17/17, 06/24/17, 06/29/17 and 06/30/17.

H. Record review of [DEVICE] Intake documentation revealed no documentation of intake on 08/19/17, 08/26/17, 09/01/17, 09/02/17, 09/03/17, 09/04/17, 09/05/17, 09/06/17, 09/07/17, 09/08/17, 09/09/17, 09/10/17, 09/11/17, 09/12/17, and 09/13/17.

I. Record review of Care Plan updated 08/16/17 revealed:

1. Risk for alteration in fluid balance related to dysphagia, tube feeding. Notify MD, family, responsible party of changes as needed.

Provide 270 ml water flush every 4 hrs.


4. [MEDICATION NAME] R 100 units/ml sliding scale for a [DIAGNOSES REDACTED].

5. [MEDICATION NAME] R 100 units/ml (milliliters) sliding scale for a [DIAGNOSES REDACTED].

6. [MEDICATION NAME] Tatrate 25 milligrams (mg) tablet to be given at 12.5 mg twice daily for a [DIAGNOSES REDACTED].

7. Flush tube with 200 ml water 4 times daily was not documented as having been completed on 08/13/17 at 8:00 pm, no blood pressure reading was documented on this date for this resident.

K. On 09/02/17 at 9:47 am, during an interview, Registered Nurse (RN) #1 confirmed the information on the MAR for (MONTH) (YEAR) was incomplete.

M. [DEVICE] was documented 118 times out of 124 opportunities.

N. [DEVICE] was documented 118 times out of 124 opportunities.

O. [DEVICE] was documented 118 times out of 124 opportunities.

P. [DEVICE] was documented 118 times out of 124 opportunities.