



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered  
October 17, 2016

Ms. Brooke Dillon, Administrator  
Golden LivingCenter - Meadow Lane  
2209 Utah Avenue  
Benson, Minnesota 56215

Subject: Golden LivingCenter - Meadow Lane - IDR  
CMS Certification Number (CCN): 24 5313  
Project Number: S5313026

Dear Ms. Dillon:

This is in response to your letter of May 25, 2016, in regard to your request of an informal dispute resolution (IDR) for the federal deficiency at tag F 314 42 CFR §483.25(c) Pressure Sores, issued pursuant to the survey event NH3C11, completed on April 29, 2016.

The information presented with your letter, the CMS 2567 dated April 29, 2016 and corresponding Plan of Correction, as well as survey documents and discussion with representatives of L&C staff have been carefully considered and the following determination has been made:

F314 S/S – G

42 CFR §483.25(c) Pressure Sores

Based on the comprehensive Assessment of a resident, the facility must ensure that—

1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and
2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

Summary of facility's reason for IDR of tag F314:

The facility indicates the requirements under 483.25(c) were met because they assert there is clear evidence and documentation exists and supports that the area on buttocks (gluteal fold) for resident (R24) is NOT a current unstageable pressure ulcer but an erosive dermatitis. Thus R24 did not sustain actual harm as defined under tag F314. The facility request the removal of citation issued at F314.

**Summary of facts:**

R24 was admitted to the facility on December 12, 2013, from an acute care hospital stay.

Surveyor notes from CMS 2567 tag F314 read, On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to reposition during the entire observation (a total of 2 hours and 56 minutes).

On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation (a total of 2 hours and 34 minutes).

R24's comprehensive annual Minimum Data Set (MDS) dated December 9, 2015 assessed R24 as being at risk for developing pressure ulcers. "Functional Status showed R24 was assessed to need 2 to 3 staff support to meet activities of daily living (ADLs) needs. Was assessed to be always incontinent (no episodes of continent voiding) and no toileting program in place. Also to be cognitively impaired at a severe range. The Care Area Assessment dated December 9, 2015 included a history of skin concerns related to a bullous disorder which show as elevated, fluid-filled blisters greater or equal to 10 millimeters in diameter. Clinically, the earliest lesions may appear urticarial (like hives). Tense bullae eventually erupt, most commonly at the inner thighs and upper arms, but the trunk and extremities are frequently both involved. Any part of the skin surface can be involved.

The quarterly MDS dated March 1, 2016 R24 was assessed to include no current pressure ulcers, at risk to develop pressure ulcers, activities of daily living (ADLs) status no change and incontinence had improved to frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of content voiding) and again is not on a toileting program schedule.

A quarterly and significant change tissue tolerance review notes, dated March 1, 2016 included, Quarterly Tissue Tolerance review. No tissue tolerance (an assessment to determine how long pressure on/over bony prominences can remain before damage to tissue could develop) concerns identified at this time. R24 does have open areas on buttocks that were blanchable (blood flow returns quickly after pressure applied by finger). R24 is prone to excoriation (act of abrading or wearing off the skin). Braden score is 14 which indicated high risk of developing ulcers, current medications, and diagnosis of dementia with behavioral disturbance, bullous disorder, hypertension and diabetes. History of non-pressure skin concerns, limited mobility and assist needed with mobility, sitting for long periods, needs extensive assist with bed mobility, transfer, and toileting. Interventions include pressure relieving mattress on bed and pressure relieving cushion in wheelchair. Skin checks with cares, licensed nurse to assess skin with weekly shower. Treatment for skin concerns as ordered by medical doctor, reposition resident every 2 hours while in bed and in wheelchair. Tissue Tolerance Testing form used by the facility to determine repositioning needs dated 4/4/16 from 9 p.m. to 11 p.m. showed skin red, blanches with gentle pressure, reposition every two-hours.

The Weekly Skin Review dated March 30, 2016 included, "Resident has a pre-existing open area on her coccyx area that measures 2.5 cm L [long] X 0.7 cm W [wide] and is shallow with a slough covered wound bed."

Physician visit dated March 10, 2016 included observation of skin breakdown on the left side of her gluteal fold. There is a surrounding are of erythema which represents earlier skin breakdown was as clear somewhat. The only one is an area about 4.5 centimeters by 2 centimeters in the middle which was a layer of eschar (Eschar is a collection of dead tissue within the wound that is flush with the surface of the wound) over the top. Staff used Mepilex bandage treatment but the nurses felt it was keeping area to wet. Physician had encouraged staff to keep open to air more to dry out site especially after it sits in moisture such as if she had just voided or had a bowel movement the problem is more noticeable. The "Assessment: 1. Pressure sore on the right side of gluteal fold." Order Summary Report dated April 13, 2016 included doctors' orders for "Butt cream to coccyx erosion BID [twice daily]/healed." And "Continue wound pack as ordered."

The facility provided progress notes from R24's certified nurse practitioner who worked with R24's primary physician visit/assessment dated 4/28/16 at 2:00 p.m. which included in her physical exam an observation of a right gluteal fold located parallel and approximately 2 centimeters (CM) to the right of the intergluteal cleft with is approximately 2 cm by 5 cm open lesion. Surrounding the lesion is a 2 cm annular area of flaking skin. This area is not on a bony prominence and to view the lesion the fold must be lifted. The wound is beefy red around the edges, which are not rolled. There is a small amount of slough in the center of wound. No drainage, odor erythema or induration to the site. Assessment: Erosive dermatitis.

Also provided by the facility was a letter completed by R24's primary physician dated 5/20/2016 in regards to R24's skin concern located on the left buttock fold. The doctor included he had been taking care of R24 for many years, clarified in his notes of his visit dated 4/19/16 he mistakenly described the lesion in progress note as a level III ulcer, but on re-view of that description of the wound he felt it was mislabeled as there was no evidence of subdermal or muscle damage and no evidence of penetration of the subdermal layer and referencing a well-accepted medical resource it is more accurately described as a level 1 erosions as caused by shear effect in a situation which there is excessive moisture and that often these occur in area other than those with bony prominence, As R24 is incontinent of urine and stool, those conditions could exist in the area of the area of the described erosion and he (R24's doctor) feels that a level 1 erosion in reevaluation is an accurate description of the buttock fold open wound.

#### Summary of findings:

After reviewing F314 citation, documents provided after the exit from the facility and the medical doctor, interview with the administrator, Director of nursing, surveyor who was the author of the citation and the supervisor and assistant program manager these are my findings.

The physician and certified nurse practitioner had determined the open wound located on the right buttocks (gluteal fold) is an erosion over an area that had sustained skin damage due to bullous disorder. This open skin wound does not meet the definition of a pressure ulcer according to F314.

Having said this, R24's findings meets the definition according to the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual version 1.13 dated October 2015, as a chronic erosion/s as

a moisture associated skin damage (MASD) according to MDS 3.0 M1040: Other ulcers, wounds and skin problems. The definition reads, "Moisture associated skin damage (MASD) is a result of skin damage caused by moisture rather than pressure. It is caused by sustained exposure to moisture which can be caused, for example, by incontinence, wound exudate and perspiration. It is characterized by inflammation of the skin, and occurs with or without skin erosion and/or infection. MASD is also referred to as incontinence-associated dermatitis and can cause other conditions such as intertriginous dermatitis, periwound moisture-associated dermatitis, and peristomal moisture-associated dermatitis. Provision of optimal skin care and early identification and treatment of minor cases of MASD can help avoid progression and skin breakdown."

Also R24 was assessed on quarterly MDS dated 3/13/16 section H to be frequently incontinent with less than 7 episodes of incontinence and occasional bowel incontinence and interventions for bowel and bladder were to offer toileting with every two hour repositioning which went over the two hours limit on 4/26/16 and again on 4/27/16. Also was assessed under section G to need extensive assistance with toilet use, hygiene assistance and bed mobility.

This is not a valid deficiency under F314 and will be moved in its entirety to F309 and will stay at a scope and severity level of G due to bowel/bladder services not being provided according to assessed needs.

F309 S/S – G

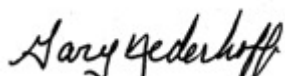
42 CFR §483.25 Quality of Care

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 concludes the Minnesota Department of Health informal dispute resolution process.

Please note it is your responsibility to share the information contained in this letter and the results of this review with the President of your facility's Governing Body.

Sincerely,



Gary Nederhoff, Unit Supervisor  
Licensing and Certification Program  
Health Regulation Division  
Gary.nederhoff@state.mn.us  
Telephone: 507-206-2731 Fax: 507-206-2711

cc: Office of Ombudsman for Long-Term Care  
Maria King, APM, Assistant Program Manager  
Licensing and Certification File

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

PRINTED: 10/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p> <p>A recertification survey was conducted and complaint investigation(s) were also completed at the time of the standard survey. "</p> <p>An investigation of complaints H5313026 and H5313029 was completed. Both complaints was substantiated. Deficiencies issued at F241, F242, F282, F312, F309 and F353.</p> <p>An investigation of complaint H5313028 was completed and found not to be substantiated.</p> <p>Be advised, this CMS 2567 has been modified as a result of an informal dispute resolution (IDR). As a result of the IDR, the survey findings were upheld however, F314 findings were moved to F309 as it was determined the skin breakdown was more accurately described as a moisture associated maceration versus a pressure ulcer.</p> <p>F 241 SS=D 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p>	F 000		
		F 241		6/8/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>05/20/2016</b>
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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 241	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to provide cares to maintain dignity for 2 of 2 residents (R5, R30) reviewed for dignity.</p> <p>Findings include:</p> <p>R5's quarterly Minimum Data Set (MDS) dated 2/18/16, identified R5 was cognitively intact and had a diagnoses which included depression, myositis and osteoarthritis. The MDS identified R5 required extensive assistance with activities of daily living. Additionally, the MDS noted R5 to be oriented. Further, the MDS indicated R5 was frequently incontinent of bowel. R5's annual MDS dated 8/20/15, indicated R5 was always continent of bowel.</p> <p>Review of R5's care plan dated 9/10/13, revealed R5 required extensive assistance of one staff and standing lift for transfers, extensive assistance of one staff for toileting, bed mobility and bathing. R5's care plan indicated an alteration in elimination of bowel and bladder, used briefs/pads for incontinence protection and staff to provide one assist with standing lift as needed to toilet.</p> <p>During interview on 4/28/16, at 10:46 a.m., R5 reported he was pretty independent, but required</p>	F 241	<ol style="list-style-type: none"> <li>1. Resident interviews were completed R5 and R30 to identify preferences in care. Plan of care was reviewed and updated as indicated for both residents.</li> <li>2. To ensure residents are receiving care in a dignified manner: staff education in regards to resident rights and dignity. Resident interviews completed on Choices and Dignity with interviewable residents. Resident interviews and observations are completed quarterly and PRN with changes updated on care plan and NAR sheets.</li> <li>3. Weekly audits to include: call light, room appearance audit, resident care observation and resident interview audits completed by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</li> <li>4. Results will be reviewed monthly at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</li> </ol>		

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F 241	<p>Continued From page 2</p> <p>assistance from staff and the mechanical lift to get to the toilet for bowel movements. R5 stated he doesn't make it as often as he used to, because the staff do not answer his call light in time, so he was incontinent of stool. R5 reported there were three nursing assistants working at the facility now, but that was not what normally happened. R5 stated it was because survey was going on. R5 stated the workers at the facility work very hard, the nursing assistants "ran around like crazy, there just isn't enough [nursing assistants]". R5 stated sometimes he waited for 30 minutes for someone to answer the call light. R5 reported he really had to wait a long time on the night shift, in the early morning hours. R5 confirmed on 4/27/16, he put the call light on at 4:25 a.m., and nobody answered it until 5:00 a.m.. R5 reported "it was too late" as he had been incontinent of stool. R5 stated he had expressed his concerns of being incontinent of bowel due to the lack of staff to facility management at his care conferences. He was told if he didn't like it at the facility, maybe he should move. R5 stated he has had to use his cell phone to call the nurses station to summon help because they don't answer the call light. R5 reported he now wore a "diaper", and stated he never used to wear one. He stated he wore the incontinence product as it made personal cares easier if he was incontinent of stool.</p> <p>On 4/29/16 at 9:52 a.m., R5 reported he had his call light on that morning at 5:45 a.m., and by the time staff answered it he was already incontinent of stool, then stated, nobody liked to be incontinent of stool. R5 again expressed the facility did not have enough staff scheduled and he had been more incontinent of stool because of it. R5 stated he had a bowel movement every</p>	F 241			

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F 241	<p>Continued From page 3</p> <p>morning. It was very predictable, and it wouldn't be that difficult to figure out to know when to toilet him.</p> <p>On 4/29/16 at 9:45 a.m., nursing assistant (NA)-B confirmed R5 did have incontinent bowel movements once in a while, usually early in the mornings. NA-B stated R5 was able to tell staff when he needed to get to the bathroom. NA-B reported staff often do not get to R5's call light, because there was not enough staff. NA-B confirmed R5 did seem embarrassed when he was incontinent of bowel. NA-B then stated R5 was more incontinent of stool. NA-B reported R5 had his light on today when she got to work early this morning. NA-B stated night shift staff did not get to him in time and R5 had already been incontinent of bowel. NA-B stated when she worked she went to R5 right away in the morning and asked him if he was ready to use the bathroom, in an effort to anticipate his needs so he was not incontinent of bowel.</p> <p>On 4/29/16 at 12:05 p.m., licensed practical nurse (LPN)-A reported R5 was usually continent of his bowels, but did wear an incontinent product in case he did not make it to the toilet in time. LPN-A confirmed R5 was aware of his need to have a bowel movement and would summon help by activating his call light. LPN-A confirmed there have been times when staff have not answered R5's call light in time which resulted in incontinent episodes. LPN-A stated if staff answered R5's call light in time he was continent of bowel. LPN-A confirmed R5 required assist of one staff and a mechanical lift to transfer to the toilet. LPN-A stated when R5 did have incontinent bowel movements he became very upset and embarrassed. R5 readily voiced his concerns to</p>	F 241			



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F 241	<p>Continued From page 4 staff.</p> <p>On 4/29/16 at 11:12 a.m., the director of nursing (DON) and social worker (SW) confirmed they were both aware of R5's concerns of having bowel movements in his pants and bed due to staff not answering his call light timely. They reported R5 voiced his concern again regarding the same issue in the resident council meeting on 4/26/16. Both the DON and SW stated they felt R5's complaint was more of a behavioral thing, and referred to R5's care plan.</p> <p>A facility policy was requested regarding honoring ensuring dignified treatment, the facility referred to the Patient Bill of Rights.</p> <p>R30's quarterly minimum data set (MDS), dated 3/22/16, identified R30 had severe cognitive impairment and required extensive assistance with all activities of daily living (ADLs). The MDS further identified R30 was frequently incontinent of bowel and bladder and was not on a scheduled toileting program.</p> <p>R30's annual bowel and bladder assessment dated 12/24/15, identified R30 was frequently incontinent of bowel and bladder and was to be checked for incontinence and changed every 2 hours, and was to receive good pericare after incontinent episodes.</p> <p>R30's care plan dated 4/27/16, identified R30 was occasionally incontinent of bowels and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day and less than 2 episodes of bowel incontinence per week. The care plan further identified R30</p>	F 241			

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F 241	<p>Continued From page 5</p> <p>was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room continued to smell strongly of concentrated urine. R30 was continuously observed from 1:58 p.m. until 4:40 p.m., R30 was not toileted for 2 hours and 40 minutes.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair. R30's room and body smelled strongly of urine and other body odor. At 1:05 p.m. R30's room and body continued to have an overwhelming smell of urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strongly of urine.</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked stool and urine and was dependent on staff for incontinence cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always smelled of urine.</p>	F 241			

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F 241	<p>Continued From page 6</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed "at least" every 2 hours. She stated it was R30's pattern to have stool and urine in his brief every time he was changed. NA-B stated R30 always smelled of urine because his urine was so "thick and strong." NA-B stated staff referred to it as "R30's stinky problem." NA-B stated R30 required total assistance with incontinence care and smelled of urine every day. She stated R30 was not toileted on time because there just wasn't enough staff.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 4:06 p.m. during a follow-up interview FM-A stated R30 had to wait and wait to go to the bathroom. FM-A stated staff just don't take him when he says he has to go. FM-A stated she was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor.</p> <p>On 4/28/16, at 4:29 p.m. DON stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the residents care plan would be individualized with odor control interventions. DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the</p>	F 241			

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F 241	Continued From page 7 registered nurse assessment coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor.  Upon review of the facility policy, Incontinence Management/Bladder Function Guidelines dated 6/9/15, it identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and restore or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.	F 241			
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to honor resident preferences for 1 of 4 residents (R66) reviewed for choices.  Findings include:  R66's admission Minimum Data Set (MDS) dated 4/19/16, identified moderate cognitive impairment	F 242	1. Resident R66 has the right to choose her healthcare consistent with her interests, assessments and plan of care. Resident interview and observation completed to identify choices and preferences. Plan of care was reviewed and updated as indicated. NAR sheets were updated with preferences.	6/8/16	

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F 242	<p>Continued From page 8 and a diagnosis of a fracture to the right femur. The MDS identified R66 required extensive assistance with activities of daily living.</p> <p>Review of R66's initial care plan dated 4/19/16, revealed R66 required extensive assistance of one staff for transfers, bed mobility, dressing, toileting and bathing. R66's care plan directed facility staff to help maintain her preferences in daily living.</p> <p>Review of an undated facility form titled, "New Resident Tidbits from Social Services" revealed R66 had no memory concerns, was very sharp and preferred to get up at 6:00 a.m.</p> <p>On 4/25/16, at 7:15 p.m. R66 stated she needed help to get up and out of bed in the mornings. R66 stated she would routinely have to wait for about an hour for staff to help her get up. R66 stated she would use her call light to let staff know her needs, and would often become anxious waiting for them. R66 stated she was afraid she would wet herself or have a bowel accident. R66 stated this has happened and she felt bad when it did. R66 said before she broke her leg she always made it to the bathroom in time and did not have accidents. R66 stated the staff would routinely tell her they have other people to get up so she had to wait. R66 stated it had occurred as recently as this morning.</p> <p>On 4/29/16, at 9:08 a.m. during a follow up interview R66 stated she told staff when she was admitted, her usual routine has been to wake up at 6:00 a.m. and she would go to bed around 9:00 p.m. R66 stated this morning she had to wait until 8:00 a.m. to get help to get out of bed. R66 stated she had been told by a nursing assistant that she</p>	F 242	<p>2. To ensure residents have the right to make choices regarding cares. Staff education in regards to resident rights and dignity. Resident interviews completed on Choices and Dignity with interviewable residents. Resident interviews and observations are completed quarterly and PRN with changes updated on care plan and NAR sheets.</p> <p>3. Staff was educated on resident rights and choices. Weekly audits to include: call light, room appearance audit, resident care observation and resident interview audits completed by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 242	<p>Continued From page 9</p> <p>was 1 out of 10 residents she had to help, so she had to wait. R66 stated she had heard that a lot and stated she felt as though she was always the last one. R66 stated she spoke to a family member about not getting up at her preferred time but she did not feel comfortable telling the staff. R66 stated she felt the facility did not have enough staff to help everyone. She felt helpless and worried that at times staff would forget about her. R66 stated she felt horrible for the staff because they had too many people to help.</p> <p>On 4/29/16, at 9:30 a.m. nursing assistant (NA)-E stated R66 was alert, used the call light for assistance and was able to let the staff know of her needs. NA-E stated R66 needed extensive assistance of one for bed mobility, transfers, toileting, dressing, bathing and personal hygiene. NA-E stated she was not able to assist R66 up out of bed until around 8:00 a.m. due to a staffing shortage. NA-E stated she felt horrible not being able to help R66 and had told her she would help her as soon as she could.</p> <p>On 4/29/16, at 11:13 a.m. registered nurse assessment coordinator (RNAC) stated she was unaware R66 preferred to get up at 6:00 a.m. The RNAC confirmed R66's call light had been on the past few mornings when she arrived at work between 7:00 a.m. and 8:00 a.m. The RNAC stated she would expect residents preferences to be honored, as it was in the patient bill of rights.</p> <p>On 4/29/16, at 12:07 p.m. the director of nursing (DON) stated she felt R66 was helped out of bed based on her preference everyday of the week, except the current date. The DON stated she believed an occupational therapy assistant had</p>	F 242			

