



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 15, 2019

Mr. Dylan Hanson, Administrator
Traverse Care Center
303 Seventh Street South
Wheaton, MN 56296

Subject: Traverse Care Center - IDR
CMS Certification Number (CCN) 245585
Provider - 00669

Dear Mr. Hanson:

This is in response to your letter of May 3, 2019, in regard to your request for an informal dispute resolution (IDR) for the federal deficiencies at tag F686 and F740 issued pursuant to the survey event Y71611, completed on April 18, 2019.

The information presented with your letter, the CMS 2567 dated April 18, 2019 and corresponding Plan of Correction, as well as survey documents and discussion with representatives of MDH staff have been carefully considered and the following determination has been made:

Tag ID F686 S/S – (G) 42 CFR § 483.25(b) Skin integrity, 42 CFR §483.25(b)(1) Pressure Ulcers.

Based on the comprehensive assessment of a resident, the facility must ensure that-

- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and*
- (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.*

Summary of the facility's reason for IDR of this tag:

The facility alleges that treatment and interventions to prevent pressure ulcer development were in place immediately and throughout the duration of care for R33.

Summary of facts:

A telephone conference call was held 6/20/19 at 10:00 a.m., with facility staff and members of MDH's Health Regulation Division. The facility identified R33 developed a suspected deep tissue injury on 3/19/19 after suddenly, and without warning, having developed an upper respiratory infection 3/18/19 that caused her to be in bed due to illness.

Although the facility alleges interventions were in place, during survey observations, the facility was not observed to consistently implement necessary interventions, monitoring and care, to prevent pressure ulcers from occurring and worsening. R33 who was identified as having an at risk pressure area on the left heel, developed a pressure ulcer which worsened to an unstageable pressure ulcer.

Summary of findings:

The facility failed to accurately assess and implement identified pressure relieving interventions for R33, who developed a facility acquired pressure ulcer, which deteriorated to an unstageable pressure ulcer.

This is a valid deficiency at this tag, and at the correct scope and severity of (G) isolated, with actual harm.

Tag ID F740 S/S – (G) 42 CFR § 483.40 *Behavioral health issues*

Each resident must receive and the facility must provide the necessary behavioral health 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. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

Summary of the facility's reason for IDR of this tag:

The facility asserts R16 had a successful behavior management plan, with targeted behaviors and individualized interventions, to minimize behaviors of arguing with self. In addition, the facility asserts the resident experienced no ongoing effects, or exacerbation of verbal behaviors related to her behaviors 4/16/19. As such, the facility believes they have met the intent of the regulation.

Summary of facts:

The facility alleges that during survey, facility staff were not alerted by the surveyor when R16 was exhibiting behaviors of arguing with self, distress and/or tears. However, facility documentation from 10/23/18 to 4/18/19, identified R16 consistently argued with self and the behavior had increased at the time of the annual Care Area Assessment, dated 2/21/19. The behavior of R16's verbal self abuse, that presented with a dominant voice and submissive voice, was witnessed during survey. Interview with staff identified R16 argued with self on a daily basis and that R16 appeared scared and distressed when this occurred. Staff identified they did not know, and struggled with, how to approach R16 when she argued with self.

Traverse Care Center

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The primary Medical Doctor stated medication changes had been made for anxiety however, was not aware of the increase in self arguing which had caused R16 distress. There had been no referral for behavior, or mental health services, to help determine the underlying factor for the self arguments to determine best approaches for staff to use to minimize or prevent R16 from becoming scared and/or distressed.

Summary of findings:

The facility failed to ensure ongoing verbal behaviors of self arguing were comprehensively assessed for R16. According to staff, R16 had daily arguments with self, resulting in R16 being scared and/or distressed. Staff identified not being familiar with, or having received education on, interventions to minimize and/or prevent R16 from becoming distressed when self arguments occurred.

This is a valid deficiency at this tag and at the correct scope and severity of (G).

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,



Susanne Reuss, RN, Unit Supervisor
Licensing and Certification Program
Health Regulation Division
Telephone: 651-201-3793

cc: Office of Ombudsman for Long-Term Care
Maria King, Assistant Program Manager
Licensing and Certification File
Gail Anderson, Fergus Falls District Office Unit Supervisor

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: Y716

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00669

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245585 2.STATE VENDOR OR MEDICAID NO. (L2) 145240100	3. NAME AND ADDRESS OF FACILITY (L3) TRAVERSE CARE CENTER (L4) 303 SEVENTH STREET SOUTH (L5) WHEATON, MN (L6) 56296	4. TYPE OF ACTION: <u>7</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															
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 12/01/2010 6. DATE OF SURVEY 06/06/2019 (L34) 8. ACCREDITATION STATUS: _____ (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE	FISCAL YEAR ENDING DATE: _____ (L35) 12/31															
11. LTC PERIOD OF CERTIFICATION From (a) : _____ To (b) : _____ 12.Total Facility Beds 49 (L18) 13.Total Certified Beds 49 (L17)	10.THE FACILITY IS CERTIFIED AS: X A. In Compliance With <u>And/Or Approved Waivers Of The Following Requirements:</u> Program Requirements Compliance Based On: _____ 1. Acceptable POC _____ 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 B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A (L12)																
14. LTC CERTIFIED BED BREAKDOWN <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">18 SNF</td> <td style="width:15%;">18/19 SNF</td> <td style="width:15%;">19 SNF</td> <td style="width:15%;">ICF</td> <td style="width:15%;">IID</td> </tr> <tr> <td></td> <td style="text-align: center;">49</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(L37)</td> <td>(L38)</td> <td>(L39)</td> <td>(L42)</td> <td>(L43)</td> </tr> </table>		18 SNF	18/19 SNF	19 SNF	ICF	IID		49				(L37)	(L38)	(L39)	(L42)	(L43)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): _____ (L15)
18 SNF	18/19 SNF	19 SNF	ICF	IID													
	49																
(L37)	(L38)	(L39)	(L42)	(L43)													