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F 242	Continued From page 10 assisted R66 out of bed at least one day of the week. The DON stated she felt R66's preferences were honored.	F 242			
F 253 SS=E	A facility policy was requested regarding honoring resident choices, the RNAC referred the the Patient Bill of Rights. 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the failed to maintain a clean and sanitary environment to prevent unnecessary odors for 2 of 3 wings in the facility.  Findings include:  The facility's undated policy, Maintaining the General Environment, identified housekeeping must provide the residents with clean and sanitary surroundings, and the cleanliness of the floors, walls, ceilings, furniture, showers, toilets and linens contributed to the comfort and recovery of each resident.  On 4/25/16, at 1:00 p.m. a strong, concentrated urine odor was hanging in the air immediately upon entering the front door of the facility.  On 4/25/16, at 1:13 p.m. during the initial facility tour a strong, heavy smell of concentrated urine	F 253	1. Both wings in the facility have maintained a sanitary, orderly, and comfortable environment to prevent unnecessary odors. Mattresses were removed and replaced for all residents identified. R30 had an additional bath scheduled weekly and diet intake was reviewed and changes were implemented to diet. Rooms identified with odor concerns had floors stripped and waxed. Toileting plans and needs were reviewed for all residents identified and care plans were updated as indicated.  2. The entire facility will maintain a sanitary, orderly, and comfortable environment to prevent unnecessary odors. Weekly cleaning schedule/duties were reviewed and updated by housekeeping management. Executive Director/Designee completes daily walk	6/8/16	

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F 253	<p>Continued From page 11</p> <p>filled the air in the east and west resident hallways.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's room and west hallway smelled strongly of concentrated urine.</p> <p>On 4/26/16, at 9:42 a.m. family member (FM)-A stated the entire west hallway always smelled of urine.</p> <p>On 4/27/16, at 1:05 p.m. the west hallway smelled strongly of urine and stool.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated leadership was aware of R30's urine odor and had called it "R30's stinky problem." She stated the facility hadn't tried anything to control R30's urine odor but they really needed to. She stated everyone was aware R30 had an odor problem but nothing had been done. NA-B stated R17 used to have a bad feminine odor. NA-B stated she went and bought R17 feminine hygiene products with her own money, but couldn't afford to buy every resident odor control products.</p> <p>On 4/28/16, at 1:45 p.m. environmental services director (ESD) stated housekeeping was responsible for the cleaning and maintenance of resident rooms until 2:30 pm each day. After 2:30 p.m. it was up to the NAs to clean up spills. She stated housekeeping was not responsible for cleaning urine as urine was considered a bodily fluid and the NAs were responsible for any biohazard cleaning. She stated resident rooms are cleaned daily, each hall is completed every day, and once a month each room is deep cleaned. She stated she was aware R17, R19, R22, R30 and R34's rooms had urine odor problems. She stated at some point she would</p>	F 253	<p>through of facility to identify odor or cleaning concerns. Any concerns will be immediately corrected.</p> <p>3. Re-educate staff on who to notify when an odor has been identified. Resident room odor audits will be completed by ED/Healthcare Supervisor/Designee. The audit is completed by visualizing and assessing individual rooms. Resident room audits are completed weekly by facility management to identify cleaning needs and rooms have good appearance. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		



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F 253	<p>Continued From page 12</p> <p>discuss getting rid of a R17's recliner as she felt this was a source of odor on the west wing. The ESD stated R30's room had a urine odor related to R30 spilling urine on his rug in the past. She stated R30's fleece blankets, body pillow, mattress and wheelchair smelled of urine and body odor too and there was a layer of grime under R30's mattress that needed to be disinfected. She further stated she had a lot of donations and could replace R30's items that smelled of urine. She stated when you got close to the identified rooms there was a urine odor. She stated a lot of the room floors need to be rewaxed as the floors were a source of urine odor. She stated when urine spilled onto the floor it seeped into the wax if it was not cleaned up it right away. The ESD said they needed to look at rewaxing floors and the entire east and west sides needed to be done. She stated the last time the floors were waxed was 8/15, and before that it had been 3 years since the floors had been waxed. The ESD acknowledged what they are currently doing was not working.</p> <p>On 4/28/16, at 2:24 p.m. the environmental tour was conducted with the executive director (ED), ESD, LPN-A and the maintenance director (MD). The ESD stated you can usually smell urine right when you walk into R34's room. ESD stated they could clean R34's floor mat daily to better control the urine odor on the East side. The ESD stated R17's room smelled of body odor and stated she felt maybe they needed to look at the mattress, comforter and recliner and try to replace them. LPN-A stated she felt the odor in R19's room was from spilled food on his wheelchair, and they could look at wheelchair cleaning and wiping off food spills. The ESD director stated R22's room had a distinct urine odor and there was nothing</p>	F 253			

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F 253	Continued From page 13 they could do. The ESD stated R30's room smelled of body and urine odor. The ED and ESD stated they would check with the family about replacing R30's fleece blankets. LPN-A stated R30's room had smelled since he was admitted. The ESD stated they used to spray off floor mats that had urine spilled on them, but would now lift them up to clean underneath. The MD stated he did not have any interventions in place for the odors and that he left that up to the ESD.  On 4/28/16, at 4:29 p.m. the director of nursing (DON) stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the resident's care plan would be individualized with odor control interventions. The DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the registered nurse coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor, and stated she felt they could clean rooms, chairs and equipment more often to better control the odor.	F 253			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by:	F 282		6/8/16	

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F 282	<p>Continued From page 14</p> <p>Based on observation, interview and document review the facility failed to follow a plan of care for 2 of 4 residents (R24, R30) reviewed for activities of daily living, urinary incontinence and 1 of 4 residents (R24) reviewed for pressure ulcers and urinary incontinence.</p> <p>Findings Include:</p> <p>Review of R24's care plan revised 2/19/16, identified R24 was on a turning and positioning program every 2 hours in wheelchair and staff were to refer to R24's assessment for further repositioning needs. R24's care plan listed various interventions of a pressure relieving mattress (added 2/19/16,) and to complete weekly skin checks and skin assessments per facility policy.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to reposition during the entire observation.</p> <p>-At 1:44 p.m. R24 was lying in bed, tilted on her right side with an air alternating mattress in place. R24's eyes were closed, her arms were across her chest and the blanket was covering her to mid torso.</p> <p>-At 2:32 p.m. R24 remained lying, tilted on her right side in bed, arms were crossed over her chest and a blanket covered her to mid torso. No staff were observed to offer assistance.</p> <p>-At 3:02 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed and covered</p>	F 282	<ol style="list-style-type: none"> <li>1. Resident R24 and R30 care plans were reviewed and revised as indicated and are receiving care per care plan related to activities of daily living, urinary incontinence and in addition R24 related to altered skin integrity and urinary incontinence.</li> <li>2. To ensure residents plan of care are being followed we identify changes at daily clinical start up and update care plans and NAR sheets with identified changes.</li> <li>3. Re-educate staff on importance of timely repositioning and following interventions per individual care plans. Random weekly audits on toileting and repositioning per care plan interventions to be completed by DNS/designee.</li> <li>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</li> </ol>		

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F 282	<p>Continued From page 15</p> <p>to mid torso with a blanket. NA-A was observed to walk up and down the hall in front of R24's room, but did not enter R24's room. No staff were observed to offer assistance.</p> <p>-At 3:34 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed and covered to mid torso with a blanket. NA-A was passing out snacks to various residents on R24's hallway. NA-A walked past R24's room, however NA-A did not stop or enter R24's room.</p> <p>-At 4:03 p.m. NA-D and NA-F walked down the hallway past R24's room and briefly looked into R24's room. NA-D and NA-F did not stop, talk or enter R24's room.</p> <p>-At 4:32 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed and was covered to mid torso with a blanket. No staff were observed to offer assistance or enter R24's room.</p> <p>-At 4:40 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed and had a blanket covering her to mid torso. The director of nursing (DON) was observed to enter R24's room at this time and shut the door.</p> <p>R24 had not been repositioned from 1:44 p.m. to 4:40 p.m. a total of 2 hours and 56 minutes.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation.</p> <p>-At 8:33 a.m. R24 was seated in a wheelchair with a seat cushion in place in her room. NA-A</p>	F 282			

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F 282	<p>Continued From page 16</p> <p>wheeled R24 to the dining room and assisted R24 to a table in the front of the dining room. NA-A proceeded to assist R24 with eating her breakfast. R24 remained seated in the wheelchair until 9:03 a.m. when staff wheeled her to a group activity.</p> <p>-At 9:22 a.m. R24 remained seated in the wheelchair in the activity room. R24 was seated in her wheelchair and listened to the news which was read by the activity director.</p> <p>-At 10:16 a.m. NA-A wheeled R24 to her room following the activity. R24 was seated in the wheelchair with her eyes closed. NA-A positioned the wheelchair between her bed and the wall inside of the room. NA-A stated the bath aid would be coming to get R24 shortly for a shower. NA-A immediately exited the room and did not offer assistance with repositioning at this time.</p> <p>-At 10:39 a.m. R24 remained seated in her wheelchair inside her room. Registered nurse (RN)- A was observed to enter R24's room, removed a mechanical lift from her room which was stationed at the end of R24's bed. RN-A did not offer or assist R24 with repositioning.</p> <p>-At 10:55 a.m. R24 remained seated in her wheelchair inside her room. R24's eyes were closed and head was dropped down in a chin to chest position. No staff were observed to offer assistance with repositioning.</p> <p>-At 10:58 a.m. NA-C entered R24's room and attempted to wake R24. R24's eyes were closed and chin was resting on her chest. NA-C offered R24 a shower which she declined. NA-C immediately left R24's room and did not offer or</p>	F 282			

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F 282	<p>Continued From page 17 assist R24 with repositioning.</p> <p>-At 11:07 a..am. R24 remained seated in her wheelchair. NA-C and RN-A entered R24's room and offered a shower. NA-C wheeled R24 to the shower room in her wheelchair and assisted R24 to stand with a mechanical lift. NA-C removed R24's incontinent brief which was soiled with a moderate amount of urine. An open area was observed on R24's right side coccyx. The open area measured approximately 2.5 centimeters (cm) long, 1 cm wide, had an irregular shaped border which was red and raised. The wound bed could not be visualized as it was covered with a thick whitish matter. The skin surrounding the ulcer was pink and blanchable. RN-A confirmed the open area on R24's right coccyx and confirmed R24's incontinent brief was moderately soiled. NA-C confirmed she had not assisted R24 with repositioning prior to the shower.</p> <p>R24 had not been repositioned from 8:33 a.m. to 11:07 a.m. a total of 2 hours and 34 minutes.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 had had the sore on her coccyx for at least 3 months. NA-A was not aware of any recent changes to R24's plan of care within the last few months other than an air alternating mattress.</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right</p>	F 282			

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F 282	<p>Continued From page 18</p> <p>away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. away due to an issue with another bath. NA-C stated she felt there was not enough staff in the facility to ensure residents were assisted with repositioning timely.</p> <p>On 4/27/16, at 11:10 a.m. NA-A confirmed she had not repositioned R24 since prior to breakfast.</p> <p>On 4/27/16, at 11:11 a.m. RN-A stated R24 was unable to turn herself in bed, required repositioning every 2 hours and could not be on her left side at all due to an abscess on R24's left hip. RN-A stated the ulcer on R24's right coccyx had been there for quite a while and had improved and worsened multiple times in the past few months. RN-A confirmed R24's ulcer was located on a bony prominence (coccyx).</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) confirmed R24's care plan directed facility staff to assist R24 to reposition based on assessed need, which was every 2 hours. The DON stated she would expect staff to reposition R24 timely. A copy of the grid was requested to the DON and a copy was not provided by the DON.</p> <p>Upon review of the facility policy, Interdisciplinary Care Plan dated 4/1/16 identified the interdisciplinary care plan guided the facility in the provision of care and services to attain or maintain the highest practible physical, mental and psychological well being of each resident.</p> <p>Based on observation, interview and document review the facility failed to follow a plan of care for</p>	F 282			

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F 282	<p>Continued From page 19</p> <p>2 of 4 residents (R24, R30) reviewed for activities of daily living, urinary incontinence and 1 of 4 residents (R24) reviewed for pressure ulcers and urinary incontinence.</p> <p>Findings include:</p> <p>R30's care plan dated 4/27/16 identified R30 was occasionally incontinent of bowel and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day, and less than 2 episodes of bowel incontinence per week. The care plan further identified R30 was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room smelled strong of concentrated urine.</p> <p>-04/26/16, 2:27 p.m. R30 was asleep in the same position.</p> <p>-3:02 p.m. nursing assistant (NA-A) entered R30's room and placed clean towels and gowns on bedroom counter next to sink and left the room.</p> <p>-04/26/16, 3:25 p.m. FM-C was outside R30's room when licensed practical nurse (LPN-A) opened R30's bedroom door and told FM-C R30 was still asleep FM-C and LPN-A left. NA-A</p>	F 282			



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F 282	<p>Continued From page 20</p> <p>immediately entered R30's room and provided R30's roommate with a snack and left the room. -04/26/16, at 4:03 p.m. NA-D and NA-F passed R30's room, peeked in and continued to walk down the hallway towards nursing station. -04/26/2016 4:32 p.m. R30 remained in bed asleep in the same position. -04/26/2016 4:40 p.m. NA-A exited R30's room and stated she just changed R30's brief and confirmed R30's brief had both urine and stool in it.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair looking out towards hallway. R30's room and body smelled of strong urine and other body odor.</p> <p>On 4/27/16, at 1:05 p.m. R30's room and body smelled sickening with urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. family member (FM-A) stated there was many times R30 had told her he had to go to the bathroom, she turned on R30's call light and they waited for over an hour until she had to physically go and find a staff person and told them, "R30 had to use the bathroom." FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strong of urine.</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked both stool and urine and was dependent on staff for incontinent cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always</p>	F 282			

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F 282	<p>Continued From page 21</p> <p>smelled of urine, and stated R30's urine smelled very strong. NA-A stated she was unaware that R30 hadn't been toileted for 2 hours and 40 minutes yesterday during continuous observation, and stated they would have to work on that. She confirmed R30's care plan and stated R30 needed to be toileted every 2 hours.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed every 2 hours at the least. She stated it is R30's pattern to have stool and urine in his brief every time he was changed. NA-B stated R30 always smelled of urine because R30's urine was so thick and strong. She stated leadership was aware of R30's odor and had called it "R30's stinky problem." NA-B stated R30 required total assistance with incontinence care and smelled of urine every day. She stated R30 was not toileted on time every day because their just wasn't enough staff.</p> <p>She stated the facility hasn't tried anything to control his odor and they need to step up their game and get on top of it. She stated everyone is aware that R30 smelled and nothing has been done.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 11:19 a.m. LPN-A stated during continuous observation she and NA-A were responsible for the entire west side where R30</p>	F 282			

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F 282	<p>Continued From page 22</p> <p>resided. LPN-A stated she felt it was too heavy of a load for just those 2 and had went to went to the DON and ED and told them they needed help to adequately care for all of the residents on the west side. LPN-A stated R30 wasn't toileted for 2 hours and 40 minutes because of the lack of staff on the west side.</p> <p>On 4/28/16, at 4:06 p.m. during follow-up interview FM-A stated R30 had to wait, and wait to go to the bathroom. FM-A stated they just don't take him when he says he has to go and FM-A was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor. FM-A stated R30's cares and grooming weren't getting done because the facility was short staffed.</p> <p>On 4/28/16, at 4:29 p.m. DON stated If any resident was identified with urine odor problems, that resident's care plan would be individualized with odor control interventions. DON confirmed R30's care plan which included R30 was to be toiled every 2 hours, and was totally dependnet on staff for incontinent cares.</p> <p>Upon review of the facility policy, Incontinence Managment/Bladder Function Guidelines dated 6/9/15 identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and to restor or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.</p> <p>Upon review of the facily policy, Interdisciplinary Care Plan dated 4/1/16 identified the</p>	F 282		

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F 309 SS=G	interdisciplinary care plan guided the facility in the provision of care and services to attain or maintain the highest practible physical, mental and psychological well being of each resident.  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 document review, the facility failed to conduct a comprehensive assessment related to a non-pressure related skin ulcer and failed to consistently implement assessed interventions to promote healing and prevent the development of further non-pressure related skin ulcers, for 1 of 2 residents (R24) with a chronic history of open moisture associated skin damage (MASD) on buttocks. R24 sustained actual harm due to lack of timely repositioning and care for bladder incontinence to keep the area clean and dry.  The findings include:  R24's quarterly Minimum Data Set (MDS) dated 3/1/16, identified R24 had severe cognitive impairment and had diagnoses which included: dementia, diabetes and other skin disorders. The MDS identified R24 required extensive assistance	F 309	1. Resident R24 skin plan of care has been reassessed. Care plan has been reviewed and is receiving skin care per the assessment.  2. All residents identified needing assistance with repositioning are receiving care per care plan with weekly UDA reviews. Every resident has a weekly skin review completed and skin alteration issues identified are addressed, physician notified and a plan is individualized per each resident need.  3. Re-educated all staff on skin integrity guidelines, identification, assessment, proper notification to the MD and how to update and implement the plan of care. Policies on skin care guidelines reviewed with all nursing staff. Random audits of at	10/18/16	

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F 309	<p>Continued From page 24</p> <p>for all activities of daily living (ADL's.) The MDS identified R24 had a pressure relieving device in bed and chair, and was on a turn and repositioning program. The MDS identified R24 had no skin problems.</p> <p>Review of R24's pressure ulcer Care Area Assessment (CAA) dated 12/9/15, identified R24 was at risk for skin breakdown related to limited mobility and incontinence and required a turn and repositioning program of every two hours. The CAA also identified R24 had a history of skin concerns related to a bullous disorder (skin disorder in which fluid filled blisters occur on the skin, not generally seen on bony prominences.)</p> <p>R24's care plan revised 2/19/16, identified R24 was on a turning and positioning program every 2 hours in wheelchair and staff was to refer to R24's assessment for further repositioning needs. Also for Focus are of Alteration in elimination of bowel and bladder, resident totally incontinent of bowel and bladder, date initiated: 12/23/2013 and Interventions included two staff assist to toilet and schedule toileting plan of offer toileting with repositioning. R24's care plan listed various interventions of a pressure relieving mattress (added 2/19/16) and to complete weekly skin checks and skin assessments per facility policy.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to reposition during the entire observation (a total of 2 hours and 56 minutes) nor was R24 offered toileting or checked for incontinence.</p> <p>-At 1:44 p.m. R24 was lying in bed, tilted on her</p>	F 309	<p>risk for pressure ulcer audit and repositioning audits to be completed by the DNS/designee.</p> <p>4. Results will be reviewed at QAPI.</p>		

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F 309	<p>Continued From page 25</p> <p>right side with an air alternating mattress in place. R24's eyes were closed, her arms were across her chest and the blanket was covering her to mid torso.</p> <p>-At 2:32 p.m. R24 remained lying, tilted on her right side in bed, arms were crossed over her chest. No staff were observed to offer assistance.</p> <p>-At 3:02 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed. Nursing assistant (NA)-A was observed to walk up and down the hall in front of R24's room, but did not enter R24's room. No staff were observed to offer assistance.</p> <p>-At 3:34 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed. NA-A was passing out snacks to various residents on R24's hallway. NA-A walked past R24's room, however, NA-A did not stop or enter R24's room.</p> <p>-At 4:03 p.m. NA-D and NA-F walked down the hallway past R24's room and briefly looked into R24's room. NA-D and NA-F did not stop, talk or enter R24's room.</p> <p>-At 4:32 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed. No staff were observed to offer assistance or enter R24's room.</p> <p>-At 4:40 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed. The director of nursing (DON) was observed to enter R24's room at this time and shut the door.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or</p>	F 309			

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F 309	<p>Continued From page 26</p> <p>assisted to reposition during the entire observation (a total of 2 hours and 34 minutes) nor checked for incontinence or offered toileting assistance.</p> <p>-At 8:33 a.m. R24 was seated in a wheelchair with a seat cushion in place in her room. NA-A wheeled R24 to the dining room and assisted R24 to a table in the front of the dining room. NA-A proceeded to assist R24 with eating her breakfast. R24 remained seated in the wheelchair until 9:03 a.m. when staff wheeled her to a group activity.</p> <p>-At 9:22 a.m. R24 remained seated in the wheelchair in the activity room. R24 was seated in her wheelchair and listened to the news which was read by the activity director.</p> <p>-At 10:16 a.m. NA-A wheeled R24 to her room following the activity. R24 was seated in the wheelchair with her eyes closed. NA-A positioned the wheelchair between her bed and the wall inside of the room. NA-A stated the bath aide would be coming to get R24 shortly for a shower. NA-A immediately exited the room and did not offer assistance with repositioning at this time or check for bladder/bowel incontinence.</p> <p>-At 10:39 a.m. R24 remained seated in her wheelchair inside her room. Registered nurse (RN)-A was observed to enter R24's room, removed a mechanical lift from her room which was stationed at the end of R24's bed. RN-A did not offer or assist R24 with repositioning.</p> <p>-At 10:55 a.m. R24 remained seated in her wheelchair inside her room. R24's eyes were closed and head was dropped down in a chin to</p>	F 309			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
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F 309	<p>Continued From page 27</p> <p>chest position. No staff were observed to offer assistance with repositioning or check for incontinence.</p> <p>-At 10:58 a.m. NA-C entered R24's room and attempted to wake R24. R24's eyes were closed. NA-C offered R24 a shower which she declined. NA-C immediately left R24's room and did not offer or assist R24 with repositioning or check for incontinence.</p> <p>-At 11:07 a..am. R24 remained seated in her wheelchair. NA-C and RN-A entered R24's room and offered a shower. NA-C wheeled R24 to the shower room in her wheelchair and assisted R24 to stand with a mechanical lift. NA-C removed R24's incontinent brief which was soiled with a moderate amount of urine. An open area was observed on R24's right side of coccyx. The open area measured approximately 2.5 centimeters (cm) long, 1 cm wide, had an irregular shaped border which was red and raised. The wound bed could not be visualized as it was covered with a thick whitish matter. The skin surrounding the ulcer was pink and blanchable. RN-A confirmed the open area on R24's right coccyx and confirmed R24's incontinent brief was moderately soiled with urine. NA-C confirmed she had not assisted R24 with repositioning or checked for bladder incontinence prior to the shower.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 had the sore on her coccyx for at least 3 months. NA-A was not aware of any</p>	F 309			



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F 309	<p>Continued From page 28</p> <p>recent changes to R24's plan of care within the last few months other than an air alternating mattress.</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. NA-C stated she felt there was not enough staff in the facility to ensure residents were assisted with repositioning timely.</p> <p>On 4/27/16, at 11:10 a.m. NA-A confirmed she had not repositioned R24 since prior to breakfast.</p> <p>On 4/27/16, at 11:11 a.m. RN-A stated R24 was unable to turn herself in bed, required repositioning every 2 hours and could not be on her left side at all due to an abscess on R24's left hip. RN-A stated the skin ulcer on R24's right coccyx had been there for quite a while and had improved and worsened multiple times in the past few months. RN-A confirmed R24's ulcer was located on coccyx area. RN-A indicated the current measurements of R24's ulcer were 2.5 centimeters (cm) long and 0.7 cm wide, no depth could be determined due to slough tissue (non-viable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed) present on the wound bed. RN-A confirmed R24 was at risk for developing pressure ulcers due to pressure, incontinence, friction and shear.</p> <p>On 4/27/16, at 12:26 p.m. during a phone interview, R24's personal physician, said he was aware of open wound on buttocks. MD stated he</p>	F 309			

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F 309	Continued From page 29 was unsure if the area was directly on R24's right coccyx or more on the sacrum. MD stated he was aware R24 had recurrent open areas on her buttocks. MD stated he would expect R24 to be assisted to be repositioned routinely, every 2 hours. MD stated R24's repositioning should not go over 2 hours and stated the facility had a policy for repositioning residents. MD confirmed he had visualized R24's wound in March and had at that time identified the open area as a pressure ulcer. At that time the MD also stated he felt R24's medical condition had overall changed in the last 3 months and now required more assistance. MD stated he had concerns nursing was not very good about re-assessing residents' needs when changes in condition occurred. MD stated he had concerns with nursing communication, leadership and high staff turn over rate within the last year. MD stated he felt that staff lacked RN management in the facility and lacked training with clinical assessments. The MD provided updated information following the provider's receipt of their statement of deficiencies and as a part of an IDR (informal dispute resolution process). Updated information provided by the MD dated 5/20/16, indicated his diagnosis of [R24] having a pressure sore had been made in error. The information provided indicated that in accordance with "Well-accepted medical resource, it describes level I erosions as caused by shear effect in a situation which there is excessive moisture and often these occur in areas other than those with a bony prominence. As [R24] is incontinent of urine and stool, those conditions could exist in the arc of the area of the described erosion and I feel that a level I erosion in reevaluation is an accurate description of the questioned lesion..."	F 309			

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F 309	<p>Continued From page 30</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) and the executive director (ED) stated they were unaware R24's MD had diagnosed R24's coccyx sore as a pressure ulcer. The DON stated she did not feel R24's coccyx ulcer was a pressure ulcer, but an "erosion," (surface material, such as skin, broken down by external factors such as moisture, pressure and friction). The DON stated the facility nurses did not use the Resident Assessment Instrument (RAI) to identify pressure ulcers but did use a facility grid as a guideline. The DON stated she expected the facility RNs to complete weekly assessments on wounds. The DON confirmed R24's care plan directed facility staff to assist R24 to reposition based on assessed need, which was every 2 hours. The DON stated she would expect staff to reposition R24 timely. A copy of the grid was requested to the DON and a copy was not provided by the DON.</p> <p>On 4/29/16, at 10:10 a.m. RN-A stated she had completed R24's skin assessment to the right coccyx ulcer. RN-A stated the ulcer continued to have slough type tissue on the wound bed, surrounding skin was pink and defined. The measurements of R24's coccyx ulcer were 2.5 cm x 0.9 cm, not able to measure depth due to the wound bed not being visible. RN-A indicated she felt R24's ulcer was healing.</p> <p>R24's weekly wound assessments from 3/16/16, to 4/21/16, revealed the following:</p> <p>-On 3/16/16, identified R24 had a "other wound" on the coccyx which had been identified on 2/18/16, was pink, had defined margins. The assessment identified current interventions of leaving open to air, application of Calmoseptine</p>	F 309			

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F 309	<p>Continued From page 31 (drying topical cream,) a pressure redistribution mattress and a wheelchair cushion.</p> <p>-On 3/23/16, identified R24 coccyx ulcer measured 4 cm x 1 cm and had 100% slough tissue in the wound bed. The assessment identified current interventions application of Calmoseptine cream after each incontinence.</p> <p>-On 3/30/16, revealed R24's coccyx ulcer measured 2.5 cm x 0.7 cm had 100% slough tissue in the wound bed, wound margins were defined.</p> <p>-On 4/21/16, revealed R24's coccyx ulcer measured 2.5 cm x 1.0 cm had 100% slough tissue in the wound bed, wound margins were defined. The assessment identified current interventions of pressure redistribution mattress, wheelchair cushion, specific turn/reposition program and protein supplements.</p> <p>The assessments lacked identification of type of wound. The assessments also lacked causative factors, and an assessment/analysis of R24's ulcer.</p> <p>R24's weekly skin reviews from 12/22/15, to 4/27/16, revealed the following:</p> <p>-On 12/22/15, skin was intact, though right buttock cheek was red and Calmoseptine was applied.</p> <p>-On 2/1/16, continued to have a open sore on the sacrum with no signs or symptoms of infection.</p> <p>-On 2/2/16, continued to have an open sore on the sacrum with no signs or symptoms of</p>	F 309			

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F 309	<p>Continued From page 32 infection.</p> <p>-On 2/16/16, had a pre-existing open area on the sacrum.</p> <p>-On 3/1/16, had a pre-existing open area which continued to be open on the buttocks.</p> <p>-On 3/8/16, had a small open sore on buttocks which was covered with Mepilex (is an all-in-one foam dressing, designed for a wide range of exuding chronic and acute wounds as well as secondary healing wounds,) bandage, changed every 72 hours and prn. The skin review revealed R24's sore was pre-existing.</p> <p>-On 3/6/16, had a pre-existing open area on the buttocks.</p> <p>-On 3/11/16, had a pre-existing open area on coccyx which was covered with Mepilex bandage.</p> <p>-On 3/16/16, continued to have an open area on the buttock which measured 3 cm in diameter, skin around sore was pink and the area was pre-existing.</p> <p>-On 3/23/16, continued to have a pre-existing open area to the buttocks which measured 4 cm x 1 cm, skin around the sore was pink.</p> <p>-On 3/30/16, continued to have a pre-existing open area to the coccyx which measured 2.5 cm x 0.7 cm, was shallow and had slough covering the wound bed.</p> <p>-On 4/6/16, had a pre-existing open area on the coccyx which measured 2.5 cm x 0.7 cm, had slough tissue covering the wound bed.</p>	F 309			

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F 309	<p>Continued From page 33</p> <p>-On 4/14/16, had a pre-existing sore on the buttocks.</p> <p>-On 4/20/16, lacked any documentation of R24's ulcer on the coccyx.</p> <p>-On 4/27/16, had a pre-existing open area which measured 1.7 cm x 0.9 cm 1.0 cm and the skin review did not identify the location of the open area.</p> <p>R24's clinical record lacked documentation of a comprehensive wound assessment completed for R24's open area which developed on 12/22/15.</p> <p>R24's physician progress notes from 2/18/16, to 3/10/16, revealed the following:</p> <p>-On 2/18/16, identified R24 had a gradual decline in her neurological status and in her function. The note did not identify R24 had any skin concerns.</p> <p>-On 3/10/16, revealed R24 was seen in the facility for a concern regarding open sore on buttocks that was not healing. The note identified R24 had a pressure sore on the right side gluteal fold. The note identified the pressure sore measured 4.5 cm x 2.0 cm and had a layer of eschar (dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab like,) over the top. The note further revealed the current treatment was a Mepilex bandage which nursing felt was keeping the wound too wet.</p> <p>R24's tissue tolerance test (TTT, a test which measures tissue tolerance for sitting and lying to determine appropriate repositioning schedule)</p>	F 309			

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F 309	<p>Continued From page 34 dated 3/29/16, revealed no assessment for sitting, however, documentation of lying TTT was not completed.</p> <p>R24's TTT dated 4/4/16, revealed at lying R24's skin was red and blanched. The TTT revealed R24 was to be repositioned every 2 hours in a lying position, however, no documentation for sitting TTT was completed.</p> <p>Review of R24's signed physician orders with a transcribed date of 4/14/16, revealed a hand written note indicating R24 was to have "Butt cream" to coccyx erosion BID (twice daily) until healed. R24's physician orders also revealed an order to document wound status weekly in a computerized electronic medical record would assessment, as was to include measurements and a description of the wounds on buttocks.</p> <p>R24's electronic nursing progress notes from 12/30/15, to 4/27/16, revealed the following:</p> <p>-On 12/29/15, had a sore on the buttocks which included a current treatment of cleansing and application of Mepilex boarder.</p> <p>-On 12/30/16, a care conference had been held with R24's family. The note identified R24's skin was in good condition.</p> <p>-On 2/17/16, had 4 areas on coccyx/buttocks area. The note revealed the following characteristics: coccyx measured 2 cm x 1 cm, appeared as an open blister without drainage. Left buttocks measured 2 cm round open area with no drainage. Left lower buttock 1 cm round red area.. Right inner buttock was 1 cm red area. The note revealed all areas were blanchable and</p>	F 309			

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F 309	<p>Continued From page 35</p> <p>Calmoseptine was applied. The note further revealed R24 was repositioned and toileted every 2 hours as was to lay on her side to offload (relieve pressure to area).</p> <p>-On 3/1/16, a quarterly bowel and bladder review identified R24 had an area of excoriation (a scratch mark, a linear break in the skin surface, usually covered with blood or serous crusts) on her left buttock and in the "fold." The note revealed current interventions of an pressure alternating mattress and treatment per MD order. The note identified R24 was at high risk for skin breakdown based on a Braden score (tool to measure risk for developing pressure ulcers) of 14.</p> <p>-On 3/1/16, a quarterly tissue tolerance review identified R24 had open areas on the buttocks which were blanchable and R24 was prone to excoriation. The note identified R24 was at risk for pressure ulcers related to a history of non-pressure skin concerns, limited mobility, need for assist with mobility, sitting for long periods, bladder and occasional bowel incontinence. The note identified R24 required staff to anticipate her needs, required repositioning every 2 hours in bed and in wheelchair. The note identified current pressure ulcer interventions included pressure relieving mattress on bed and a pressure relieving cushion in the wheelchair.</p> <p>-On 3/3/16, revealed R24's dressing on buttocks wound was changed due to the bandage was soiled. The note did not reveal any further characteristics of R24's pressure ulcer.</p> <p>-On 3/10/16, coccyx wound measured 2 cm x 1</p>	F 309			



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F 309	<p>Continued From page 36</p> <p>cm and had a deep red wound bed, area was blanchable, had a foul odor and drainage covered the dressing. The note revealed R24's MD recommended to leave the dressing off and to apply Calmoseptine.</p> <p>-On 3/23/16, revealed R24's care conference had been held with R24's family. The note revealed R24 had skin concerns of the buttocks which were identified as excoriation.</p> <p>-On 4/5/16, had a pre-existing wound on the buttocks which measured 2.8 cm x 0.8 cm x 0.2 cm. was without signs or symptoms of infection. The note lacked any further characteristics or location of the wound.</p> <p>-On 4/7/16, sore on the buttocks measured 1.5 cm x 0.5 cm. The note lacked any further characteristic or location of the wound.</p> <p>-On 4/10/16, continued to have open an area on the coccyx, reddened areas on hips and buttocks and did not appear worse.</p> <p>-On 4/13/16, had 2 "areas" currently being "watched." The note revealed R24's coccyx looked the same. Another later note revealed R24's sore on buttocks measured 4 cm x 2.5 cm, was red and without odor.</p> <p>-On 4/14/16, buttocks sore continued and remained red. The note revealed R24 was repositioned every 2 hours to take pressure off of area. Another later note revealed MD assessed R24's buttocks and ordered "Butt Cream" to coccyx erosion BID until healed.</p> <p>-On 4/21/16, revealed R24's coccyx ulcer</p>	F 309			

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F 309	<p>Continued From page 37</p> <p>measured 2.5 cm x 1 cm. The note did not identify any other characteristics of R24's pressure ulcer.</p> <p>-On 4/25/16, revealed R24's coccyx had been kept clean and left open to air, was kept off of her coccyx and repositioned every 2 hours.</p> <p>On 4/28/16, during survey the ED provided a copy of a facility form titled Problem sheet, Future appointment, which revealed R24 had been seen by a Nurse Practitioner (NP)-C at that time. NP-C examined R24's ulcer and had indicated the ulcer was not on a bony prominence and was an erosion, not a pressure ulcer.</p> <p>Review of an undated facility policy titled, Golden Clinical Services Skin Integrity Guidelines, revealed a facility purpose to provide a comprehensive approach for monitoring skin conditions, decreasing pressure ulcer, wound formation by identifying residents at risk, implementing appropriate interventions and to promote healing of wounds.</p> <p>The policy directed nursing staff to provide optimal care to promote healing of identified wounds by routine assessments, monitoring, documentation, implementation of interventions, and monitoring of compliance with assessed interventions.</p> <p>The definition of a moisture associated skin damage (MASD) as found in the Long-Term Care Facility Resident Assessment Instrument 3.0 User 's Manual version 1.13 dated October 2015, as a chronic erosion/s as a moisture associated skin damage (MASD) according to MDS 3.0 M1040: Other ulcers, wounds and skin problems.</p>	F 309			

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F 309	Continued From page 38 The definition reads, " Moisture associated skin damage (MASD) is a result of skin damage caused by moisture rather than pressure. It is caused by sustained exposure to moisture which can be caused, for example, by incontinence, wound exudate and perspiration. It is characterized by inflammation of the skin, and occurs with or without skin erosion and/or infection. MASD is also referred to as incontinence-associated dermatitis and can cause other conditions such as intertriginous [two skin areas may touch or rub together] dermatitis, periwound moisture-associated dermatitis, and peristomal moisture-associated dermatitis. Provision of optimal skin care and early identification and treatment of minor cases of MASD can help avoid progression and skin breakdown. "	F 309			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely incontinence cares for 2 of 4 residents (R24, R30) reviewed for urinary incontinence.  Findings include:	F 312	1. Resident R24 and R30 care plans were reviewed and revised as indicated and are receiving care per care plan related to activities of daily living, urinary incontinence and in addition R24 related to altered skin integrity and urinary incontinence. R30 had an additional bath scheduled weekly. NAR sheets were	6/8/16	

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F 312	<p>Continued From page 39</p> <p>Review of R24's quarterly Minimum Data Set (MDS) dated 3/1/16, identified R24 had severe cognitive impairment and had diagnoses which included: dementia, diabetes and other skin disorders. The MDS identified R24 required extensive assistance for all activities of daily living (ADL's,) and was frequently incontinent of bowel and bladder. The MDS identified R24 had no toileting plan.</p> <p>Review of R24's urinary incontinence Care Area Assessment (CAA) dated 12/9/15, identified R24 was totally incontinent of bowel and bladder. The CAA identified R24 required staff assistance to check and change every 2 hours with repositioning.</p> <p>Review of R24's care plan revised 2/19/16, identified R24 was on a toileting program where staff were to offer toileting with repositioning.</p> <p>Review of R24's quarterly bowel and bladder review dated 3/1/16, identified R24 was frequently incontinent of bladder and totally incontinent of bowel. The note revealed R24 required extensive assist of 1 staff for bed mobility, transfers and toileting. The note identified R24 required staff assistance with repositioning, and checking and changing the incontinence pad every 2 hours. The note identified R24 had an area of excoriation (A scratch mark; a linear break in the skin surface, usually covered with blood or serous crusts) on her left buttock and in the "fold." The note revealed current interventions of an alternating pressure mattress and treatment per MD order. The note identified R24 was at high risk for skin breakdown based on a Braden score (tool to measure risk for developing pressure ulcers) of</p>	F 312	<p>reviewed and updated as indicated to address toileting and turning and repositioning schedule.</p> <p>2. Staff received education on the importance of adhering to the turning and repositioning schedule and toileting schedule to ensure all residents have been provided timely incontinence cares per individualized plan of care. Toileting and repositioning schedules are completed upon admission, quarterly, and prn with change in conditions.</p> <p>3. Nursing staff have been re-educated regarding ensuring residents receive timely incontinence cares. Toileting and repositioning audits to be completed weekly by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 312	<p>Continued From page 40 14.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to toilet during the entire observation. Although staff was near the room, no staff entered the room or offered assist to toilet. At 4:40 p.m. the director of nursing (DON) was observed to enter the room and close the door.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation. Although R24 was returned to her room following breakfast and a group activity at 10:16 a.m. R24 was not toileted until brought to the shower room at 11:07 a.m. At that time R24's brief was found to be soiled with a moderate amount of urine. Registered nurse (RN)-A confirmed R24's incontinence brief was moderately soiled. Nursing assistant (NA)-C confirmed she had not assisted R24 with toileting prior to the shower.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 has had a sore on her coccyx for at least 3 months. NA-A was not aware of any recent changes to R24's plan of care within the last few months other than an air alternating mattress. At 11:10 a.m. NA-A confirmed she had not repositioned/toileted R24 since prior to breakfast.</p>	F 312			