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

17. SURVEYOR SIGNATURE <u>Beth Nowling, HFE - NE II</u> Date : 07/01/2019 (L19)	18. STATE SURVEY AGENCY APPROVAL <u>Joanne Simon, Enforcement Specialist</u> Date: 07/01/2019 (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 10/01/1991 (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)	
28. TERMINATION DATE: _____	29. INTERMEDIARY/CARRIER NO. 03001 (L28) (L31)	26. TERMINATION ACTION: _____ (L30) <u>VOLUNTARY</u> 00 <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 04-Other Reason for Withdrawal <u>OTHER</u> 07-Provider Status Change 00-Active
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE 06/11/2019 (L33)	
DETERMINATION APPROVAL		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

CMS Certification Number (CCN): 245585

July 1, 2019

Administrator
Traverse Care Center
303 Seventh Street South
Wheaton, MN 56296

Dear Administrator:

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 May 31, 2019 the above facility is certified for:

49 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 49 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status. If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and/or Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
July 1, 2019

Administrator
Traverse Care Center
303 Seventh Street South
Wheaton, MN 56296

RE: Project Number S5585030

Dear Administrator:

On May 3, 2019, we informed you that the following enforcement remedy was being imposed:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 7, 2019.

Also on May 3, 2019, this Department recommended to the Centers for Medicare and Medicaid Services (CMS) the following enforcement remedy(ies):

- Civil money penalty. (42 CFR 488.430 through 488.444)

This was based on the deficiencies cited by this Department for a standard survey completed on April 18, 2019. The most serious deficiency was found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On June 6, 2019, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on May 31, 2019 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on April 18, 2019. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of May 31, 2019. We have determined, based on our visit, that your facility has corrected as of May 31, 2019.

As a result of the revisit findings:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective July 7, 2019 be rescinded as of May 31, 2019. (42 CFR 488.417 (b))

In our letter of May 3, 2019, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 7, 2019 due to denial of payment for new admissions. Since your facility attained substantial compliance on May 31, 2019, the original triggering remedy, denial of payment for new admissions, did not go into effect.

Traverse Care Center

July 1, 2019

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Therefore, the NATCEP prohibition is rescinded however, this does not apply to or affect any previously imposed NATCEP loss.

In addition, this Department recommended to the CMS Region V Office the following the remedies:

- Civil money penalty. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal rights.

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.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: Y716

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DETERMINATION APPROVAL



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 3, 2019

Administrator
Traverse Care Center
303 Seventh Street South
Wheaton, MN 56296

RE: Project Number S5585030

Dear Administrator:

On April 18, 2019, 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. This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS Region V Office for imposition: The CMS Region V Office concurs and is imposing the following remedy(ies) and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective July 7, 2019.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective July 7, 2019. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective July 7, 2019.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty. (42 CFR 488.430 through 488.444)

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$10,483; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by July 7, 2019, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Traverse Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from July 7, 2019. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition remains in effect for the specified period even though selected remedies may be rescinded at a later date if your facility attains substantial compliance. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable plan of correction (ePOC) for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), and emergency preparedness deficiencies (those preceded by an "E" 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
1505 Pebble Lake Road, Suite 300
Fergus Falls, Minnesota 56537-3858
Email: gail.anderson@state.mn.us
Phone: (218) 332-5140
Fax: (218) 332-5196

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 their respective deficiencies (if any) is acceptable

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

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.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

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 18, 2019 (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.

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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

**Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462**

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

Traverse Care Center

May 3, 2019

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deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/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 electronic 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.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag) i.e., the plan of correction, request for waivers, should be directed to:

Mr. Tom Linhoff, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division
445 Minnesota Street, Suite 145
St. Paul, Minnesota 55101-5145
Email: tom.linhoff@state.mn.us
Telephone: (651) 430-3012
Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 05/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245585	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER TRAVERSE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 SEVENTH STREET SOUTH WHEATON, MN 56296		
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E 000	Initial Comments	E 000			
F 000	<p>A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on April 15, 2019 to April 18, 2019, during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.</p> <p>INITIAL COMMENTS</p> <p>On 4/15/19, to 4/18/19, a standard survey was completed at your facility by the Minnesota Department of Health to determine if your facility was not in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</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>	F 000			
F 584 SS=D	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p>	F 584		5/7/19	

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

TITLE

(X6) DATE

Electronically Signed

05/07/2019

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 584	<p>Continued From page 1</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to provide housekeeping services to ensure a clean environment for 1 of 1 resident (R34) who had strong odors in the room</p>	F 584	<p>R34 had room deep cleaned as soon as notified April 17, 2019 R34 had wheelchair washed as soon as notified April 17, 2019</p>		

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F 584	<p>Continued From page 2 and failed to maintain personal care equipment for 1 of 1 resident (R34) who was observed to utilize a dirty wheelchair.</p> <p>Findings include:</p> <p>R34's annual Minimum Data Set (MDS), dated 3/26/19, identified R34 was severely cognitively impaired and had diagnosis which included Alzheimer's, neurogenic bladder and renal insufficiency. The MDS also indicated R34 required extensive assistance of one staff with dressing and personal hygiene, extensive assistance of 2 staff for bed mobility and toileting and totally dependent on two staff for transfers and toileting. Further review of the MDS indicated R34 had a indwelling Foley catheter and was continent of bowel.</p> <p>Review of R34's current care plan dated 4/18/19 revealed R34 had an indwelling Foley catheter and required assistance from staff to monitor catheter bag with every two hours, report to charge nurse if little to no output, empty at end of shift and also required assistance with personal hygiene.</p> <p>Review of R34's nursing assistant care guide dated 4/16/19, indicated R34 had a Foley catheter and staff were to drain and measure every shift. The care guide further indicated staff were to monitor catheter bag with every two hours, report to charge nurse if little to no output and empty at end of shift.</p> <p>During observations on 4/15/19 at 2:19 p.m. R34 was lying in bed on his back, covered with a blanket resting with his eyes closed and had his call light within reach. R34 room had a strong</p>	F 584	<p>All resident rooms will be reviewed for cleanliness and odors and cleaned as indicated.</p> <p>All resident's wheelchairs will be reviewed for cleanliness and wheelchair washing schedule will be implemented.</p> <p>Education provided to staff on environmental cleanliness expectations and the method of notification to inform administration of environmental cleanliness/odor issues.</p> <p>Education provided to staff on wheelchair washing and wheelchair washing schedule.</p> <p>Audit of resident rooms for cleanliness and odors will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>Audit of cleanliness of resident wheelchairs will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>DON/Designee will report results and trend of all audits to QAPI Committee for review for 3 months and follow up as needed.</p> <p>Compliance date 5/31/19</p>		