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F 312	<p>Continued From page 41</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. away due to an issue with another bath. NA-C stated she felt there was not enough staff in the facility to ensure residents were assisted with repositioning timely.</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) confirmed R24's care plan directed facility staff to assist R24 to check and change incontinent brief with repositioning based on assessed need, which was every 2 hours. The DON stated she would expect staff to complete cares with R24 timely.</p> <p>Upon review of the facility policy, Incontinence Managment/Bladder Function Guidelines dated 6/9/15 identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and to restor or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.</p> <p>R30's quarterly minimum data set (MDS), dated 3/22/16, identified R30 had severe cognitive impairment and required extensive assistance with all activities of daily living (ADLs). The MDS further identified R30 was frequently incontinent of bowel and bladder and was not on a scheduled toileting program.</p> <p>R30's annual bowel and bladder assessment dated 12/24/15, identified R30 was frequently</p>	F 312			

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F 312	<p>Continued From page 42</p> <p>incontinent of bowel and bladder and was to be checked for incontinence and changed every 2 hours, and was to receive good pericare after incontinent episodes.</p> <p>R30's care plan dated 4/27/16, identified R30 was occasionally incontinent of bowels and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day and less than 2 episodes of bowel incontinence per week. The care plan further identified R30 was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room continued to smell strongly of concentrated urine. At 3:02 p.m. nursing assistant (NA)-A entered R30's room and placed clean towels and gowns on the counter next to the sink and left the room. At 3:25 p.m. FM-C was outside R30's room when licensed practical nurse (LPN)-A opened R30's bedroom door and told family member (FM)-C R30 was still asleep. FM-C and LPN-A left. NA-A immediately entered R30's room and provided R30's roommate with a snack and left the room. At 4:03 p.m. NA-D and NA-F passed R30's room, peeked in and continued to walk down the hallway toward the nursing station. At 4:40 p.m. NA-A exited R30's</p>	F 312			

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F 312	<p>Continued From page 43</p> <p>room and stated she just changed R30's brief and confirmed R30's brief had both urine and stool in it. During continuous observation, R30 was not toileted for 2 hours and 40 minutes.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair. R30's room and body smelled strongly of urine and other body odor. At 1:05 p.m. R30's room and body had an overwhelming smell of urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. FM-A stated there were many times R30 told her he had to go to the bathroom, she tuned on R30's call light and they waited for over an hour. She would have to physically go and find a staff person and tell them, "[R30] had to use the bathroom." FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strongly of urine.</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked stool and urine and was dependent on staff for incontinence cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always smelled of urine. NA-A stated she was unaware that R30 hadn't been toileted for 2 hours and 40 minutes on 4/26/16. yesterday NA-A further said they would have to work on that. NA-A confirmed R30's care plan was to toilet every 2 hours.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed "at least" every 2 hours. She stated it was R30's pattern to have stool and urine in his</p>	F 312			



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F 312	<p>Continued From page 44</p> <p>brief every time he was changed. NA-B stated R30 always smelled of urine because his urine was so "thick and strong." NA-B stated staff referred to it as "R30's stinky problem." NA-B stated R30 required total assistance with incontinence care and smelled of urine every day. She stated R30 was not toileted on time because there just wasn't enough staff.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 11:19 a.m. LPN-A stated during the continuous observation on 4/26/16, she and NA-A were responsible for the entire west side where R30 resided. LPN-A stated she felt it was too heavy a load for just the 2 of them. LPN-A went to the director of nursing (DON) and executive director (ED) and told them they needed help to adequately care for all of the residents on the west side. LPN-A stated R30 wasn't toileted for 2 hours and 40 minutes because of the lack of staff on the west side.</p> <p>On 4/28/16, at 4:06 p.m. during a follow-up interview FM-A stated R30 had to wait and wait to go to the bathroom. FM-A stated staff just don't take him when he says he has to go. FM-A stated she was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor. FM-A stated R30's cares and grooming weren't getting done</p>	F 312			

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F 312	Continued From page 45 because the facility was short staffed.  On 4/28/16, at 4:29 p.m. DON stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the residents care plan would be individualized with odor control interventions. DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the registered nurse assessment coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor.  Upon review of the facility policy, Incontinence Management/Bladder Function Guidelines dated 6/9/15, it identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and restore or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.	F 312			
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of	F 353		6/8/16	

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F 353	<p>Continued From page 46</p> <p>personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure sufficient facility staffing was available to meet resident quality of life and quality of care needs. This deficient practice had the potential to affect all 47 residents residing in the facility. Because of the deficient practice, the facility caused actual harm to R24.</p> <p>Finding Include:</p> <p>R24 did not receive timely assessments and repositioning for pressure ulcer treatment and prevention due to insufficient staffing. As a result R24 was harmed, see F309.</p> <p>R24 and R30 did not receive timely personal hygiene as directed by the care plan due to insufficient staffing, see F312 and F282.</p> <p>R66 did not have her preference for waking times honored as directed by the patient bill of rights due to insufficient staffing, see F241.</p>	F 353	<ol style="list-style-type: none"> <li>Schedule sufficient staff to meet resident needs to ensure adequate coverage. Staff survey was completed to identify areas of staff concerns and needs for delivering quality of care to residents. Results of survey were reviewed by ED/DNS and additional NAR staff hours were added.</li> <li>Address ongoing staffing patterns by making changes as needed based on resident needs. Ensure floor staff is utilizing cordless phones and 2 way radios to increase communication between staff to best meet resident needs. Time management education was also provided to nursing staff. DNS will review staffing needs at clinical startup and adjust staffing as needed.</li> <li>Resident interview and observation tool to be completed weekly by DNS/designee to identify issues/concerns</li> </ol>		

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F 353	<p>Continued From page 47</p> <p>R5 and R30 were not treated in a dignified manner as directed by the patient bill of rights due to insufficient staffing, see F 242.</p> <p>R28's annual MDS dated 1/29/16, identified R28 had intact cognition, and required extensive assistance with toileting, dressing, transferring, bed mobility and occasionally ambulated.</p> <p>On 4/28/16, at 3:25 p.m. R28 stated she needed staff assistance with all cares. R28 stated she tried to space out her needs at times she felt the staff would be less busy. R28 stated she felt the certified nursing assistants (NA) were no longer able to walk with her because they were so short staffed. She was only able to walk with the physical therapist when he was there during the work week.</p> <p>On 4/26/16, at 9:16 a.m. family member (FM)-A stated she felt her R30's needs were not promptly met due to staffing shortages at the facility. On 4/28/16, at 4:06 p.m. during a follow up interview, FM-A stated R30 routinely had to wait to go to the bathroom and staff would not want to take him when he would ask. FM-A stated most recently R30 was left sitting on the toilet while hooked up to a mechanical lift for 20 minutes before he/she received assistance. FM-A stated she had to find a staff member to assist R30 off the toilet. FM-A stated R30 routinely had a strong odor of urine on his body. FM-A stated she was routinely asked by R30's wife if they could move somewhere else due to worry over R30's care. FM-A stated she had asked facility staff to assist with showers 3 times a week, to assist with managing the foul odor. FM-A stated R30's toileting needs were not routinely met. FM-A stated R30's cares were not completed timely due to staffing shortages and</p>	F 353	<p>related sufficient staff. ED and DNS have educated staff on bringing staffing concerns to them so they can be addressed. Additional time management resources have been presented to the nursing staff. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 353	<p>Continued From page 48</p> <p>was unaware if R30 had received increased showers to assist with the foul urine body odor.</p> <p>On 4/27/16, at 8:56 a.m. NA-A stated the usual pattern for staffing was 4 NA's on until 10:00 a.m. and then 3 NA's for the rest of the shift. NA-A stated the 4th NA was brought in about 2 weeks ago and the facility had a bath aid to do baths.</p> <p>On 4/28/16, at 11:46 a.m. NA-B stated she assists R18 to get up on the days she works and almost daily R18 would be saturated with urine. NA-B stated she had brought the DON into R18's room a few weeks ago due R18 being saturated with urine. NA-B stated R18 continued to be saturated with urine at the start of her shift. NA-B stated on a routine basis the NA's could not make it to the dining room until 9:00-9:30 a.m. to assist residents with eating breakfast. NA-B stated on the weekends she would get frozen into staying 12-14 hours due to short staffing. NA-B stated most dependent residents will go 3-4 hours for repositioning on a routine basis due to short staffing. NA-B stated on a routine basis there would only be 2 NA's working on a day and evening shift. NA-B stated this occurred most recently on 4/26/16.</p> <p>On 4/29/16, at 8:46 a.m. NA-E stated on a routine basis R60 would be wet with urine at the beginning of her shift. NA-E stated the facility is routinely short staffed and would sometimes have a night over into day shift until 10:00 a.m. during the weekdays. NA-E stated on a routine basis dependent residents would not be repositioned or checked and changed due to short staffing. NA-E stated she had reported resident cares not getting done time due to staffing concerns to the DON as recently as last week and had been told to "figure</p>	F 353			

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

PRINTED: 10/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
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F 353	<p>Continued From page 49 it out."</p> <p>On 4/29/16, at 9:00 a.m. registered nurse (RN)-A stated staffing levels have been a concern at the facility. RN- A stated the staff were stretched too thin and would routinely be frozen on the weekends she would work which resulted in 16 hour shifts. RN-A stated she had spoken with the DON a few weeks ago about resident cares lacking quality. RN-A stated the DON had responded that the facility census only required the amount of staff the facility had on the floors. RN-A stated the NA's have voiced their concerns about resident cares not getting done timely, which most recently occurred last week.</p> <p>On 4/29/16, at 12:00 p.m. the executive director (ED) stated she did not feel residents care were not getting done due to staffing. The ED stated they had added a third aid in the last couple of weeks to help as needed from 6:00 a.m. to 10:00 a.m. to help with morning cares. The ED confirmed this was not a routinely scheduled shift, but was based upon resident acuity. The ED stated the facility had been working on staffing and they had improved significantly. The ED stated she made attempts at hiring additional staff, and adjusted hours for licensed and unlicensed nursing staff. The ED stated staff call-ins could result in a staff member being frozen to the next shift which could last up to a 16 hour shift. The ED and the DON did not respond when asked how often staff call-ins were replaced rather than freezing staff.</p> <p>On 4/29/16, at 12:05 p.m. the DON stated R30 and R24's cares were not completed due to staff answering questions for surveyors on 4/26/16, and 4/27/16. The DON confirmed the master</p>	F 353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
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F 353	<p>Continued From page 50</p> <p>schedule for the long term care and board and care units of the facility. The DON stated she would complete random audits of cares. This included coming to the facility and observing cares on the night and the evening shifts. The DON had no concerns. The DON stated she received a complaint from a NA about cares not getting done about a month ago. The DON stated the facility added a 6:00 a.m. to 10:00 a.m. (short shift aid) in the morning, however this was not a routinely scheduled shift. The DON stated the usual staffing patterns were as follows, 3 NA's on the day shift 5:30 a.m. to 2:00 p.m., 3 NA's on the evening shift, 2 NA's from 2:00 p.m. to 10:00 p.m. and 1 NA from 5:00 p.m. to 9:00 p.m., and 2 NA's on the night shift from 10:00 p.m. to 6:00 a.m.</p> <p>Review of facility staffing schedule for licensed and unlicensed nursing staff from 2/14/16, to 4/27/16, revealed the facility did not consistently have the staffing numbers identified by the DON. The following inconsistencies were identified:</p> <p>The day shift did not have the staffing levels identified by the ED and DON for 46 out of 60 days - day shift lacked 1-2 aides The evening shift did not have the staffing levels identified by the ED and DON for for 48 out of 60 days - evening shift lacked 1-2 aides The night shift did not have the staffing levels identified by the ED and DON for 28 out of 60 days - the night shift lacked 1 aide</p> <p>On 4/29/16, at 12:10 p.m. the activity director (AD) stated they received 3 complaints from residents since 2/29/16, related to long call wait times from R28, R37, R5. R5 reported being incontinent due to the long wait.</p>	F 353			

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F 353	Continued From page 51 A policy/procedure for staffing was requested, none was provided.	F 353			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		6/8/16	



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
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F 441	<p>Continued From page 52 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure proper handwashing techniques were followed during personal cares for 1 of 3 residents (R65) observed. In addition, the facility failed to ensure a mechanical lift was properly sanitized after use for 1 of 1 resident (R65).</p> <p>Findings include:</p> <p>R65's admission Minimum Data Set (MDS) dated 4/15/16, identified R65 had diagnoses which included dementia with behavioral disturbance, diabetes and arthritis. The MDS identified R65 had both short term and long term memory problems. Further, the MDS identified R65 was incontinent of urine and required extensive assistance for transfers and toileting activities.</p> <p>During observation on 4/26/16, from 4:03 p.m. to 4:20 p.m., nursing assistant (NA)-H was observed to assist R65 to transfer from the toilet to the wheelchair. At 4:03 p.m., NA-H applied disposable gloves on both hands and utilized a mechanical standing lift to transfer R65 from the bed to the toilet. NA-H removed R65's brief which was soiled with urine, then removed the disposable gloves. At 4:10 p.m., without sanitizing hands, NA-H applied fresh disposable gloves, and proceeded to cleanse R65's perineal area with wet wipes. Without removing the soiled disposable gloves, NA-H continued to pull up R65's clean incontinence product and pants,</p>	F 441	<ol style="list-style-type: none"> <li>1. NA H has been individually re-educated regarding proper hand hygiene technique. Improper hand hygiene could adversely affect all residents.</li> <li>2. During plan of correction staff meeting staff were re-educated regarding proper hand hygiene and proper infection control practices.</li> <li>3. Hand washing audits completed weekly by each department and followed up by ED/DNS/Designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</li> <li>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</li> </ol>		

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

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F 441	<p>Continued From page 53</p> <p>grabbed the mechanical lift handles with both gloved hands, and touched the plastic buckles of the sling when removed from R65. NA-H did not remove the soiled disposable gloves and wash hands until after R65 was transferred to the wheelchair. At 4:18 p.m., NA-H pushed the mechanical lift into the hallway, delivered trash to the soiled utility room and then performed handwashing.</p> <p>During interview on 4/26/16, at 4:20 p.m. NA-H confirmed cares were completed for R65, and confirmed she had not removed the soiled gloves and sanitized her hands prior to operating the mechanical lift and sling. NA-H reported she should have taken off the gloves and washed her hands after personal cares before continuing further cares. NA-H confirmed R65's incontinence product was soiled with urine and required personal cares. NA-H confirmed she was finished using the mechanical lift and it was ready for future use and confirmed the mechanical lift was not sanitized.</p> <p>During interview on 4/28/16, at 3:20 p.m., registered nurse assessment coordinator (RNAC) indicated staff are expected to take off gloves and wash hands after providing perineal cares before touching anything else. Further, the RNAC stated the mechanical lifts should be cleaned with sanitizing cloths between each resident use.</p> <p>During interview on 4/28/16, at 3:22 p.m., the director of nursing (DON) confirmed staff was expected to follow the handwashing and hand hygiene guidelines. The DON verified all staff received the education upon hire and every year thereafter.</p>	F 441			

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

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F 441	Continued From page 54 The facility's Hand Hygiene and Handwashing Policy dated 8/14, directed staff to perform hand hygiene after removing gloves.  The facility's Cleaning and Disinfection of Resident Care Items and Equipment Policy dated 8/14, indicated reusable resident care equipment would be decontaminated between residents.	F 441			

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: NH3C

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00930

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245313</b>	3. NAME AND ADDRESS OF FACILITY (L3) <b>GOLDEN LIVINGCENTER - MEADOW LANE</b> (L4) <b>2209 UTAH AVENUE</b> (L5) <b>BENSON, MN</b> (L6) <b>56215</b>	4. TYPE OF ACTION: <u>7</u> (L8) <b>1. Initial 2. Recertification</b> <b>3. Termination 4. CHOW</b> <b>5. Validation 6. Complaint</b> <b>7. On-Site Visit 9. Other</b> <b>8. Full Survey After Complaint</b>
2.STATE VENDOR OR MEDICAID NO. (L2) <b>306920600</b>	5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) <b>04/01/2006</b>	7. PROVIDER/SUPPLIER CATEGORY <u>03</u> (L7) <b>01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA</b> <b>02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF</b> <b>03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC</b> <b>04 SNF 08 OPT/SP 12 RHC 16 HOSPICE</b>
6. DATE OF SURVEY <b>06/17/2016</b> (L34)	8. ACCREDITATION STATUS: ___ (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	FISCAL YEAR ENDING DATE: (L35) <b>12/31</b>
11. LTC PERIOD OF CERTIFICATION From (a): To (b):	10. THE FACILITY IS CERTIFIED AS: <input checked="" type="checkbox"/> A. In Compliance With Program Requirements Compliance Based On: <u>1</u> . Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <b>A*</b> (L12)	And/Or Approved Waivers Of The Following Requirements: ___ 2. Technical Personnel ___ 6. Scope of Services Limit ___ 3. 24 Hour RN ___ 7. Medical Director ___ 4. 7-Day RN (Rural SNF) ___ 8. Patient Room Size ___ 5. Life Safety Code ___ 9. Beds/Room
12.Total Facility Beds <b>62</b> (L18)	13.Total Certified Beds <b>62</b> (L17)	14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 43 19 (L37) (L38) (L39) (L42) (L43)
15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)		16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): <b>See Attached Remarks</b>

17. SURVEYOR SIGNATURE  <u>Denise Erickson, HFE NEII</u> (L19)	Date : <b>07/05/2016</b>	18. STATE SURVEY AGENCY APPROVAL  <u>Mark Meath, Enforcement Specialist</u> (L20)	Date: <b>07/29/2016</b>
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT:  	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____
22. ORIGINAL DATE OF PARTICIPATION <b>05/01/1986</b> (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)	26. TERMINATION ACTION: (L30) <b>VOLUNTARY</b> <u>00</u> <b>INVOLUNTARY</b> <b>01-Merger, Closure 05-Fail to Meet Health/Safety</b> <b>02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement</b> <b>03-Risk of Involuntary Termination</b> <b>OTHER</b> <b>04-Other Reason for Withdrawal 07-Provider Status Change</b> <b>00-Active</b>
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. <b>00454</b> (L31)	30. REMARKS
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE <b>06/13/2016</b> (L33)	DETERMINATION APPROVAL

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C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

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CCN: 24 5313

On June 17, 2016 a Post Certification Revisit was completed to verify Golden LivingCenter Meadow Lane achieved and maintained compliance with Federal participation regulations and to verify compliance related to the investigations of complaint numbers H5313026 and H5313029. Based on our revisit, we have determined the facility has corrected deficiencies issued pursuant to the survey including the substantiated complaints (H5313026 and H5313029) cited at F241, F242, F282, F312, F314 and F353, as of June 8, 2016. Refer to the CMS 2567b forms for the results of this revisit.