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F 584	<p>Continued From page 3</p> <p>odor of urine noted permeating in the room and into the hallway of the 300 wing.</p> <p>- at 7:21 p.m. R34 was in his room seated in his electric wheel chair looking out the window. R34's red electric wheel chair had some white and brown substance splattered on the seat of the wheelchair and ran all the way down the front of the wheelchair. R34's wheelchair also had dirt/dust all over the surfaces of it and had dried food particles, dried macaroni pieces on the foot rest of his wheelchair. R34's room also had strong odor of urine that extended out into the hallway on the 300 wing.</p> <p>During observations on 4/16/19 from 9:30 a.m. to 3:00 p.m. R34 room continued to have a strong odor of urine noted permeating in the room and into the hallway of the 300 wing.</p> <p>During observations on 4/17/19 at 7:07 a.m. a strong urine odor filled the hallway of the 300 wing and which got stronger closer to R34's room. R34's door was open and R34 was lying on his left side in bed sleeping. R34 had a Foley catheter bag hanging on the right side of his bed frame, which had a small amount of dark amber urine noted in the Foley bag.</p> <p>- at 7:21 a.m. R34's red electric wheelchair was parked at the end of the 300 wing and plugged in being charged. R34's red electric wheelchair continued to have a white and brown substance splattered on the seat of the wheelchair and ran all the way down the front of the wheelchair. R34's wheelchair also had dirt/dust all over the surfaces of it and had dried food particles, dried macaroni pieces on the foot rest of his wheelchair.</p> <p>- at 7:52 a.m. R34 room continued to have a strong odor of urine noted permeating in the room</p>	F 584			

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F 584	Continued From page 4 and into the hallway of the 300 wing. - at 8:41 a.m. R34 remained in bed sleeping on his left side. R34 room continued to have a strong odor of urine noted permeating in the room and into the hallway of the 300 wing. - at 8:59 a.m. nursing assistant (NA)-A entered R34's room with mechanical lift, positioned the lift over R34 and stated R34 was going to have a bath. R34 was laying on his back with a lift sling under him and covered up with a blanket. - at 9:01 NA-B entered R34's room, assisted NA-A transfer R34 from his bed to the bath chair that was setting across the room and NA-A wheeled R34 down the hallway to the bathtub room for his bath. R34's entire room had a urine odor that permeated out into the hallway of the 300 wing. The pungent urine odor was strongest in R34's room - at 9:37 a.m. R34 was dressed and seated properly in his red electric wheelchair. licensed practical nurse (LPN)-A placed R34's feet properly on his foot peddle and R34 proceeded to wheel himself down to breakfast via his electric wheelchair. R34's red electric wheel chair continued to have a white and brown substance splattered on the seat of the wheelchair and ran all the way down the front of the wheelchair. R34's wheelchair also had dirt/dust all over the surfaces of it and had dried food particles, dried macaroni pieces on the foot rest of his wheelchair. R34's room also had strong odor of urine that extended out into the hallway on the 300 wing. - at 10:54 a.m. R34 was seated in his electric wheelchair in the chapel with other residents and was participating in exercise class. R34's red electric wheel chair continued to have a white and brown substance splattered on the seat of the wheelchair and ran all the way down the front of	F 584			

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F 584	<p>Continued From page 5</p> <p>the wheelchair. R34's wheelchair also had dirt/dust all over the surfaces of it and had dried food particles, dried macaroni pieces on the foot rest of his wheelchair.</p> <p>On 4/17/19 at 9:42 a.m. NA-C confirmed the urine odor in R34's room and indicated she had reported the urine smell in R34's room to housekeeping and other managers. NA-C indicated she did not feel like they have done anything about it and did not feel it was dignified to have a room that smelled like urine.</p> <p>On 4/17/19 at 10:30 a.m. housekeeper (HK)-A confirmed R34's room smelled of strong urine odor and indicated she cleaned the room everyday, but does not know why it smells. The HK-A indicated the odor in the room did not change even when she cleaned the room, the urine odor remained. HK-A indicated she had not notified her supervisors of R34's room smelling of urine.</p> <p>On 4/17/19 at 11:13 a.m. environmental service director (ESD) confirmed the strong urine odor that permeated out into the hallway of R34's room. The ESD indicated R34 had a catheter and his urine was strong. The ESD indicated she had just started her position and was not sure what the aids do for the urine smell except for spraying the room with air freshener. The ESD indicated nothing else had been done to eliminate the urine odor in R34's room. ESD confirmed R34's wheelchair was dusty/dirty and had food particles all over the foot rest. The ESD indicated nursing staff on the night shift were responsible to clean the wheelchairs for the residents and indicated this was not acceptable or dignified. The ESD indicated she would expect staff to clean R34's</p>	F 584			