Effective June 8, 2016, the facility is certified for 62 skilled nursing facility beds.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

CMS Certification Number (CCN): 245313

July 26, 2016

Ms. Brooke Dillon, Administrator  
Golden LivingCenter - Meadow Lane  
2209 Utah Avenue  
Benson, Minnesota 56215

Dear Ms. Dillon:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective June 8, 2016 the above facility is certified for:

- 43 Skilled Nursing Facility/Nursing Facility Beds
- 19 Nursing Facility II Beds

Your facility's Medicare approved area consists of all 43 skilled nursing facility beds.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist  
Program Assurance Unit  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Email: mark.meath@state.mn.us  
Telephone: (651) 201-4118 Fax: (651) 215-9697

*An equal opportunity employer.*



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered  
July 5, 2016

Ms. Brooke Dillon, Administrator  
Golden LivingCenter - Meadow Lane  
2209 Utah Avenue  
Benson, Minnesota 56215

RE: Project Number S5313026, H5313026 and H5313029

Dear Ms. Dillon:

On May 13, 2016, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on April 29, 2016 that included an investigation of complaint number H5313026 and H5313029. This survey found the most serious deficiencies to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), whereby corrections were required.

On June 17, 2016, the Minnesota Department of Health completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on April 29, 2016. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of June 8, 2016. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on April 29, 2016, effective June 8, 2016 and therefore remedies outlined in our letter to you dated May 13, 2016, will not be imposed.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist  
Program Assurance Unit  
Licensing and Certification Program  
Health Regulation Division  
Email: mark.meath@state.mn.us  
Telephone: (651) 201-4118 Fax: (651) 215-9697

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245313	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/17/2016	Y3
NAME OF FACILITY GOLDEN LIVINGCENTER - MEADOW LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 2209 UTAH AVENUE BENSON, MN 56215		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0241	Correction	ID Prefix F0242	Correction	ID Prefix F0253	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.15(b)	Completed	Reg. # 483.15(h)(2)	Completed
LSC	06/08/2016	LSC	06/08/2016	LSC	06/08/2016
ID Prefix F0282	Correction	ID Prefix F0312	Correction	ID Prefix F0314	Correction
Reg. # 483.20(k)(3)(ii)	Completed	Reg. # 483.25(a)(3)	Completed	Reg. # 483.25(c)	Completed
LSC	06/08/2016	LSC	06/08/2016	LSC	06/08/2016
ID Prefix F0353	Correction	ID Prefix F0441	Correction	ID Prefix	Correction
Reg. # 483.30(a)	Completed	Reg. # 483.65	Completed	Reg. #	Completed
LSC	06/08/2016	LSC	06/08/2016	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	<input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) GA/mm	DATE 07/05/2016	SIGNATURE OF SURVEYOR 31256	DATE 06/17/2016
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/29/2016			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		



MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL  
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: NH3C  
Facility ID: 00930

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245313</b>		3. NAME AND ADDRESS OF FACILITY (L3) <b>GOLDEN LIVINGCENTER - MEADOW LANE</b> (L4) <b>2209 UTAH AVENUE</b> (L5) <b>BENSON, MN</b> (L6) <b>56215</b>			4. TYPE OF ACTION: <u>2</u> (L8)  1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other  8. Full Survey After Complaint	
2.STATE VENDOR OR MEDICAID NO. (L2) <b>306920600</b>		7. PROVIDER/SUPPLIER CATEGORY <u>03</u> (L7) <b>01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA</b> <b>02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF</b> <b>03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC</b> <b>04 SNF 08 OPT/SP 12 RHC 16 HOSPICE</b>			FISCAL YEAR ENDING DATE: (L35) <b>12/31</b>	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) <b>04/01/2006</b>		10.THE FACILITY IS CERTIFIED AS: A. In Compliance With <u>And/Or Approved Waivers Of The Following Requirements:</u> Program Requirements _____ 2. Technical Personnel _____ 6. Scope of Services Limit Compliance Based On: _____ 3. 24 Hour RN _____ 7. Medical Director _____ 1. Acceptable POC _____ 4. 7-Day RN (Rural SNF) _____ 8. Patient Room Size _____ 5. Life Safety Code _____ 9. Beds/Room				
6. DATE OF SURVEY <b>04/29/2016</b> (L34)		X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <b>B*</b> (L12)				
8. ACCREDITATION STATUS: _____ (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other		11. LTC PERIOD OF CERTIFICATION From (a) : To (b) :				
12.Total Facility Beds <b>62</b> (L18)		14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 43 19 (L37) (L38) (L39) (L42) (L43)			15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	
13.Total Certified Beds <b>62</b> (L17)						

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

See Attached Remarks

17. SURVEYOR SIGNATURE  <b>Beth Nowling, HFE NEII</b> Date : 06/09/2016 (L19)		18. STATE SURVEY AGENCY APPROVAL  <i>Mark Meath, Enforcement Specialist</i> Date: 06/10/2016 (L20)	
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____	
22. ORIGINAL DATE OF PARTICIPATION <b>05/01/1986</b> (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. <b>00454</b> (L28)		30. REMARKS (L31)	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: NH3C

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00930

C&T REMARKS - CMS 1539 FORM

STATE AGENCY REMARKS

CCN: 24 5313

On April 29, 2016 a recertificatoin survey was completed to verify Golden LivingCenter Meadow Lane maintain compliance with Federal participation regulations. Deficiencies were cited at a Scope and Severity of G, whereby correction are required. In addition during the recertification survey, Investigations were conducted, investigation of complaint numbers H5313026 and H5313029 were found to be substantiated at F241, F242, F282, F312, F314 and F353. Investigation of complaint number H5313028 was found to be unsubstantiated. The facility has been given an opportunity to correct before remeidies would be imposed. Refer to the CMS 2567 for both health and life safety code along with the plan of correction for health. Post Certification Revisit to follow.



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered  
May 13, 2016

Ms. Brooke Dillon, Administrator  
Golden LivingCenter - Meadow Lane  
2209 Utah Avenue  
Benson, Minnesota 56215

RE: Project Number S5313026, H5313026, H5313028, H5313029

Dear Ms. Dillon:

On April 29, 2016, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. In addition, at the time of the April 29, 2016 standard survey the Minnesota Department of Health completed an investigation of complaint number H5313026, H5313028, H5313029.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constitute actual harm that is not immediate jeopardy (Level G), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed. In addition, at the time of the April 29, 2016 standard survey the Minnesota Department of Health completed an investigation of complaint numbers H5313026 and H5313029 and found both to be substantiated with the following deficiencies: F241, F242, F282, F312, F314 and F535. The complaint investigation number H5313028 was found to be unsubstantiated.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

**Opportunity to Correct** - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

**Electronic Plan of Correction** - when a plan of correction will be due and the information to be contained in that document;

**Remedies** - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

**Potential Consequences** - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

**Informal Dispute Resolution** - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

#### **DEPARTMENT CONTACT**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

**Gail Anderson, Unit Supervisor**  
**Fergus Falls Survey Team**  
**Licensing and Certification Program**  
**Health Regulation Division**  
**Minnesota Department of Health**

Email: [gail.anderson@state.mn.us](mailto:gail.anderson@state.mn.us)

Phone: (218) 332-5140

Fax: (218) 332-5196

#### **OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES**

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by June 8, 2016, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by June 8, 2016 the following remedy will be imposed:

- Per instance civil money penalty. (42 CFR 488.430 through 488.444)

## ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC, an onsite revisit of your facility will be conducted to verify that substantial compliance with the regulations has been attained. The revisit will occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

### **Original deficiencies not corrected**

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

### **Original deficiencies not corrected and new deficiencies found during the revisit**

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

### **Original deficiencies corrected but new deficiencies found during the revisit**

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

## **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by July 29, 2016 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by October 29, 2016 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

## **INFORMAL DISPUTE RESOLUTION**

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc\\_idr.cfm](http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

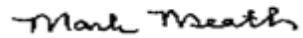
Golden LivingCenter - Meadow Lane

May 13, 2016

Page 6

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath". The signature is written in a cursive style with a horizontal line underlining the first name.

Mark Meath, Enforcement Specialist  
Program Assurance Unit  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health

Email: [mark.meath@state.mn.us](mailto:mark.meath@state.mn.us)

Telephone: (651) 201-4118

Fax: (651) 215-9697



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

PRINTED: 06/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>
--	---

(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.</p> <p>A recertification survey was conducted and complaint investigation(s) were also completed at the time of the standard survey. "</p> <p>An investigation of complaints H5313026 and H5313029 was completed. Both complaints was substantiated. Deficiencies issued at F241, F242, F282, F312, F314 and F353.</p>	F 000		
F 241 SS=D	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 241		6/8/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/20/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
(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 241	<p>Continued From page 1</p> <p>by: Based on interview and document review the facility failed to provide cares to maintain dignity for 2 of 2 residents (R5, R30) reviewed for dignity.</p> <p>Findings include:</p> <p>R5's quarterly Minimum Data Set (MDS) dated 2/18/16, identified R5 was cognitively intact and had a diagnoses which included depression, myositis and osteoarthritis. The MDS identified R5 required extensive assistance with activities of daily living. Additionally, the MDS noted R5 to be oriented. Further, the MDS indicated R5 was frequently incontinent of bowel. R5's annual MDS dated 8/20/15, indicated R5 was always continent of bowel.</p> <p>Review of R5's care plan dated 9/10/13, revealed R5 required extensive assistance of one staff and standing lift for transfers, extensive assistance of one staff for toileting, bed mobility and bathing. R5's care plan indicated an alteration in elimination of bowel and bladder, used briefs/pads for incontinence protection and staff to provide one assist with standing lift as needed to toilet.</p> <p>During interview on 4/28/16, at 10:46 a.m., R5 reported he was pretty independent, but required assistance from staff and the mechanical lift to get to the toilet for bowel movements. R5 stated he doesn't make it as often as he used to, because the staff do not answer his call light in time, so he was incontinent of stool. R5 reported there were three nursing assistants working at the facility now, but that was not what normally happened. R5 stated it was because survey was</p>	F 241	<ol style="list-style-type: none"> <li>1. Resident interviews were completed R5 and R30 to identify preferences in care. Plan of care was reviewed and updated as indicated for both residents.</li> <li>2. To ensure residents are receiving care in a dignified manner: staff education in regards to resident rights and dignity. Resident interviews completed on Choices and Dignity with interviewable residents. Resident interviews and observations are completed quarterly and PRN with changes updated on care plan and NAR sheets.</li> <li>3. Weekly audits to include: call light, room appearance audit, resident care observation and resident interview audits completed by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</li> <li>4. Results will be reviewed monthly at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
(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 241	<p>Continued From page 2</p> <p>going on. R5 stated the workers at the facility work very hard, the nursing assistants "ran around like crazy, there just isn't enough [nursing assistants]". R5 stated sometimes he waited for 30 minutes for someone to answer the call light. R5 reported he really had to wait a long time on the night shift, in the early morning hours. R5 confirmed on 4/27/16, he put the call light on at 4:25 a.m., and nobody answered it until 5:00 a.m.. R5 reported "it was too late" as he had been incontinent of stool. R5 stated he had expressed his concerns of being incontinent of bowel due to the lack of staff to facility management at his care conferences. He was told if he didn't like it at the facility, maybe he should move. R5 stated he has had to use his cell phone to call the nurses station to summon help because they don't answer the call light. R5 reported he now wore a "diaper", and stated he never used to wear one. He stated he wore the incontinence product as it made personal cares easier if he was incontinent of stool.</p> <p>On 4/29/16 at 9:52 a.m., R5 reported he had his call light on that morning at 5:45 a.m., and by the time staff answered it he was already incontinent of stool, then stated, nobody liked to be incontinent of stool. R5 again expressed the facility did not have enough staff scheduled and he had been more incontinent of stool because of it. R5 stated he had a bowel movement every morning. It was very predictable, and it wouldn't be that difficult to figure out to know when to toilet him.</p> <p>On 4/29/16 at 9:45 a.m., nursing assistant (NA)-B confirmed R5 did have incontinent bowel movements once in a while, usually early in the mornings. NA-B stated R5 was able to tell staff</p>	F 241			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
(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 241	<p>Continued From page 3</p> <p>when he needed to get to the bathroom. NA-B reported staff often do not get to R5's call light, because there was not enough staff. NA-B confirmed R5 did seem embarrassed when he was incontinent of bowel. NA-B then stated R5 was more incontinent of stool. NA-B reported R5 had his light on today when she got to work early this morning. NA-B stated night shift staff did not get to him in time and R5 had already been incontinent of bowel. NA-B stated when she worked she went to R5 right away in the morning and asked him if he was ready to use the bathroom, in an effort to anticipate his needs so he was not incontinent of bowel.</p> <p>On 4/29/16 at 12:05 p.m., licensed practical nurse (LPN)-A reported R5 was usually continent of his bowels, but did wear an incontinent product in case he did not make it to the toilet in time. LPN-A confirmed R5 was aware of his need to have a bowel movement and would summon help by activating his call light. LPN-A confirmed there have been times when staff have not answered R5's call light in time which resulted in incontinent episodes. LPN-A stated if staff answered R5's call light in time he was continent of bowel. LPN-A confirmed R5 required assist of one staff and a mechanical lift to transfer to the toilet. LPN-A stated when R5 did have incontinent bowel movements he became very upset and embarrassed. R5 readily voiced his concerns to staff.</p> <p>On 4/29/16 at 11:12 a.m., the director of nursing (DON) and social worker (SW) confirmed they were both aware of R5's concerns of having bowel movements in his pants and bed due to staff not answering his call light timely. They reported R5 voiced his concern again regarding</p>	F 241			

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

PRINTED: 06/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
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F 241	<p>Continued From page 4</p> <p>the same issue in the resident council meeting on 4/26/16. Both the DON and SW stated they felt R5's complaint was more of a behavioral thing, and referred to R5's care plan.</p> <p>A facility policy was requested regarding honoring ensuring dignified treatment, the facility referred to the Patient Bill of Rights.</p> <p>R30's quarterly minimum data set (MDS), dated 3/22/16, identified R30 had severe cognitive impairment and required extensive assistance with all activities of daily living (ADLs). The MDS further identified R30 was frequently incontinent of bowel and bladder and was not on a scheduled toileting program.</p> <p>R30's annual bowel and bladder assessment dated 12/24/15, identified R30 was frequently incontinent of bowel and bladder and was to be checked for incontinence and changed every 2 hours, and was to receive good pericare after incontinent episodes.</p> <p>R30's care plan dated 4/27/16, identified R30 was occasionally incontinent of bowels and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day and less than 2 episodes of bowel incontinence per week. The care plan further identified R30 was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an</p>	F 241			

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F 241	<p>Continued From page 5</p> <p>overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room continued to smell strongly of concentrated urine. R30 was continuously observed from 1:58 p.m. until 4:40 p.m., R30 was not toileted for 2 hours and 40 minutes.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair. R30's room and body smelled strongly of urine and other body odor. At 1:05 p.m. R30's room and body continued to have an overwhelming smell of urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strongly of urine.</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked stool and urine and was dependent on staff for incontinence cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always smelled of urine.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed "at least" every 2 hours. She stated it was R30's pattern to have stool and urine in his brief every time he was changed. NA-B stated R30 always smelled of urine because his urine was so "thick and strong." NA-B stated staff referred to it as "R30's stinky problem." NA-B stated R30 required total assistance with</p>	F 241			

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F 241	<p>Continued From page 6</p> <p>incontinence care and smelled of urine every day. She stated R30 was not toileted on time because there just wasn't enough staff.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 4:06 p.m. during a follow-up interview FM-A stated R30 had to wait and wait to go to the bathroom. FM-A stated staff just don't take him when he says he has to go. FM-A stated she was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor.</p> <p>On 4/28/16, at 4:29 p.m. DON stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the residents care plan would be individualized with odor control interventions. DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the registered nurse assessment coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor.</p> <p>Upon review of the facility policy, Incontinence Management/Bladder Function Guidelines dated</p>	F 241			

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F 241	Continued From page 7 6/9/15, it identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and restore or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.	F 241			
F 242 SS=D	<b>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</b>  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to honor resident preferences for 1 of 4 residents (R66) reviewed for choices.  Findings include:  R66's admission Minimum Data Set (MDS) dated 4/19/16, identified moderate cognitive impairment and a diagnosis of a fracture to the right femur. The MDS identified R66 required extensive assistance with activities of daily living.  Review of R66's initial care plan dated 4/19/16, revealed R66 required extensive assistance of one staff for transfers, bed mobility, dressing, toileting and bathing. R66's care plan directed	F 242	1. Resident R66 has the right to choose her healthcare consistent with her interests, assessments and plan of care. Resident interview and observation completed to identify choices and preferences. Plan of care was reviewed and updated as indicated. NAR sheets were updated with preferences.  2. To ensure residents have the right to make choices regarding cares. Staff education in regards to resident rights and dignity. Resident interviews completed on Choices and Dignity with interviewable residents. Resident interviews and observations are completed quarterly and PRN with changes updated on care plan	6/8/16	



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F 242	<p>Continued From page 8</p> <p>facility staff to help maintain her preferences in daily living.</p> <p>Review of an undated facility form titled, "New Resident Tidbits from Social Services" revealed R66 had no memory concerns, was very sharp and preferred to get up at 6:00 a.m.</p> <p>On 4/25/16, at 7:15 p.m. R66 stated she needed help to get up and out of bed in the mornings. R66 stated she would routinely have to wait for about an hour for staff to help her get up. R66 stated she would use her call light to let staff know her needs, and would often become anxious waiting for them. R66 stated she was afraid she would wet herself or have a bowel accident. R66 stated this has happened and she felt bad when it did. R66 said before she broke her leg she always made it to the bathroom in time and did not have accidents. R66 stated the staff would routinely tell her they have other people to get up so she had to wait. R66 stated it had occurred as recently as this morning.</p> <p>On 4/29/16, at 9:08 a.m. during a follow up interview R66 stated she told staff when she was admitted, her usual routine has been to wake up at 6:00 a.m. and she would go to bed around 9:00 p.m. R66 stated this morning she had to wait until 8:00 a.m. to get help to get out of bed. R66 stated she had been told by a nursing assistant that she was 1 out of 10 residents she had to help, so she had to wait. R66 stated she had heard that a lot and stated she felt as though she was always the last one. R66 stated she spoke to a family member about not getting up at her preferred time but she did not feel comfortable telling the staff. R66 stated she felt the facility did not have enough staff to help everyone. She felt helpless</p>	F 242	<p>and NAR sheets.</p> <p>3. Staff was educated on resident rights and choices. Weekly audits to include: call light, room appearance audit, resident care observation and resident interview audits completed by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 242	<p>Continued From page 9</p> <p>and worried that at times staff would forget about her. R66 stated she felt horrible for the staff because they had too many people to help.</p> <p>On 4/29/16, at 9:30 a.m. nursing assistant (NA)-E stated R66 was alert, used the call light for assistance and was able to let the staff know of her needs. NA-E stated R66 needed extensive assistance of one for bed mobility, transfers, toileting, dressing, bathing and personal hygiene. NA-E stated she was not able to assist R66 up out of bed until around 8:00 a.m. due to a staffing shortage. NA-E stated she felt horrible not being able to help R66 and had told her she would help her as soon as she could.</p> <p>On 4/29/16, at 11:13 a.m. registered nurse assessment coordinator (RNAC) stated she was unaware R66 preferred to get up at 6:00 a.m. The RNAC confirmed R66's call light had been on the past few mornings when she arrived at work between 7:00 a.m. and 8:00 a.m. The RNAC stated she would expect residents preferences to be honored, as it was in the patient bill of rights.</p> <p>On 4/29/16, at 12:07 p.m. the director of nursing (DON) stated she felt R66 was helped out of bed based on her preference everyday of the week, except the current date. The DON stated she believed an occupational therapy assistant had assisted R66 out of bed at least one day of the week. The DON stated she felt R66's preferences were honored.</p> <p>A facility policy was requested regarding honoring resident choices, the RNAC referred the the Patient Bill of Rights.</p>	F 242			