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F 584	Continued From page 6 wheelchair and make sure his room was eliminated of odors. On 4/17/19 at 11:28 a.m. director of nursing (DON) confirmed the above findings and indicated the night staff clean the residents wheelchairs. The DON indicated she was not sure where the odor of urine was coming from in R34's room and indicated she would expect staff to clean the wheelchair and to make sure R34's room was clean environment free of smells. The DON indicated she did not feel this was dignified to have a dirty wheelchair and environment for R34. Review of facility policy titled, Environment Cleaning of Equipment dated 4/1/2008, indicated the facility provides a clean, safe, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. All unit equipment (refrigerators, commodes, water pitchers, water glasses, urinals, lifts, wheelchairs, respiratory equipment and enteral equipment) is cleaned on a routine basis.	F 584			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) 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 shaving assistance for 4 of 4 residents (R33, R18, R16,	F 677	R33, R18, R16, and R3 has had chin hairs removed R33, R18, R16, and R3 has had hair	5/7/19	

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F 677	<p>Continued From page 7</p> <p>R3) who were dependent and/or required assistance from staff for grooming needs of shaving and hair care. In addition, the facility failed to provide nail care for 2 of 4 residents (R18 and R33) who were dependent on facility staff for nail care and had jagged, dirty nails. Further, the facility failed to provide assistance with dressing for 1 of 1 resident (R3) who was dependent on facility staff for dressing and who wore soiled clothing.</p> <p>Findings include:</p> <p>R33</p> <p>R33's Significant Change of Status Assessment (SCSA) Minimum Data Set (MDS) dated 3/27/19, identified R33 had diagnoses which included Alzheimer's disease, dementia, asthma and congestive heart failure. The MDS identified R33 had severe cognitive impairment and required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, eating and toileting. The MDS identified R33 was totally dependent on facility staff for ADL's of dressing, personal hygiene and bathing.</p> <p>Review of R33's SCSA Care Area Assessment (CAA) dated 3/27/19, identified R33 required extensive assistance with ADL's due to cognitive loss. The CAA revealed R33 had a decline in health, was on comfort cares some days and other days would get out of bed, dressed for the day.</p> <p>Review of R33's care plan revised on 4/6/19, revealed R33 required extensive to total assistance with her ADL's which included bed mobility, transfers, toileting, dressing and</p>	F 677	<p>combed</p> <p>R18 and R33 has had their nails cleaned and trimmed</p> <p>R3 had his clothing changed daily, if allows</p> <p>All residents will be reviewed for assistance needs of chin hair removal</p> <p>All residents will be reviewed for assistance needs of combing hair</p> <p>All residents will be reviewed for cleaned, trimmed nails</p> <p>All residents will be reviewed for clean clothing</p> <p>Educations provided to staff on chin hair removal, hair grooming, cleaned, trimmed nails, and clean clothing for grooming needs.</p> <p>Audit of residents chin hair removal and grooming assistance will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>Audit of resident's hair being combed will be done two times weekly for four weeks, and then weekly for four weeks, and monthly for two months.</p> <p>Audit of resident's nails, checking for cleanliness and being trimmed will be done two times weekly for four weeks, and then weekly for four weeks, and monthly for two months.</p> <p>Audit of residents cleanliness of their clothes will be done two times weekly for four weeks, and then weekly for four weeks, and monthly for two months.</p> <p>DON/Designee will report results and trends of all audits to QAPI Committee for review for 3 months and follow up as needed.</p>		

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F 677	<p>Continued From page 8</p> <p>personal hygiene. R33's care plan directed facility staff to provide assistance with grooming, and directed facility staff to remove her facial hair weekly with her bath.</p> <p>Review of NA care guide updated 4/16/19, for 500-600 wing, revealed R33 required extensive assistance of one with ADL's which included personal hygiene, grooming, dressing and was totally dependent on bathing. The care guide revealed R33 received a Wednesday morning bath.</p> <p>On 4/15/19, at 5:00 p.m. R33 was seated in a gel cushioned wheelchair, had an oxygen nasal cannula on, was wearing white walking shoes and was wheeled to the common area by the nurses station by NA-D. R33's hair was disheveled, was sticking up in the back with a flattened area on the back of her head. R33 had multiple thick, black and white chin hairs which were approximately 2-3 millimeters (mm) in length. NA-D wheeled R33 to a seat with other residents at a square table in the small dining area and NA-D walked away.</p> <p>On 4/15/19, at 6:41 p.m. R33 remained seated in a wheelchair in the common area, had wheeled herself around a small area of the common area. R33's hair remained disheveled, flattened in the back and had several thick black and white chin hairs. R33 proceeded to propel herself around the common area by the nurses station.</p> <p>On 4/16/19, at 9:27 a.m. R33 was seated in a cushioned wheelchair, in the large dining room. R33 continued to have multiple thick black and white chin hairs, and had sharp jagged finger nails with chipped nail polish on all ten of her</p>	F 677	Compliance date 5/31/19		

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F 677	<p>Continued From page 9 fingernails.</p> <p>On 4/16/19, at 9:52 a.m. R33 was seated in a cushioned wheelchair by the doorway of her room. R33 continued to have multiple thick black and white chin hairs 2-3 mm in length, at that time NA-A approached R33 and assisted her to into her room.</p> <p>On 4/17/19, at 7:06 a.m. R33 was lying in bed on her right side, facing the wall and was covered with a blanket from her feet to her chin. R33 continued to have multiple thick black and white chin hairs which remained to be 2-3 mm in length. At 7:29 a.m. R33 remained lying in bed, at that time NA-G approached R33, offered her a bath and proceeded to assist R33 out of bed. NA-F entered R33's room, both NA-G and NA-F proceeded to assist R33 with morning cares and wheeled R33 down to the tub room for her bath.</p> <p>On 4/17/19, at 8:02 a.m. R33 was seated in a wheelchair, was wheeled to the dining room table by NA-F. R33 continued to have multiple thick black and white chin hairs approximately 2-3 mm in length, sharp jagged nails with chipped nail polish.</p> <p>On 4/17/19, at 11:10 a.m. R33 was lying in a recliner in the common area by the nurses station, covered with a blanket from her feet to her chin. R33 continued to have R33 continued to have multiple thick black and white chin hairs approximately 2-3 mm in length, sharp jagged nails with chipped nail polish.</p> <p>On 4/17/19, at 12:13 p.m. R33 was seated in her wheelchair at the small dining room and proceeded to eat 100% of her meal</p>	F 677			