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F 253 F 253 SS=E	Continued From page 10 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the failed to maintain a clean and sanitary environment to prevent unnecessary odors for 2 of 3 wings in the facility.  Findings include:  The facility's undated policy, Maintaining the General Environment, identified housekeeping must provide the residents with clean and sanitary surroundings, and the cleanliness of the floors, walls, ceilings, furniture, showers, toilets and linens contributed to the comfort and recovery of each resident.  On 4/25/16, at 1:00 p.m. a strong, concentrated urine odor was hanging in the air immediately upon entering the front door of the facility.  On 4/25/16, at 1:13 p.m. during the initial facility tour a strong, heavy smell of concentrated urine filled the air in the east and west resident hallways.  On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's room and west hallway smelled strongly of concentrated urine.  On 4/26/16, at 9:42 a.m. family member (FM)-A	F 253 F 253	1. Both wings in the facility have maintained a sanitary, orderly, and comfortable environment to prevent unnecessary odors. Mattresses were removed and replaced for all residents identified. R30 had an additional bath scheduled weekly and diet intake was reviewed and changes were implemented to diet. Rooms identified with odor concerns had floors stripped and waxed. Toileting plans and needs were reviewed for all residents identified and care plans were updated as indicated.  2. The entire facility will maintain a sanitary, orderly, and comfortable environment to prevent unnecessary odors. Weekly cleaning schedule/duties were reviewed and updated by housekeeping management. Executive Director/Designee completes daily walk through of facility to identify odor or cleaning concerns. Any concerns will be immediately corrected.  3. Re-educate staff on who to notify when an odor has been identified. Resident room odor audits will be completed by ED/Healthcare Supervisor/Designee. The	6/8/16	

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F 253	<p>Continued From page 11</p> <p>stated the entire west hallway always smelled of urine.</p> <p>On 4/27/16, at 1:05 p.m. the west hallway smelled strongly of urine and stool.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated leadership was aware of R30's urine odor and had called it "R30's stinky problem." She stated the facility hadn't tried anything to control R30's urine odor but they really needed to. She stated everyone was aware R30 had an odor problem but nothing had been done. NA-B stated R17 used to have a bad feminine odor. NA-B stated she went and bought R17 feminine hygiene products with her own money, but couldn't afford to buy every resident odor control products.</p> <p>On 4/28/16, at 1:45 p.m. environmental services director (ESD) stated housekeeping was responsible for the cleaning and maintenance of resident rooms until 2:30 pm each day. After 2:30 p.m. it was up to the NAs to clean up spills. She stated housekeeping was not responsible for cleaning urine as urine was considered a bodily fluid and the NAs were responsible for any biohazard cleaning. She stated resident rooms are cleaned daily, each hall is completed every day, and once a month each room is deep cleaned. She stated she was aware R17, R19, R22, R30 and R34's rooms had urine odor problems. She stated at some point she would discuss getting rid of a R17's recliner as she felt this was a source of odor on the west wing. The ESD stated R30's room had a urine odor related to R30 spilling urine on his rug in the past. She stated R30's fleece blankets, body pillow, mattress and wheelchair smelled of urine and body odor too and there was a layer of grime under R30's mattress that needed to be</p>	F 253	<p>audit is completed by visualizing and assessing individual rooms. Resident room audits are completed weekly by facility management to identify cleaning needs and rooms have good appearance. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 253	<p>Continued From page 12</p> <p>disinfected. She further stated she had a lot of donations and could replace R30's items that smelled of urine. She stated when you got close to the identified rooms there was a urine odor. She stated a lot of the room floors need to be rewaxed as the floors were a source of urine odor. She stated when urine spilled onto the floor it seeped into the wax if it was not cleaned up it right away. The ESD said they needed to look at rewaxing floors and the entire east and west sides needed to be done. She stated the last time the floors were waxed was 8/15, and before that it had been 3 years since the floors had been waxed. The ESD acknowledged what they are currently doing was not working.</p> <p>On 4/28/16, at 2:24 p.m. the environmental tour was conducted with the executive director (ED), ESD, LPN-A and the maintenance director (MD). The ESD stated you can usually smell urine right when you walk into R34's room. ESD stated they could clean R34's floor mat daily to better control the urine odor on the East side. The ESD stated R17's room smelled of body odor and stated she felt maybe they needed to look at the mattress, comforter and recliner and try to replace them. LPN-A stated she felt the odor in R19's room was from spilled food on his wheelchair, and they could look at wheelchair cleaning and wiping off food spills. The ESD director stated R22's room had a distinct urine odor and there was nothing they could do. The ESD stated R30's room smelled of body and urine odor. The ED and ESD stated they would check with the family about replacing R30's fleece blankets. LPN-A stated R30's room had smelled since he was admitted. The ESD stated they used to spray off floor mats that had urine spilled on them, but would now lift them up to clean underneath. The MD stated he</p>	F 253			

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F 253	Continued From page 13 did not have any interventions in place for the odors and that he left that up to the ESD.  On 4/28/16, at 4:29 p.m. the director of nursing (DON) stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the resident's care plan would be individualized with odor control interventions. The DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the registered nurse coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor, and stated she felt they could clean rooms, chairs and equipment more often to better control the odor.	F 253			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to follow a plan of care for 2 of 4 residents (R24, R30) reviewed for activities of daily living, urinary incontinence and 1 of 4 residents (R24) reviewed for pressure ulcers and urinary incontinence.  Findings Include:	F 282	1. Resident R24 and R30 care plans were reviewed and revised as indicated and are receiving care per care plan related to activities of daily living, urinary incontinence and in addition R24 related to altered skin integrity and urinary incontinence.	6/8/16	

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F 282	<p>Continued From page 14</p> <p>Review of R24's care plan revised 2/19/16, identified R24 was on a turning and positioning program every 2 hours in wheelchair and staff were to refer to R24's assessment for further repositioning needs. R24's care plan listed various interventions of a pressure relieving mattress (added 2/19/16,) and to complete weekly skin checks and skin assessments per facility policy.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to reposition during the entire observation.</p> <p>-At 1:44 p.m. R24 was lying in bed, tilted on her right side with an air alternating mattress in place. R24's eyes were closed, her arms were across her chest and the blanket was covering her to mid torso.</p> <p>-At 2:32 p.m. R24 remained lying, tilted on her right side in bed, arms were crossed over her chest and a blanket covered her to mid torso. No staff were observed to offer assistance.</p> <p>-At 3:02 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed and covered to mid torso with a blanket. NA-A was observed to walk up and down the hall in front of R24's room, but did not enter R24's room. No staff were observed to offer assistance.</p> <p>-At 3:34 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed and covered to mid torso with a blanket. NA-A was passing out</p>	F 282	<p>2. To ensure residents plan of care are being followed we identify changes at daily clinical start up and update care plans and NAR sheets with identified changes.</p> <p>3. Re-educate staff on importance of timely repositioning and following interventions per individual care plans. Random weekly audits on toileting and repositioning per care plan interventions to be completed by DNS/designee.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 282	<p>Continued From page 15</p> <p>snacks to various residents on R24's hallway. NA-A walked past R24's room, however NA-A did not stop or enter R24's room.</p> <p>-At 4:03 p.m. NA-D and NA-F walked down the hallway past R24's room and briefly looked into R24's room. NA-D and NA-F did not stop, talk or enter R24's room.</p> <p>-At 4:32 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed and was covered to mid torso with a blanket. No staff were observed to offer assistance or enter R24's room.</p> <p>-At 4:40 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed and had a blanket covering her to mid torso. The director of nursing (DON) was observed to enter R24's room at this time and shut the door.</p> <p>R24 had not been repositioned from 1:44 p.m. to 4:40 p.m. a total of 2 hours and 56 minutes.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation.</p> <p>-At 8:33 a.m. R24 was seated in a wheelchair with a seat cushion in place in her room. NA-A wheeled R24 to the dining room and assisted R24 to a table in the front of the dining room. NA-A proceeded to assist R24 with eating her breakfast. R24 remained seated in the wheelchair until 9:03 a.m. when staff wheeled her to a group activity.</p> <p>-At 9:22 a.m. R24 remained seated in the</p>	F 282			



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F 282	<p>Continued From page 16</p> <p>wheelchair in the activity room. R24 was seated in her wheelchair and listened to the news which was read by the activity director.</p> <p>-At 10:16 a.m. NA-A wheeled R24 to her room following the activity. R24 was seated in the wheelchair with her eyes closed. NA-A positioned the wheelchair between her bed and the wall inside of the room. NA-A stated the bath aid would be coming to get R24 shortly for a shower. NA-A immediately exited the room and did not offer assistance with repositioning at this time.</p> <p>-At 10:39 a.m. R24 remained seated in her wheelchair inside her room. Registered nurse (RN)- A was observed to enter R24's room, removed a mechanical lift from her room which was stationed at the end of R24's bed. RN-A did not offer or assist R24 with repositioning.</p> <p>-At 10:55 a.m. R24 remained seated in her wheelchair inside her room. R24's eyes were closed and head was dropped down in a chin to chest position. No staff were observed to offer assistance with repositioning.</p> <p>-At 10:58 a.m. NA-C entered R24's room and attempted to wake R24. R24's eyes were closed and chin was resting on her chest. NA-C offered R24 a shower which she declined. NA-C immediately left R24's room and did not offer or assist R24 with repositioning.</p> <p>-At 11:07 a..am. R24 remained seated in her wheelchair. NA-C and RN-A entered R24's room and offered a shower. NA-C wheeled R24 to the shower room in her wheelchair and assisted R24 to stand with a mechanical lift. NA-C removed R24's incontinent brief which was soiled with a</p>	F 282			

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F 282	<p>Continued From page 17</p> <p>moderate amount of urine. An open area was observed on R24's right side coccyx. The open area measured approximately 2.5 centimeters (cm) long, 1 cm wide, had an irregular shaped border which was red and raised. The wound bed could not be visualized as it was covered with a thick whitish matter. The skin surrounding the ulcer was pink and blanchable. RN-A confirmed the open area on R24's right coccyx and confirmed R24's incontinent brief was moderately soiled. NA-C confirmed she had not assisted R24 with repositioning prior to the shower.</p> <p>R24 had not been repositioned from 8:33 a.m. to 11:07 a.m. a total of 2 hours and 34 minutes.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 had had the sore on her coccyx for at least 3 months. NA-A was not aware of any recent changes to R24's plan of care within the last few months other than an air alternating mattress.</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. away due to an issue with another bath. NA-C stated she felt there was not enough staff in the facility to ensure residents were assisted with repositioning timely.</p> <p>On 4/27/16, at 11:10 a.m. NA-A confirmed she</p>	F 282			

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F 282	<p>Continued From page 18</p> <p>had not repositioned R24 since prior to breakfast.</p> <p>On 4/27/16, at 11:11 a.m. RN-A stated R24 was unable to turn herself in bed, required repositioning every 2 hours and could not be on her left side at all due to an abscess on R24's left hip. RN-A stated the ulcer on R24's right coccyx had been there for quite a while and had improved and worsened multiple times in the past few months. RN-A confirmed R24's ulcer was located on a bony prominence (coccyx).</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) confirmed R24's care plan directed facility staff to assist R24 to reposition based on assessed need, which was every 2 hours. The DON stated she would expect staff to reposition R24 timely. A copy of the grid was requested to the DON and a copy was not provided by the DON.</p> <p>Upon review of the facility policy, Interdisciplinary Care Plan dated 4/1/16 identified the interdisciplinary care plan guided the facility in the provision of care and services to attain or maintain the highest practicable physical, mental and psychological well being of each resident.</p> <p>Based on observation, interview and document review the facility failed to follow a plan of care for 2 of 4 residents (R24, R30) reviewed for activities of daily living, urinary incontinence and 1 of 4 residents (R24) reviewed for pressure ulcers and urinary incontinence.</p> <p>Findings include:</p> <p>R30's care plan dated 4/27/16 identified R30 was</p>	F 282			

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F 282	<p>Continued From page 19</p> <p>occasionally incontinent of bowel and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day, and less than 2 episodes of bowel incontinence per week. The care plan further identified R30 was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room smelled strong of concentrated urine.</p> <p>-04/26/16, 2:27 p.m. R30 was asleep in the same position.</p> <p>-3:02 p.m. nursing assistant (NA-A) entered R30's room and placed clean towels and gowns on bedroom counter next to sink and left the room.</p> <p>-04/26/16, 3:25 p.m. FM-C was outside R30's room when licensed practical nurse (LPN-A) opened R30's bedroom door and told FM-C R30 was still asleep FM-C and LPN-A left. NA-A immediately entered R30's room and provided R30's roommate with a snack and left the room.</p> <p>-04/26/16, at 4:03 p.m. NA-D and NA-F passed R30's room, peeked in and continued to walk down the hallway towards nursing station.</p> <p>-04/26/2016 4:32 p.m. R30 remained in bed asleep in the same position.</p> <p>-04/26/2016 4:40 p.m. NA-A exited R30's room</p>	F 282			

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F 282	<p>Continued From page 20</p> <p>and stated she just changed R30's brief and confirmed R30's brief had both urine and stool in it.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair looking out towards hallway. R30's room and body smelled of strong urine and other body odor.</p> <p>On 4/27/16, at 1:05 p.m. R30's room and body smelled sickening with urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. family member (FM-A) stated there was many times R30 had told her he had to go to the bathroom, she tuned on R30's call light and they waited for over an hour until she had to physically go and find a staff person and told them, "R30 had to use the bathroom." FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strong of urine.</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked both stool and urine and was dependent on staff for incontinent cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always smelled of urine, and stated R30's urine smelled very strong. NA-A stated she was unaware that R30 hadn't been toileted for 2 hours and 40 minutes yesterday during continuous observation, and stated they would have to work on that. She confirmed R30's care plan and stated R30 needed to be toileted every 2 hours.</p>	F 282			

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F 282	<p>Continued From page 21</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed every 2 hours at the least. She stated it is R30's pattern to have stool and urine in his brief every time he was changed. NA-B stated R30 always smelled of urine because R30's urine was so thick and strong. She stated leadership was aware of R30's odor and had called it "R30's stinky problem." NA-B stated R30 required total assistance with incontinence care and smelled of urine every day. She stated R30 was not toileted on time every day because their just wasn't enough staff.</p> <p>She stated the facility hasn't tried anything to control his odor and they need to step up their game and get on top of it. She stated everyone is aware that R30 smelled and nothing has been done.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 11:19 a.m. LPN-A stated during continuous observation she and NA-A were responsible for the entire west side where R30 resided. LPN-A stated she felt it was too heavy of a load for just those 2 and had went to went to the DON and ED and told them they needed help to adequately care for all of the residents on the west side. LPN-A stated R30 wasn't toileted for 2 hours and 40 minutes because of the lack of staff on the west side.</p>	F 282			

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F 282	<p>Continued From page 22</p> <p>On 4/28/16, at 4:06 p.m. during follow-up interview FM-A stated R30 had to wait, and wait to go to the bathroom. FM-A stated they just don't take him when he says he has to go and FM-A was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor. FM-A stated R30's cares and grooming weren't getting done because the facility was short staffed.</p> <p>On 4/28/16, at 4:29 p.m. DON stated If any resident was identified with urine odor problems, that resident's care plan would be individualized with odor control interventions. DON confirmed R30's care plan which included R30 was to be toiled every 2 hours, and was totally dependnet on staff for incontinent cares.</p> <p>Upon review of the facility policy, Incontinence Managment/Bladder Function Guidelines dated 6/9/15 identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and to restor or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.</p> <p>Upon review of the facily policy, Interdisciplinary Care Plan dated 4/1/16 identified the interdisciplinary care plan guided the facility in the provision of care and services to attain or maintain the highest practible physical, mental and psychological well being of each resident.</p>	F 282			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312		6/8/16	

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F 312	<p>Continued From page 23</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely incontinence cares for 2 of 4 residents (R24, R30) reviewed for urinary incontinence.</p> <p>Findings include:</p> <p>Review of R24's quarterly Minimum Data Set (MDS) dated 3/1/16, identified R24 had severe cognitive impairment and had diagnoses which included: dementia, diabetes and other skin disorders. The MDS identified R24 required extensive assistance for all activities of daily living (ADL's,) and was frequently incontinent of bowel and bladder. The MDS identified R24 had no toileting plan.</p> <p>Review of R24's urinary incontinence Care Area Assessment (CAA) dated 12/9/15, identified R24 was totally incontinent of bowel and bladder. The CAA identified R24 required staff assistance to check and change every 2 hours with repositioning.</p> <p>Review of R24's care plan revised 2/19/16, identified R24 was on a toileting program where staff were to offer toileting with repositioning.</p> <p>Review of R24's quarterly bowel and bladder</p>	F 312	<ol style="list-style-type: none"> <li>1. Resident R24 and R30 care plans were reviewed and revised as indicated and are receiving care per care plan related to activities of daily living, urinary incontinence and in addition R24 related to altered skin integrity and urinary incontinence. R30 had an additional bath scheduled weekly. NAR sheets were reviewed and updated as indicated to address toileting and turning and repositioning schedule.</li> <li>2. Staff received education on the importance of adhering to the turning and repositioning schedule and toileting schedule to ensure all residents have been provided timely incontinence cares per individualized plan of care. Toileting and repositioning schedules are completed upon admission, quarterly, and prn with change in conditions.</li> <li>3. Nursing staff have been re-educated regarding ensuring residents receive timely incontinence cares. Toileting and repositioning audits to be completed weekly by DNS/designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with</li> </ol>		



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F 312	<p>Continued From page 24</p> <p>review dated 3/1/16, identified R24 was frequently incontinent of bladder and totally incontinent of bowel. The note revealed R24 required extensive assist of 1 staff for bed mobility, transfers and toileting. The note identified R24 required staff assistance with repositioning, and checking and changing the incontinence pad every 2 hours. The note identified R24 had an area of excoriation (A scratch mark; a linear break in the skin surface, usually covered with blood or serous crusts) on her left buttock and in the "fold." The note revealed current interventions of an alternating pressure mattress and treatment per MD order. The note identified R24 was at high risk for skin breakdown based on a Braden score (tool to measure risk for developing pressure ulcers) of 14.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to toilet during the entire observation. Although staff was near the room, no staff entered the room or offered assist to toilet. At 4:40 p.m. the director of nursing (DON) was observed to enter the room and close the door.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation. Although R24 was returned to her room following breakfast and a group activity at 10:16 a.m. R24 was not toileted until brought to the shower room at 11:07 a.m. At that time R24's brief was found to be soiled with a moderate amount of urine. Registered nurse (RN)-A confirmed R24's incontinence brief</p>	F 312	<p>management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 312	<p>Continued From page 25</p> <p>was moderately soiled. Nursing assistant (NA)-C confirmed she had not assisted R24 with toileting prior to the shower.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 has had a sore on her coccyx for at least 3 months. NA-A was not aware of any recent changes to R24's plan of care within the last few months other than an air alternating mattress. At 11:10 a.m. NA-A confirmed she had not repositioned/toileted R24 since prior to breakfast.</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. away due to an issue with another bath. NA-C stated she felt there was not enough staff in the facility to ensure residents were assisted with repositioning timely.</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) confirmed R24's care plan directed facility staff to assist R24 to check and change incontinent brief with repositioning based on assessed need, which was every 2 hours. The DON stated she would expect staff to complete cares with R24 timely.</p> <p>Upon review of the facility policy, Incontinence Managment/Bladder Function Guidelines dated 6/9/15 identified a schedule would be developed</p>	F 312			