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F 677	<p>Continued From page 10</p> <p>independently. R33 continued to have R33 continued to have multiple thick black and white chin hairs approximately 2-3 mm in length, sharp jagged nails with chipped pink nail polish.</p> <p>During an interview on 4/18/19, at 10:13 a.m. NA-F stated R33 required extensive assistance with bed mobility, transfers, dressing and grooming. NA-F stated R33's facial hair was usually removed on her bath days and as needed. NA-F stated most residents, which included R33, no longer had razors in their rooms. NA-F confirmed she had assisted R33 with her bath that morning and had not removed R33's facial hair, or trimmed her nails.</p> <p>During an interview on 4/18/19, at 10:32 a.m. NA-D stated R33 required extensive assistance with all of her ADL's which included dressing, personal hygiene and grooming. NA-D stated R33 usually had her facial hair removed on her bath days.</p> <p>On 4/18/19, at 1:13 p.m. registered nurse manager (NM)-A stated she would expect R33 to have her facial hair shaved at least weekly with her bath. She indicated she was unsure if R33 had a personal razor for facial hair removal and indicated the facility had a razor in the common tub room for resident use. NM-A stated R33 should have her nails trimmed weekly on her bath day and activities usually painted residents nails.</p> <p>On 4/18/19, at 2:09 p.m. the director of nursing (DON) stated she would have expected facility staff to assist R33 with facial hair removal and nail care at least weekly with her bath. The DON stated she was unaware R33 did not have a razor and indicated the usual process would be to notify</p>	F 677			

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F 677	<p>Continued From page 11 residents family members to replace their razors. Further, she indicated if the family was not able to provide one, the facility would.</p> <p>R18</p> <p>Review of R18's quarterly Minimum Data Set (MDS) dated 3/5/19, R18 had diagnoses which included; Alzheimer's disease, dementia, anxiety and psychosis. The MDS identified R18 had severe cognitive impairment and required extensive assistance with her activities of daily living of dressing, grooming, personal hygiene, transfers and bed mobility.</p> <p>Review of R18's annual Care Area Assessment dated 9/11/18, revealed R18 had severe cognitive impairment, staff were to anticipate her needs as her cognition fluctuated. The CAA identified R18 required extensive assistance of 1-2 facility staff with all of her ADL's which included transfers with a gait belt, dressing, grooming and personal hygiene.</p> <p>Review of R18's current care plan printed 4/17/19, revealed R18 required full staff assistance with ADL's which included; totally dependent on facility staff for bathing, assist of one facility staff with personal hygiene, dressing and transfers with a gait belt. R18's care plan revealed her nail care was to be completed weekly with her bath. Further, R18's care plan did not address R18's shaving needs.</p> <p>Review of NA care guide updated 4/16/19, for 500-600 wing, revealed R18 required extensive assistance with personal hygiene, grooming, dressing and was totally dependent on bathing. The care guide revealed R18 received a</p>	F 677			

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F 677	<p>Continued From page 12 Wednesday morning bath.</p> <p>On 4/15/19, 5: 38 p.m. R18 was seated in a recliner in the small common area near the nurses station with a gait belt around her waist. R18 had several thick white and black chin hairs and all of R18's fingernails were approximately 2-3 millimeters in length and all ten fingernails had brownish matter underneath which was visible through her chipped nail polish. R18 was transferred to a wheelchair with assist of nursing assistant (NA)-A and NA-D with use of a gait belt. R18 was wheeled to a squared table in the small dining area directly adjacent to the common area.</p> <p>On 4/16/19, at 9:22 a.m. R18 was seated in a wheelchair in the large common area of the facility with a gait belt around her waist. R18 continued to have several thick white and black chin hairs and all of R18's fingernails were jagged, approximately 2-3 millimeters in length and all ten fingernails had brownish matter underneath which was visible through her chipped nail polish.</p> <p>On 4/17/19, at 7:07 a.m. R18 was lying in her bed on her back, eyes were closed and she was covered with a blanket from her feet to her chin. R18's hands were not visible, however she continued to have several thick black and white chin hairs.</p> <p>On 4/17/19, at 11:06 a.m. R18 was seated in a wheelchair in the small common area, her eyes were closed and her chin was towards her chest. R18 continued to have several thick white and black chin hairs and all of R18's fingernails were jagged, approximately 2-3 millimeters in length and all ten fingernails had brownish matter</p>	F 677			

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F 677	<p>Continued From page 13</p> <p>underneath which was visible through her chipped nail polish.</p> <p>On 4/17/19, at 11:42 a.m. R18 was seated in a wheelchair at a table in the small common area, her eyes were opened. R18 continued to have several thick white and black chin hairs and all of R18's fingernails were jagged, approximately 2-3 millimeters in length and all ten fingernails had brownish matter underneath which was visible through her chipped nail polish.</p> <p>On 4/17/19, at 1:04 p.m. R18 remained seated in a wheelchair in the small common area, at that time the facility activity director and registered nurse manager (NM)-A wheeled R18 from the table, to a pink recliner in the small common area, and transferred R18 to the recliner. R18's leg R18 continued to have several thick white and black chin hairs and all of R18's fingernails were jagged, approximately 2-3 millimeters in length and all ten fingernails had brownish matter underneath which was visible through her chipped nail polish.</p> <p>On 4/17/19, at 9:16 a.m. NA-F stated R18 required extensive assistance with dressing, grooming and was totally dependent on facility staff for bathing. NA-F confirmed she had not shaved R18 or provided nail care when R18 was provided morning cares. NA-F stated R18 would receive a bath later that day and would be shaved and provided nail care at that time.</p> <p>On 4/17/19, at 11:07 a.m. NA-G stated R18 was totally dependent with bathing and needed extensive assistance with grooming, dressing and personal hygiene. NA-G indicated R18 was supposed to be shaved weekly with her bath and</p>	F 677			