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F 312	<p>Continued From page 26</p> <p>with toileting times specific to each resident to avoid UTI and skin problems and to improve morale, dignity, and to restor or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.</p> <p>R30's quarterly minimum data set (MDS), dated 3/22/16, identified R30 had severe cognitive impairment and required extensive assistance with all activities of daily living (ADLs). The MDS further identified R30 was frequently incontinent of bowel and bladder and was not on a scheduled toileting program.</p> <p>R30's annual bowel and bladder assessment dated 12/24/15, identified R30 was frequently incontinent of bowel and bladder and was to be checked for incontinence and changed every 2 hours, and was to receive good pericare after incontinent episodes.</p> <p>R30's care plan dated 4/27/16, identified R30 was occasionally incontinent of bowels and frequently incontinent of bladder. R30's care plan goal was to improve bladder incontinence and have less than 2 episodes of urinary incontinence per day and less than 2 episodes of bowel incontinence per week. The care plan further identified R30 was on a scheduled toileting program, required 2 staff to assist him with toileting, and was to be offered toileting every 2 hours. The care plan indicated staff were to report any signs or symptoms of urinary tract infection including odors.</p> <p>On 4/25/16, at 5:07 p.m. there was an overwhelming smell of concentrated urine which filled R30's room. The smell was heavy in the air</p>	F 312			

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F 312	<p>Continued From page 27 and coming from R30's body.</p> <p>On 4/26/16, at 1:58 p.m. R30 was in bed asleep and R30's entire room continued to smell strongly of concentrated urine. At 3:02 p.m. nursing assistant (NA)-A entered R30's room and placed clean towels and gowns on the counter next to the sink and left the room. At 3:25 p.m. FM-C was outside R30's room when licensed practical nurse (LPN)-A opened R30's bedroom door and told family member (FM)-C R30 was still asleep. FM-C and LPN-A left. NA-A immediately entered R30's room and provided R30's roommate with a snack and left the room. At 4:03 p.m. NA-D and NA-F passed R30's room, peeked in and continued to walk down the hallway toward the nursing station. At 4:40 p.m. NA-A exited R30's room and stated she just changed R30's brief and confirmed R30's brief had both urine and stool in it. During continuous observation, R30 was not toileted for 2 hours and 40 minutes.</p> <p>On 4/27/16, at 7:08 a.m. R30 was in his room seated in his wheelchair. R30's room and body smelled strongly of urine and other body odor. At 1:05 p.m. R30's room and body had an overwhelming smell of urine and stool.</p> <p>On 4/26/16, at 9:42 a.m. FM-A stated there were many times R30 told her he had to go to the bathroom, she tuned on R30's call light and they waited for over an hour. She would have to physically go and find a staff person and tell them, "[R30] had to use the bathroom." FM-A stated R30's entire hallway always smelled of urine. FM-A stated she has asked staff to change R30 during a family visit because he smelled so strongly of urine.</p>	F 312			

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F 312	<p>Continued From page 28</p> <p>On 4/27/16, at 1:11 p.m. NA-A stated R30 was always incontinent of both bowel and bladder. She stated R30 consistently leaked stool and urine and was dependent on staff for incontinence cares. She stated she controlled R30's urine odor by changing him every 2 hours, and stated she felt they probably should look into getting some spray. NA-A stated R30 always smelled of urine. NA-A stated she was unaware that R30 hadn't been toileted for 2 hours and 40 minutes on 4/26/16. yesterday NA-A further said they would have to work on that. NA-A confirmed R30's care plan was to toilet every 2 hours.</p> <p>On 4/27/16, at 2:00 p.m. NA-B stated R30 should be changed "at least" every 2 hours. She stated it was R30's pattern to have stool and urine in his brief every time he was changed. NA-B stated R30 always smelled of urine because his urine was so "thick and strong." NA-B stated staff referred to it as "R30's stinky problem." NA-B stated R30 required total assistance with incontinence care and smelled of urine every day. She stated R30 was not toileted on time because there just wasn't enough staff.</p> <p>On 4/28/16, at 9:29 a.m. NA-C stated R30 got 1 shower a week and she felt it was not enough to control R30's urine odor. NA-C stated R30 always smelled of strong urine odor because he had poor liquid intake and his urine was so strong. She stated staff were aware that R30 would benefit from more than one shower a week, but there just wasn't time to give R30 more than 1 bath a week because she was the only bath aide.</p> <p>On 4/28/16, at 11:19 a.m. LPN-A stated during the continuous observation on 4/26/16, she and NA-A were responsible for the entire west side</p>	F 312			

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F 312	<p>Continued From page 29</p> <p>where R30 resided. LPN-A stated she felt it was too heavy a load for just the 2 of them. LPN-A went to the director of nursing (DON) and executive director (ED) and told them they needed help to adequately care for all of the residents on the west side. LPN-A stated R30 wasn't toileted for 2 hours and 40 minutes because of the lack of staff on the west side.</p> <p>On 4/28/16, at 4:06 p.m. during a follow-up interview FM-A stated R30 had to wait and wait to go to the bathroom. FM-A stated staff just don't take him when he says he has to go. FM-A stated she was upset. FM-A stated most of the time R30 smelled of urine and other family members have also complained about his odor. FM-A stated R30's cares and grooming weren't getting done because the facility was short staffed.</p> <p>On 4/28/16, at 4:29 p.m. DON stated she expected the facility to be clean and odor free at all times with no exceptions. She stated she was unaware of any residents with urine odor problems. She stated If odor problems were identified, the residents care plan would be individualized with odor control interventions. DON confirmed R30's care plan was to be toileted every 2 hours. The DON called in the registered nurse assessment coordinator (RNAC) to join the interview. The RNAC and DON confirmed R30 was totally dependent on staff for incontinence care. The RNAC stated she was aware of R30's urine and stool odor.</p> <p>Upon review of the facility policy, Incontinence Management/Bladder Function Guidelines dated 6/9/15, it identified a schedule would be developed with toileting times specific to each resident to avoid UTI and skin problems and to</p>	F 312			

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F 312	Continued From page 30 improve morale, dignity, and restore or maintain bladder function as possible. The policy indicated the care plan for each resident would include each resident's schedule.	F 312			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to conduct a comprehensive assessment related to pressure ulcer development, and implement interventions to promote healing and prevent the development of further pressure ulcers for 1 of 2 residents (R24) with a current unstagable pressure ulcer. R24 sustained actual harm due to inappropriate care of pressure ulcers due to lack of timely repositioning and lack of on-going assessment.  Findings include:  R24's quarterly Minimum Data Set (MDS) dated 3/1/16, identified R24 had severe cognitive impairment and had diagnoses which included: dementia, diabetes and other skin disorders. The MDS identified R24 required extensive assistance	F 314	1. Resident R24 skin plan of care has been reassessed. Care plan has been reviewed and is receiving skin care per the assessment.  2. All residents identified needing assistance with repositioning are receiving care per care plan with weekly UDA reviews. Every resident has a weekly skin review completed and skin alteration issues identified are addressed, physician notified and a plan is individualized per each resident need.  3. Re-educated all staff on skin integrity guidelines, identification, assessment, proper notification to the MD and how to update and implement the plan of care.	6/8/16	

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F 314	<p>Continued From page 31</p> <p>for all activities of daily living (ADL's.) The MDS identified R24 had a pressure relieving device in bed and chair, and was on a turn and repositioning program. The MDS identified R24 had no skin problems.</p> <p>Review of R24's pressure ulcer Care Area Assessment (CAA) dated 12/9/15, identified R24 was at risk for skin breakdown related to limited mobility and incontinence and required a turn and repositioning program of every two hours. The CAA also identified R24 had a history of skin concerns related to a bullous disorder (skin disorder in which fluid filled blisters occur on the skin, not generally seen on bony prominences.) However, the CAA did not identify any current pressure ulcers.</p> <p>R24's care plan revised 2/19/16, identified R24 was on a turning and positioning program every 2 hours in wheelchair and staff was to refer to R24's assessment for further repositioning needs. R24's care plan listed various interventions of a pressure relieving mattress (added 2/19/16) and to complete weekly skin checks and skin assessments per facility policy.</p> <p>On 4/26/16, during continuous observations from 1:44 p.m. to 4:40 p.m., R24 was observed lying in bed on her right side without being offered, or assisted to reposition during the entire observation (a total of 2 hours and 56 minutes).</p> <p>-At 1:44 p.m. R24 was lying in bed, tilted on her right side with an air alternating mattress in place. R24's eyes were closed, her arms were across her chest and the blanket was covering her to mid torso.</p>	F 314	<p>Policies on skin care guidelines reviewed with all nursing staff. Random audits of at risk for pressure ulcer audit and repositioning audits to be completed by DNS/designee.</p> <p>4. Results will be reviewed at QAPI.</p>		



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F 314	<p>Continued From page 32</p> <p>-At 2:32 p.m. R24 remained lying, tilted on her right side in bed, arms were crossed over her chest. No staff were observed to offer assistance.</p> <p>-At 3:02 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed. Nursing assistant (NA)-A was observed to walk up and down the hall in front of R24's room, but did not enter R24's room. No staff were observed to offer assistance.</p> <p>-At 3:34 p.m. R24 remained lying, tilted on her right side in bed, eyes were closed. NA-A was passing out snacks to various residents on R24's hallway. NA-A walked past R24's room, however, NA-A did not stop or enter R24's room.</p> <p>-At 4:03 p.m. NA-D and NA-F walked down the hallway past R24's room and briefly looked into R24's room. NA-D and NA-F did not stop, talk or enter R24's room.</p> <p>-At 4:32 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed. No staff were observed to offer assistance or enter R24's room.</p> <p>-At 4:40 p.m. R24 remained lying in bed, tilted on her right side, eyes were closed. The director of nursing (DON) was observed to enter R24's room at this time and shut the door.</p> <p>On 4/27/16, during continuous observations from 8:33 a.m. to 11:07 a.m., R24 was observed seated in her wheelchair without being offered, or assisted to reposition during the entire observation (a total of 2 hours and 34 minutes).</p> <p>-At 8:33 a.m. R24 was seated in a wheelchair with a seat cushion in place in her room.</p>	F 314			

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F 314	<p>Continued From page 33</p> <p>NA-A wheeled R24 to the dining room and assisted R24 to a table in the front of the dining room. NA-A proceeded to assist R24 with eating her breakfast. R24 remained seated in the wheelchair until 9:03 a.m. when staff wheeled her to a group activity.</p> <p>-At 9:22 a.m. R24 remained seated in the wheelchair in the activity room. R24 was seated in her wheelchair and listened to the news which was read by the activity director.</p> <p>-At 10:16 a.m. NA-A wheeled R24 to her room following the activity. R24 was seated in the wheelchair with her eyes closed. NA-A positioned the wheelchair between her bed and the wall inside of the room. NA-A stated the bath aide would be coming to get R24 shortly for a shower. NA-A immediately exited the room and did not offer assistance with repositioning at this time.</p> <p>-At 10:39 a.m. R24 remained seated in her wheelchair inside her room. Registered nurse (RN)-A was observed to enter R24's room, removed a mechanical lift from her room which was stationed at the end of R24's bed. RN-A did not offer or assist R24 with repositioning.</p> <p>-At 10:55 a.m. R24 remained seated in her wheelchair inside her room. R24's eyes were closed and head was dropped down in a chin to chest position. No staff were observed to offer assistance with repositioning.</p> <p>-At 10:58 a.m. NA-C entered R24's room and attempted to wake R24. R24's eyes were closed. NA-C offered R24 a shower which she declined. NA-C immediately left R24's room and did not offer or assist R24 with repositioning.</p>	F 314			

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F 314	<p>Continued From page 34</p> <p>-At 11:07 a..am. R24 remained seated in her wheelchair. NA-C and RN-A entered R24's room and offered a shower. NA-C wheeled R24 to the shower room in her wheelchair and assisted R24 to stand with a mechanical lift. NA-C removed R24's incontinent brief which was soiled with a moderate amount of urine. An open area was observed on R24's right side of coccyx. The open area measured approximately 2.5 centimeters (cm) long, 1 cm wide, had an irregular shaped border which was red and raised. The wound bed could not be visualized as it was covered with a thick whitish matter. The skin surrounding the ulcer was pink and blanchable. RN-A confirmed the open area on R24's right coccyx and confirmed R24's incontinent brief was moderately soiled. NA-C confirmed she had not assisted R24 with repositioning prior to the shower.</p> <p>On 4/27/16, at 8:07 a.m. NA-A stated R24 was unable to turn herself in bed and required staff assistance to turn and reposition at least every 2 hours in a sitting and lying position. NA-A stated staff needed to anticipate R24's needs due to severe cognitive impairment. NA-A stated she was aware R24 had the sore on her coccyx for at least 3 months. NA-A was not aware of any recent changes to R24's plan of care within the last few months other than an air alternating mattress.</p> <p>On 4/27/16, at 11:09 a.m. NA-C stated she had been really busy with various residents baths and had not been able to start R24's shower right away. NA-C stated she felt many residents cares, including repositioning, were not completed timely due to not enough staff. NA-C stated she felt there was not enough staff in the facility to ensure</p>	F 314			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER - MEADOW LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2209 UTAH AVENUE BENSON, MN 56215</b>		
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F 314	<p>Continued From page 35 residents were assisted with repositioning timely.</p> <p>On 4/27/16, at 11:10 a.m. NA-A confirmed she had not repositioned R24 since prior to breakfast.</p> <p>On 4/27/16, at 11:11 a.m. RN-A stated R24 was unable to turn herself in bed, required repositioning every 2 hours and could not be on her left side at all due to an abscess on R24's left hip. RN-A stated the ulcer on R24's right coccyx had been there for quite a while and had improved and worsened multiple times in the past few months. RN-A confirmed R24's ulcer was located on a bony prominence (coccyx). RN-A indicated the current measurements of R24's ulcer were 2.5 centimeters (cm) long and 0.7 cm wide, no depth could be determined due to slough tissue (non-viable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed) present on the wound bed. RN-A confirmed R24 was at risk for developing pressure ulcers due to pressure, incontinence, friction and shear.</p> <p>On 4/27/16, at 12:26 p.m. during a phone interview, R24's personal physician, confirmed he was also the medical director for the facility. The medical director (MD) confirmed R24's open area on the right coccyx was a pressure ulcer (a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). MD stated he was unsure if the area was directly on R24's right coccyx or more on the sacrum. MD stated he was aware R24 had recurrent open areas on her buttocks. MD stated he would expect R24 to be</p>	F 314			

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F 314	<p>Continued From page 36</p> <p>assisted to be repositioned routinely, every 2 hours. MD stated R24's repositioning should not go over 2 hours and stated the facility had a policy for repositioning residents. MD confirmed he had visualized R24's pressure ulcer in March and had at that time identified the open area as a pressure ulcer. MD stated he felt R24's medical condition had overall changed in the last 3 months and now required more assistance. MD stated he had concerns nursing was not very good about re-assessing residents needs when changes in condition occurred. MD stated he had concerns with nursing communication, leadership and high staff turn over rate within the last year. MD stated he felt that staff lacked RN management in the facility and lacked training with clinical assessments.</p> <p>On 04/28/2016, at 9:04 a.m. the director of nursing (DON) and the executive director (ED) stated they were unaware R24's MD had diagnosed R24's coccyx sore as a pressure ulcer. The DON stated she did not feel R24's coccyx ulcer was a pressure ulcer, but an "erosion," (surface material, such as skin, broken down by external factors such as moisture, pressure and friction). The DON stated the facility nurses did not use the Resident Assessment Instrument (RAI) to identify pressure ulcers but did use a facility grid as a guideline. The DON stated she expected the facility RNs to complete weekly assessments on wounds. The DON confirmed R24's care plan directed facility staff to assist R24 to reposition based on assessed need, which was every 2 hours. The DON stated she would expect staff to reposition R24 timely. A copy of the grid was requested to the DON and a copy was not provided by the DON.</p> <p>On 4/29/16, at 10:10 a.m. RN-A stated she had</p>	F 314			

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F 314	<p>Continued From page 37</p> <p>completed R24's skin assessment to the right coccyx ulcer. RN-A stated the ulcer continued to have slough type tissue on the wound bed, surrounding skin was pink and defined. The measurements of R24's coccyx ulcer were 2.5 cm x 0.9 cm, not able to measure depth due to the wound bed not being visible. RN-A indicated she felt R24's ulcer was healing.</p> <p>R24's weekly wound assessments from 3/16/16, to 4/21/16, revealed the following:</p> <p>-On 3/16/16, identified R24 had a "other wound" on the coccyx which had been identified on 2/18/16, was pink, had defined margins. The assessment identified current interventions of leaving open to air, application of Calmoseptine (drying topical cream,) a pressure redistribution mattress and a wheelchair cushion.</p> <p>-On 3/23/16, identified R24 coccyx ulcer measured 4 cm x 1 cm and had 100% slough tissue in the wound bed. The assessment identified current interventions application of Calmoseptine cream after each incontinence.</p> <p>-On 3/30/16, revealed R24's coccyx ulcer measured 2.5 cm x 0.7 cm had 100% slough tissue in the wound bed, wound margins were defined.</p> <p>-On 4/21/16, revealed R24's coccyx ulcer measured 2.5 cm x 1.0 cm had 100% slough tissue in the wound bed, wound margins were defined. The assessment identified current interventions of pressure redistribution mattress, wheelchair cushion, specific turn/reposition program and protein supplements.</p>	F 314			

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F 314	<p>Continued From page 38</p> <p>The assessments lacked identification of type of wound and any staging. The assessments also lacked causative factors, and an assessment/analysis of R24's ulcer.</p> <p>R24's weekly skin reviews from 12/22/15, to 4/27/16, revealed the following:</p> <ul style="list-style-type: none"> <li>-On 12/22/15, skin was intact, though right buttock cheek was red and Calmoseptine was applied.</li> <li>-On 2/1/16, continued to have a open sore on the sacrum with no signs or symptoms of infection.</li> <li>-On 2/2/16, continued to have an open sore on the sacrum with no signs or symptoms of infection.</li> <li>-On 2/16/16, had a pre-existing open area on the sacrum.</li> <li>-On 3/1/16, had a pre-existing open area which continued to be open on the buttocks.</li> <li>-On 3/8/16, had a small open sore on buttocks which was covered with Mepiplex (is an all-in-one foam dressing, designed for a wide range of exuding chronic and acute wounds as well as secondary healing wounds,) bandage, changed every 72 hours and prn. The skin review revealed R24's sore was pre-existing.</li> <li>-On 3/6/16, had a pre-existing open area on the buttocks.</li> <li>-On 3/11/16, had a pre-existing open area on coccyx which was covered with Mepiplex bandage.</li> </ul>	F 314			

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F 314	<p>Continued From page 39</p> <p>-On 3/16/16, continued to have an open area on the buttock which measured 3 cm in diameter, skin around sore was pink and the area was pre-existing.</p> <p>-On 3/23/16, continued to have a pre-existing open area to the buttocks which measured 4 cm x 1 cm, skin around the sore was pink.</p> <p>-On 3/30/16, continued to have a pre-existing open area to the coccyx which measured 2.5 cm x 0.7 cm, was shallow and had slough covering the wound bed.</p> <p>-On 4/6/16, had a pre-existing open area on the coccyx which measured 2.5 cm x 0.7 cm, had slough tissue covering the wound bed.</p> <p>-On 4/14/16, had a pre-existing sore on the buttocks.</p> <p>-On 4/20/16, lacked any documentation of R24's ulcer on the coccyx.</p> <p>-On 4/27/16, had a pre-existing open area which measured 1.7 cm x 0.9 cm 1.0 cm and the skin review did not identify the location of the open area.</p> <p>R24's clinical record lacked documentation of a comprehensive wound assessment completed for R24's open area which developed on 12/22/15.</p> <p>R24's physician progress notes from 2/18/16, to 3/10/16, revealed the following:</p> <p>-On 2/18/16, identified R24 had a gradual decline in her neurological status and in her function. The</p>	F 314			