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F 677	<p>Continued From page 14</p> <p>was also provided nail care with her weekly bath. NA-G confirmed R18 had received her bath that day and had not received assistance with nail care or shaving.</p> <p>On 4/18/19, at 10:29 a.m. NA-D stated R18 required extensive to total assistance with ADL's of bathing, grooming, personal hygiene and dressing. She indicated R18's facial hair and nail care were to be completed on bath day, however, she stated R18 no longer had her own razor.</p> <p>On 4/18/19, at 11:25 a.m. NA-H stated R18 required extensive assistance of one to two staff with all of her cares, which included dressing, grooming, personal hygiene and transfers. She stated R18 was totally dependent on facility staff for bathing. NA-H stated R18 no longer had a razor of her own, and indicated her facial hair was removed during her baths on Wednesdays with the facility common razor. She indicated often times the "tub room razor" was not working and she would be unable to shave residents who did not have their own razor. NA-H stated R18 often times did not like to have her nails cleaned and trimmed.</p> <p>On 4/18/19, at 1:12 p.m. NM-A confirmed R18 continued to have several thick black and white chin hairs and all of her fingernails were jagged, and had a brownish matter underneath the 2-3 mm length of her fingernails. NM-A stated she would expect R18 to be shaved and have her nails cleaned and trimmed on her bath days.</p> <p>On 4/18/19, at 2:02 p.m. the director of nursing (DON) confirmed R18's care plan directed facility staff to assist with grooming, personal hygiene, bathing and nail care. She confirmed R18's care</p>	F 677			

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F 677	<p>Continued From page 15</p> <p>plan did not specifically address R18's shaving needs, however she indicated she considered shaving as part of a grooming task. The DON stated she was not aware R18 did not have a personal razor and indicated she would contact R18's family member.</p> <p>R16</p> <p>Review of R16's annual Minimum Data Set (MDS) dated 2/21/19, identified R16 had diagnoses of Alzheimer's disease, dementia and schizophrenia. The MDS identified R16 had severe cognitive impairment and required limited assistance with activities of daily living (ADL's) with ambulation with a walker, toileting, dressing and personal hygiene. The MDS identified R16 was independent in transfers, bed mobility and had no rejection of cares.</p> <p>Review of R16's annual Care Area Assessment dated 2/21/19, identified R16 had severe cognitive impairment, had difficulty with her short term memory and orientation. The CAA revealed R16 would need continuous reminders, cues and assist with ADL's due to a recent decline.</p> <p>Review of R16's current care plan, date printed of 4/17/19, revealed R16 had moderately impaired decision making skills and required cueing and supervision. R16's care plan revealed staff were to assist as needed with cares and indicated staff assisted with a weekly bath. The care plan revealed R16 required assistance with combing her hair and brushing her teeth, however R16's care plan lacked information on R16's facial hair removal needs.</p>	F 677			

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F 677	<p>Continued From page 16</p> <p>Review of a facility nursing assistant (NA) care guide updated 4/16/19, for the 500-600 wing revealed R16 was independent with ADL's and mobility. The care guide identified R16 received a weekly bath on Tuesday mornings.</p> <p>During continuous observation on 4/15/19, from 6:53 p.m. to 7:38 p.m. R16 was seated in an armed chair in her room, walker was in front of her and she faced a blank wall. R18's short hair was stringy, greasy (appeared wet but was dry,) and she had several long five to seven millimeters (mm) thick white chin hairs.</p> <p>During an observation on 4/16/19, at 9:19 a.m. R16 was seated in the front common area of the facility by the reception desk. R16's hair remained stringy, greasy and she continued to have several long thick white chin hairs.</p> <p>On 4/17/19, at 9:37 a.m. R16 walked with a front wheeled walker, down the hallway towards the main dining with NA-F next to her. R16's hair remained stringy, greasy and she continued to have several long (five to seven mm,) thick white chin hairs.</p> <p>On 4/17/18, at 12:22 p.m. R16 was seated in an armed chair in the main dining room at a squared table with three other chairs, with two other residents seated at the table with her. R16's hair remained stringy, greasy and she continued to have several long thick white chin hairs.</p> <p>On 4/18/19, at 9:47 a.m. R16 was seated in her room, on chair and faced a blank wall with a front wheeled walker in front of her. R16's hair remained stringy, greasy and she continued to have several long thick white chin hairs.</p>	F 677			

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F 677	<p>Continued From page 17</p> <p>On 4/18/19, at 9:59 a.m. NA-F stated R16 was overall independent with her ADL's of dressing, grooming and mobility. NA-F stated R16 would occasionally need assistance with toileting and grooming. She stated R16 required assistance with bathing, however, she indicated R16 would at least once a month refuse her baths. NA-F stated she could not recall when R16 last had a bath, though did not think it had been over a week. Further, she indicated R16 did not have a personal razor and would have her chin hairs removed at the time of her weekly bath.</p> <p>On 4/18/19, at 10:22 a.m. NA-D stated R16 was independent in dressing, grooming, toileting and mobility. She stated R16 required assistance with bathing on a weekly basis and indicated at the time of her bath, R16's facial hair would be removed and her hair would be washed. NA-D stated she was not sure when R16 last had a bath and indicated she could not recall when R16 had last shaved. NA-D further stated she felt R16 was unable to shave herself and did not believe R16 had a razor.</p> <p>On 4/18/19, at 11:14 a.m. NA-H stated R16 was overall independent with her ADL's of dressing and grooming. She stated R16 required assistance with weekly baths, which were scheduled for Tuesday mornings. NA-H stated R16 was unable to remove her chin hairs herself and did not have a personal razor. She indicated R16 would, at times, refuse her bath, however, she stated she felt R16 accepted a bath at least three times a month.</p> <p>On 4/18/19, at 1:12 p.m. nurse manager NM-A stated R16 was overall independent with her</p>	F 677			

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F 677	<p>Continued From page 18</p> <p>ADL's, of dressing and grooming. She indicated R16 was scheduled to receive a weekly bath and she would expect R16's facial hair to be removed at that time. Further, NM-A stated R16 had her hair washed weekly with her bath and indicated she felt R16's hair was usually "stringy" in appearance.</p> <p>On 4/18/19, at 1:43 p.m. the director of nursing (DON) stated she would expect facility staff to assist R16 with grooming needs when she was not able to complete them independently. The DON confirmed R16's care plan revealed staff were to assist her with ADL's as needed, R16 was scheduled to have a weekly bath. She confirmed R16's care plan lacked an approach to remove R16's facial hair.</p> <p>Shaving and dressing</p>	F 677			

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F 677	Continued From page 19 R3 R3's quarterly MDS dated 4/11/19, identified R3 had diagnoses which included dementia, heart failure and diabetes mellitus and had moderate cognitive impairment. R3's MDS indicated he required extensive assistance with dressing and personal hygiene. R3's MDS further identified he rejected evaluation of cares both 1-3 days during assessment period. R3' care plan dated 4/18/19, instructed staff to please assist R3 every morning and night to get alternative clothing and pajamas after being assisted to wash perineal area. At night time remove his clothing from that day and provide clean clothing and brief. Both morning and evening R3 will require assistance to change and wash as R3 does not initiate tasks appropriately. R3 requires 0-1 staff participation to dress and 1 staff participation (set up) for personal hygiene. On 4/17/19, at 11:13 a.m. R3 was dressed in grey sweat pants with a dark blue shirt on and blue slipper socks. His shirt had multiple white spots on the front varying in size from pin point to large irregular shaped areas. The spots were from the shirt collar to his waist. R3's cheeks and chin were covered in white and grey whiskers. R3 was sitting in his wheelchair with other residents in the common area near the front entrance. On 4/18/19, at 9:20 a.m. R3 was seated in his wheelchair in the therapy room. R3's hair was uncombed, sticking up and to the right. His face was again unshaven with grey and white whiskers covering his cheeks and chin. R3 had on the	F 677			

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F 677	<p>Continued From page 20</p> <p>same blue shirt with multiple white stains and a few brown stains now also. R3 had on grey sweat pants and blue slipper socks.</p> <p>On 4/18/19, at 10:00 a.m. NA-D indicated R3 required assistance every morning and evening with cares and did not exhibit behaviors. NA-D indicated she had not done his cares that morning, because R3 was usually dressed by the night nurse around 5:30 a.m. NA-D said she had seen R3 dressed in the dining room earlier that morning and she believed his hair was combed. NA-D said his hair goes back up after being combed. NA-D said if R3's clothing was dirty she would change it if he would let her. NA-D said she would encourage him to shave if he needed, but indicated she had not encouraged him to shave that morning. NA-D then entered R3's room and indicated his shirt was dirty, stating he must have spilt something on it during breakfast.</p> <p>At 10: 16 a.m. NA-D answered R3's call light and entered his bathroom. R3 proceeded to exit his room and enter the common area. R3's hair remained uncombed, his face unshaven and he had on the blue stained shirt, grey pants and blue slipper socks.</p> <p>On 4/18/19, at 10:19 a.m. DON observed R3 in the common area with surveyor. DON confirmed R3's shirt was dirty with stains, and indicated her expectation was for residents to be clean and shaven. DON indicated R3 at times would refuse cares, but stated staff should offer and if R3 was resistive to re-offer to assist him. .</p> <p>On 4/18/19, at 10:47 a.m. DON indicated LPN-A had assisted R3 with changing his shirt and shaving. DON reviewed R3's care plan and</p>	F 677			

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F 677	Continued From page 21 confirmed R3 should be assisted with clean clothing and R3's dirty clothing was to be removed from his room. DON confirmed R3 had the same soiled clothing on that morning from the day before. Review of a facility policy titled Activities of Daily Living-ADL, revised 11/2016, identified it was the facility's policy that residents who were unable to carry out activities of daily living receive the necessary services to maintain good grooming, personal hygiene.	F 677			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure proper wheelchair positioning for 1 of 1 residents (R40) observed with positioning needs. Findings include; R40's quarterly Minimum Data Set (MDS) dated 4/2/19, identified R40 had diagnoses which included; Alzheimer's disease, dementia and spinal stenosis (narrowing of spaces in the spine). R40's MDS further identified severe	F 684	R40 has had wheelchair positioning evaluated by therapies and changes made as indicated. All residents wheel chair positioning will be reviewed and referral made to therapy as indicated. Education provided to staff on wheel chair positioning and method of notifying therapy for evaluation needs. Education provided to therapy staff on communication with E.D. if supplies need purchasing.	5/7/19	

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F 684	<p>Continued From page 22</p> <p>cognitive impairment, did not walk and required total assistance with activities of daily living (ADLs).</p> <p>R40's comprehensive care plan dated 4/18/19, instructed the use of a tilt n space (wheelchair that tilts or reclines) with dycem (anti-slip fabric) on her wheelchair to assist her not to slide out. R40's care plan also instructed the use of pillows to help maintain a comfortable position.</p> <p>The facility Care Guide updated 4/16/19, instructions for R40 included a head rest to assist with neck positioning in R40's wheelchair.</p> <p>On 4/17/19, at 7:40 a.m. R40 observed in her wheelchair in the sitting area across from the nursing desk. R40's eyes were closed and her head was tilted down towards the left and rested on her left shoulder/chest area. R40 was leaning to the left against the wheelchair side support. Her wheelchair was slightly tilted back, feet elevated and she was covered with a multi-colored patch quilt lap blanket. R40's wheelchair had a head rest on the wheelchair that was tilted with the left side lower than the right. The head rest was two to four inches above R40's head.</p> <p>On 4/17/19, at 8:34 a.m. R40 was in her wheelchair in the common area near the front entrance. R40's chin was resting on the left side of her chest, her eyes were closed and she was leaning to the left onto the side wheelchair side support. R40's wheelchair was slightly tilted back, with the head rest above the back of the wheelchair, tilted down on the left side inches above her head.</p>	F 684	<p>Audit of wheel chair positioning will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>DON/Designee will report results and trends of all audits to QAPI Committee for review for 3 months and follow up as needed.</p> <p>Compliance date 5/31/19</p>		