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F 314	<p>Continued From page 40 note did not identify R24 had any skin concerns.</p> <p>-On 3/10/16, revealed R24 was seen in the facility for a concern regarding open sore on buttocks that was not healing. The note identified R24 had a pressure sore on the right side gluteal fold. The note identified the pressure sore measured 4.5 cm x 2.0 cm and had a layer of eschar (dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab like,) over the top. The note further revealed the current treatment was a Mepiplex bandage which nursing felt was keeping the wound too wet.</p> <p>R24's tissue tolerance test (TTT, a test which measures tissue tolerance for sitting and lying to determine appropriate repositioning schedule) dated 3/29/16, revealed no assessment for sitting, however, documentation of lying TTT was not completed.</p> <p>R24's TTT dated 4/4/16, revealed at lying R24's skin was red and blanched. The TTT revealed R24 was to be repositioned every 2 hours in a lying position, however, no documentation for sitting TTT was completed.</p> <p>Review of R24's signed physician orders with a transcribed date of 4/14/16, revealed a hand written note indicating R24 was to have "Butt cream" to coccyx erosion BID (twice daily) until healed, continue wound pack as ordered. R24's physician orders also revealed an order to document wound status weekly in UDA (electronic medical record would assessment,) as was to include measurements and a description of the wounds on buttocks.</p>	F 314			

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F 314	<p>Continued From page 41</p> <p>R24's electronic nursing progress notes from 12/30/15, to 4/27/16, revealed the following:</p> <p>-On 12/29/15, had a sore on the buttocks which included a current treatment of cleansing and application of MepiPLEX boarder.</p> <p>-On 12/30/16, a care conference had been held with R24's family. The note identified R24's skin was in good condition.</p> <p>-On 2/17/16, had 4 areas on coccyx/buttocks area. The note revealed the following characteristics: coccyx measured 2 cm x 1 cm, appeared as an open blister without drainage. Left buttocks measured 2 cm round open area with no drainage. Left lower buttock 1 cm round red area.. Right inner buttock was 1 cm red area. The note revealed all areas were blanchable and Calmoseptine was applied. The note further revealed R24 was repositioned and toileted every 2 hours as was to lay on her side to offload (relieve pressure to area).</p> <p>-On 3/1/16, a quarterly bowel and bladder review identified R24 had an area of excoriation (a scratch mark, a linear break in the skin surface, usually covered with blood or serous crusts) on her left buttock and in the "fold." The note revealed current interventions of an pressure alternating mattress and treatment per MD order. The note identified R24 was at high risk for skin breakdown based on a Braden score (tool to measure risk for developing pressure ulcers) of 14.</p> <p>-On 3/1/16, a quarterly tissue tolerance review identified R24 had open areas on the buttocks</p>	F 314			

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F 314	<p>Continued From page 42</p> <p>which were blanchable and R24 was prone to excoriation. The note identified R24 was at risk for pressure ulcers related to a history of non-pressure skin concerns, limited mobility, need for assist with mobility, sitting for long periods, bladder and occasional bowel incontinence. The note identified R24 required staff to anticipate her needs, required repositioning every 2 hours in bed and in wheelchair. The note identified current pressure ulcer interventions included pressure relieving mattress on bed and a pressure relieving cushion in the wheelchair.</p> <p>-On 3/3/16, revealed R24's dressing on buttocks wound was changed due to the bandage was soiled. The note did not reveal any further characteristics of R24's pressure ulcer.</p> <p>-On 3/10/16, coccyx wound measured 2 cm x 1 cm and had a deep red wound bed, area was blanchable, had a foul odor and drainage covered the dressing. The note revealed R24's MD recommended to leave the dressing off and to apply Calmoseptine.</p> <p>-On 3/23/16, revealed R24's care conference had been held with R24's family. The note revealed R24 had skin concerns of the buttocks which were identified as excoriation.</p> <p>-On 4/5/16, had a pre-existing wound on the buttocks which measured 2.8 cm x 0.8 cm x 0.2 cm. was without signs or symptoms of infection. The note lacked any further characteristics or location of the wound.</p> <p>-On 4/7/16, sore on the buttocks measured 1.5 cm x 0.5 cm. The note lacked any further</p>	F 314			

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F 314	<p>Continued From page 43 characteristic or location of the wound.</p> <p>-On 4/10/16, continued to have open an area on the coccyx, reddened areas on hips and buttocks and did not appear worse.</p> <p>-On 4/13/16, had 2 "areas" currently being "watched." The note revealed R24's coccyx looked the same. Another later note revealed R24's sore on buttocks measured 4 cm x 2.5 cm, was red and without odor.</p> <p>-On 4/14/16, buttocks sore continued and remained red. The note revealed R24 was repositioned every 2 hours to take pressure off of area. Another later note revealed MD assessed R24's buttocks and ordered "Butt Cream" to coccyx erosion BID until healed.</p> <p>-On 4/21/16, revealed R24's coccyx ulcer measured 2.5 cm x 1 cm. The note did not identify any other characteristics of R24's pressure ulcer.</p> <p>-On 4/25/16, revealed R24's coccyx had been kept clean and left open to air, was kept off of her coccyx and repositioned every 2 hours.</p> <p>On 4/28/16, during survey the ED provided a copy of a facility form titled Problem sheet, Future appointment, which revealed R24 had been seen by a Nurse Practitioner (NP) at that time. The NP examined R24's ulcer and had indicated the ulcer was not on a bony prominence and was an erosion, not a pressure ulcer.</p> <p>A phone message was left with MD requesting an interview on 4/28/16, at 4:00 p.m. and on 4/29/16, at 8:27 a.m. The MD did not return the phone call</p>	F 314			

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F 314	<p>Continued From page 44 during survey.</p> <p>Review of an undated facility policy titled, Golden Clinical Services Skin Integrity Guidelines, revealed a facility purpose to provide a comprehensive approach for monitoring skin conditions, decreasing pressure ulcer, wound formation by identifying residents at risk, implementing appropriate interventions and to promote healing of wounds.</p> <p>The policy directed nursing staff to provide optimal care to promote healing of identified wounds by routine assessments, monitoring, documentation, implementation of interventions, and monitoring of compliance with assessed interventions. The policy also revealed treatment protocols for identified pressure ulcers stage 1 through 4. The policy did not identify treatment protocols for unstagable or suspected deep tissue injury pressure ulcers.</p> <p>According to the Long Term Care Facility Resident Assessment Instrument (RAI) User's Manual version 3.0 dated October 2014, based upon the facilities nursing and physician assessments, R24's pressure ulcer would be defined as an unstagable pressure ulcer (wound bed cannot be visualized due to the presence of slough or eschar.) In addition, the manual identified, clinical standards do not support reverse staging or backstaging as a way to document healing as it does not accurately characterize what is physiologically occurring as the ulcer begins to heal. Clinical standards require an ulcer to continue to be staged at highest stage until healed. In addition, ulcer staging should be based on the ulcers deepest anatomic soft tissue damage that is visible or</p>	F 314			

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F 314	Continued From page 45 palpable. A pressure ulcer should continue to be classified at the higher numerical stage.	F 314			
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure sufficient facility staffing was available to meet resident quality of life and quality of care needs. This deficient practice had the potential to affect all 47 residents residing in the facility. Because of the deficient practice, the facility caused actual harm to R24.	F 353	1. Schedule sufficient staff to meet resident needs to ensure adequate coverage. Staff survey was completed to identify areas of staff concerns and needs for delivering quality of care to residents. Results of survey were reviewed by ED/DNS and additional NAR staff hours were added.	6/8/16	

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F 353	<p>Continued From page 46</p> <p>Finding Include:</p> <p>R24 did not receive timely assessments and repositioning for pressure ulcer treatment and prevention due to insufficient staffing. As a result R24 was harmed, see F314.</p> <p>R24 and R30 did not receive timely personal hygiene as directed by the care plan due to insufficient staffing, see F312 and F282.</p> <p>R66 did not have her preference for waking times honored as directed by the patient bill of rights due to insufficient staffing, see F241.</p> <p>R5 and R30 were not treated in a dignified manner as directed by the patient bill of rights due to insufficient staffing, see F 242.</p> <p>R28's annual MDS dated 1/29/16, identified R28 had intact cognition, and required extensive assistance with toileting, dressing, transferring, bed mobility and occasionally ambulated.</p> <p>On 4/28/16, at 3:25 p.m. R28 stated she needed staff assistance with all cares. R28 stated she tried to space out her needs at times she felt the staff would be less busy. R28 stated she felt the certified nursing assistants (NA) were no longer able to walk with her because they were so short staffed. She was only able to walk with the physical therapist when he was there during the work week.</p> <p>On 4/26/16, at 9:16 a.m. family member (FM)-A stated she felt her R30's needs were not promptly met due to staffing shortages at the facility. On 4/28/16, at 4:06 p.m. during a follow up interview, FM-A stated R30 routinely had to wait to go to the</p>	F 353	<p>2. Address ongoing staffing patterns by making changes as needed based on resident needs. Ensure floor staff is utilizing cordless phones and 2 way radios to increase communication between staff to best meet resident needs. Time management education was also provided to nursing staff. DNS will review staffing needs at clinical startup and adjust staffing as needed.</p> <p>3. Resident interview and observation tool to be completed weekly by DNS/designee to identify issues/concerns related sufficient staff. ED and DNS have educated staff on bringing staffing concerns to them so they can be addressed. Additional time management resources have been presented to the nursing staff. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 353	<p>Continued From page 47</p> <p>bathroom and staff would not want to take him when he would ask. FM-A stated most recently R30 was left sitting on the toilet while hooked up to a mechanical lift for 20 minutes before he/she received assistance. FM-A stated she had to find a staff member to assist R30 off the toilet. FM-A stated R30 routinely had a strong odor of urine on his body. FM-A stated she was routinely asked by R30's wife if they could move somewhere else due to worry over R30's care. FM-A stated she had asked facility staff to assist with showers 3 times a week, to assist with managing the foul odor. FM-A stated R30's toileting needs were not routinely met. FM-A stated R30's cares were not completed timely due to staffing shortages and was unaware if R30 had received increased showers to assist with the foul urine body odor.</p> <p>On 4/27/16, at 8:56 a.m. NA-A stated the usual pattern for staffing was 4 NA's on until 10:00 a.m. and then 3 NA's for the rest of the shift. NA-A stated the 4th NA was brought in about 2 weeks ago and the facility had a bath aid to do baths.</p> <p>On 4/28/16, at 11:46 a.m. NA-B stated she assists R18 to get up on the days she works and almost daily R18 would be saturated with urine. NA-B stated she had brought the DON into R18's room a few weeks ago due R18 being saturated with urine. NA-B stated R18 continued to be saturated with urine at the start of her shift. NA-B stated on a routine basis the NA's could not make it to the dining room until 9:00-9:30 a.m. to assist residents with eating breakfast. NA-B stated on the weekends she would get frozen into staying 12-14 hours due to short staffing. NA-B stated most dependent residents will go 3-4 hours for repositioning on a routine basis due to short staffing. NA-B stated on a routine basis there</p>	F 353			



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F 353	<p>Continued From page 48</p> <p>would only be 2 NA's working on a day and evening shift. NA-B stated this occurred most recently on 4/26/16.</p> <p>On 4/29/16, at 8:46 a.m. NA-E stated on a routine basis R60 would be wet with urine at the beginning of her shift. NA-E stated the facility is routinely short staffed and would sometimes have a night over into day shift until 10:00 a.m. during the weekdays. NA-E stated on a routine basis dependent residents would not be repositioned or checked and changed due to short staffing. NA-E stated she had reported resident cares not getting done time due to staffing concerns to the DON as recently as last week and had been told to "figure it out."</p> <p>On 4/29/16, at 9:00 a.m. registered nurse (RN)-A stated staffing levels have been a concern at the facility. RN- A stated the staff were stretched too thin and would routinely be frozen on the weekends she would work which resulted in 16 hour shifts. RN-A stated she had spoken with the DON a few weeks ago about resident cares lacking quality. RN-A stated the DON had responded that the facility census only required the amount of staff the facility had on the floors. RN-A stated the NA's have voiced their concerns about resident cares not getting done timely, which most recently occurred last week.</p> <p>On 4/29/16, at 12:00 p.m. the executive director (ED) stated she did not feel residents care were not getting done due to staffing. The ED stated they had added a third aid in the last couple of weeks to help as needed from 6:00 a.m. to 10:00 a.m. to help with morning cares. The ED confirmed this was not a routinely scheduled shift, but was based upon resident acuity. The ED</p>	F 353			

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F 353	<p>Continued From page 49</p> <p>stated the facility had been working on staffing and they had improved significantly. The ED stated she made attempts at hiring additional staff, and adjusted hours for licensed and unlicensed nursing staff. The ED stated staff call-ins could result in a staff member being frozen to the next shift which could last up to a 16 hour shift. The ED and the DON did not respond when asked how often staff call-ins were replaced rather than freezing staff.</p> <p>On 4/29/16, at 12:05 p.m. the DON stated R30 and R24's cares were not completed due to staff answering questions for surveyors on 4/26/16, and 4/27/16. The DON confirmed the master schedule for the long term care and board and care units of the facility. The DON stated she would complete random audits of cares. This included coming to the facility and observing cares on the night and the evening shifts. The DON had no concerns. The DON stated she received a complaint from a NA about cares not getting done about a month ago. The DON stated the facility added a 6:00 a.m. to 10:00 a.m. (short shift aid) in the morning, however this was not a routinely scheduled shift. The DON stated the usual staffing patterns were as follows, 3 NA's on the day shift 5:30 a.m. to 2:00 p.m., 3 NA's on the evening shift, 2 NA's from 2:00 p.m. to 10:00 p.m. and 1 NA from 5:00 p.m. to 9:00 p.m., and 2 NA's on the night shift from 10:00 p.m. to 6:00 a.m.</p> <p>Review of facility staffing schedule for licensed and unlicensed nursing staff from 2/14/16, to 4/27/16, revealed the facility did not consistently have the staffing numbers identified by the DON. The following inconsistencies were identified:</p> <p>The day shift did not have the staffing levels</p>	F 353			

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F 353	Continued From page 50 identified by the ED and DON for 46 out of 60 days - day shift lacked 1-2 aides The evening shift did not have the staffing levels identified by the ED and DON for for 48 out of 60 days - evening shift lacked 1-2 aides The night shift did not have the staffing levels identified by the ED and DON for 28 out of 60 days - the night shift lacked 1 aide  On 4/29/16, at 12:10 p.m. the activity director (AD) stated they received 3 complaints from residents since 2/29/16, related to long call wait times from R28, R37, R5. R5 reported being incontinent due to the long wait.	F 353			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program	F 441		6/8/16	

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F 441	<p>Continued From page 51</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure proper handwashing techniques were followed during personal cares for 1 of 3 residents (R65) observed. In addition, the facility failed to ensure a mechanical lift was properly sanitized after use for 1 of 1 resident (R65).</p> <p>Findings include:</p> <p>R65's admission Minimum Data Set (MDS) dated 4/15/16, identified R65 had diagnoses which included dementia with behavioral disturbance, diabetes and arthritis. The MDS identified R65 had both short term and long term memory problems. Further, the MDS identified R65 was incontinent of urine and required extensive assistance for transfers and toileting activities.</p>	F 441	<ol style="list-style-type: none"> <li>1. NA H has been individually re-educated regarding proper hand hygiene technique. Improper hand hygiene could adversely affect all residents.</li> <li>2. During plan of correction staff meeting staff were re-educated regarding proper hand hygiene and proper infection control practices.</li> <li>3. Hand washing audits completed weekly by each department and followed up by ED/DNS/Designee. Any negative findings at the time of the audit will be addressed immediately. Audits from the prior week are reviewed with management team to identify areas of</li> </ol>		

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F 441	<p>Continued From page 52</p> <p>During observation on 4/26/16, from 4:03 p.m. to 4:20 p.m., nursing assistant (NA)-H was observed to assist R65 to transfer from the toilet to the wheelchair. At 4:03 p.m., NA-H applied disposable gloves on both hands and utilized a mechanical standing lift to transfer R65 from the bed to the toilet. NA-H removed R65's brief which was soiled with urine, then removed the disposable gloves. At 4:10 p.m., without sanitizing hands, NA-H applied fresh disposable gloves, and proceeded to cleanse R65's perineal area with wet wipes. Without removing the soiled disposable gloves, NA-H continued to pull up R65's clean incontinence product and pants, grabbed the mechanical lift handles with both gloved hands, and touched the plastic buckles of the sling when removed from R65. NA-H did not remove the soiled disposable gloves and wash hands until after R65 was transferred to the wheelchair. At 4:18 p.m., NA-H pushed the mechanical lift into the hallway, delivered trash to the soiled utility room and then performed handwashing.</p> <p>During interview on 4/26/16, at 4:20 p.m. NA-H confirmed cares were completed for R65, and confirmed she had not removed the soiled gloves and sanitized her hands prior to operating the mechanical lift and sling. NA-H reported she should have taken off the gloves and washed her hands after personal cares before continuing further cares. NA-H confirmed R65's incontinence product was soiled with urine and required personal cares. NA-H confirmed she was finished using the mechanical lift and it was ready for future use and confirmed the mechanical lift was not sanitized.</p>	F 441	<p>concerns and need for further actions.</p> <p>4. Results will be reviewed at QAPI. Identified areas of concern will be addressed and needed changes will be discussed and implemented.</p>		

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F 441	<p>Continued From page 53</p> <p>During interview on 4/28/16, at 3:20 p.m., registered nurse assessment coordinator (RNAC) indicated staff are expected to take off gloves and wash hands after providing perineal cares before touching anything else. Further, the RNAC stated the mechanical lifts should be cleaned with sanitizing cloths between each resident use.</p> <p>During interview on 4/28/16, at 3:22 p.m., the director of nursing (DON) confirmed staff was expected to follow the handwashing and hand hygiene guidelines. The DON verified all staff received the education upon hire and every year thereafter.</p> <p>The facility's Hand Hygiene and Handwashing Policy dated 8/14, directed staff to perform hand hygiene after removing gloves.</p> <p>The facility's Cleaning and Disinfection of Resident Care Items and Equipment Policy dated 8/14, indicated reusable resident care equipment would be decontaminated between residents.</p>	F 441			

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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department Of Public Safety, State Fire Marshal Division. At the time of this survey, Golden Living Center - Meadow Lane was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>Golden Living Center - Meadow Lane is a 1 story building with a partial basement. The building was constructed at 3 different times. The original building was constructed in 1958, it is an NF2 facility and was determined to be of Type V(000) construction. In 1970, the SNF/NF facility was built that was determined to be of Type II(222) construction. In 1976 an addition was added to connect the SNF/NF building to the NF2 building which was determined to be of Type II(000) construction. Because the original building and the 2 additions meet the construction types allowed for existing buildings, the facility was surveyed as one building.</p> <p>The building is fully sprinklered throughout. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors that is monitored for automatic fire department notification. The facility has a licensed capacity of 62 and had a census of 47 at the time of the survey.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

05/13/2016

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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K 000	Continued From page 1  The requirement at 42 CFR, Subpart 483.70(a) is MET.	K 000			