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F 684	<p>Continued From page 23</p> <p>On 4/17/19, at 11:46 a.m. R40 was again sitting in the common area near the nursing desk. R40 was holding the top of her lap blanket. Her head was tilted down onto the left side of her chest, while the head rest was inches above her head.</p> <p>On 4/17/19, at 12:43 p.m. R40 was in the dining room across from the nursing desk. R40 was being fed by a staff member and assisted to drink through a straw. R40's wheelchair was tilted slightly back, with her head down onto her chest to the left side.</p> <p>On 4/18/19, at 9:22 a.m. R40 was in the therapy room, her eyes were closed and her head was tilted down to the left resting on her chest. R40's head rest was above her head a few inches.</p> <p>On 4/18/19, at 11:05 a.m. R40 was in her wheelchair in the common area near the nursing desk. R40's head was tilted to the left with her chin resting on her chest. R40 had a neck pillow on with one side of the pillow between the head rest and her head. It was wrapped around her head with the other end resting below her chin. R40's eyes were closed.</p> <p>On 4/18/19, at 12:46 p.m. R40 was in her wheelchair slightly tilted in the dining room across from the nursing desk. R40 was being fed by nursing assistant (NA)-D and straws were used for R40 to drink. R40's head was tilted down to the left resting on her chest.</p> <p>On 4/18/19, at 12:59 p.m. R40 was sitting in front of nursing desk. R40's head was leaning to the left with her chin resting on her chest. The neck pillow was wrapped onto the head rest pole and hung behind her wheelchair. The head rest was</p>	F 684			

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F 684	<p>Continued From page 24 a few inches above R40's head.</p> <p>R40's Occupational Therapy (OT) Evaluation and Plan of Treatment dated 10/16/18, identified R40's head rest would require significant modification to achieve head position on rest.</p> <p>Review of R40's OT progress notes from 10/16/18, to 11/13/18 revealed the following:</p> <p>-10/18/18, trialed use of two headrests to promote neck extension and contact with the left side of her head, to promote head rotation to the right side to relieve pressure to the left side preventing further contraction and tightness of the neck.</p> <p>-10/19/18, modified head rest position to allow opportunity for rest when wheelchair tilted, head did not touch headrest when positioned upright.</p> <p>-10/22/18, R40 made no contact with headrest when in upright position. After her range of motion, R40's head made contact with head rest when reclined and at 20 degrees of recline.</p> <p>-10/26/18, R40's headrest was raised and tilted to the left to allow for resting head as able. Currently R40's head not resting on headrest even at fullest recline.</p> <p>-10/29/18, R40's headrest was lowered and tilted to the left, even though R40's head did not rest on the headrest even at the fullest recline.</p> <p>-11/5/18, R40's headrest was moved forward and R40's head was able to rest on the headrest.</p> <p>-11/13/19, no changes made at this time, R40's headrest was in lowest position to optimize</p>	F 684			

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F 684	<p>Continued From page 25</p> <p>support and R40 was positioned appropriately at that time. Plan to complete discharge at this time.</p> <p>R40's occupational therapy documentation did not include trials of different wheelchairs, or fitting of wheelchair for positioning support, or recommendations for tilting degree of wheelchair to facility staff to optimize comfort and mealtime assistance.</p> <p>On 4/18/19, at 1:07 p.m. NA-I indicated R40 had a tilt and space wheelchair and a neck pillow. NA-I indicated she usually placed the pillow along side R40 in the wheelchair under her arm to help R40 sit up. NA-I indicated R40 was tilted back a tad during meals, but was unsure of the degree to adjust the wheelchair.</p> <p>On 4/18/19, 1:15 p.m. occupational therapist (OT)-A indicated R40 had last received occupational therapy in October 2018 for wheelchair positioning. OT-A indicated R40 was on hospice and was evaluated by a hospice therapist. OT-A indicated she thought she did not change anything at that time in October for R40, who was in the tilt n space wheelchair at that time. OT-A indicated R40 had a lot of neck flexion and they tried range of motion (ROM) for a neutral position of R40's neck. OT-A confirmed R40's head rested on her chest. OT-A indicated they discussed lateral support for her head and neck, but felt it would cause a greater risk of skin breakdown at that time. OT-A indicated she felt the tilt n space wheelchair was the best chair in the facility for her. OT-A indicated she was unable to modify R40's wheelchair head rest and confirmed R40's head did not rest against it. OT-A confirmed she had not tried to have R40</p>	F 684			

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F 684	<p>Continued From page 26</p> <p>fitted for a wheelchair, but indicated she could call one of the area wheelchair companies and have them do an assessment for R40 and have her fitted for a wheelchair. OT-A indicated the facility staff should be tilting R40's wheelchair back and using a slight tilt during meals so they could get a spoon or utensil into R40's mouth.</p> <p>On 4/18/19, at 2:00 p.m. nurse manager (NM)-A confirmed R40 leaned towards her left side. NM-A indicated the staff tried to lay her on her right side while in bed to help stretch her neck per therapy instructions. NM-A indicated they had tried a pillow and wash cloth under R40's chin, but R40 did not like anything put there. NM-A indicated R40 had a neck pillow but R40 would fight staff if they tried to place it under her chin and it would make it worse behind her neck.</p> <p>On 4/18/19, at 2:44 a.m. NA-D indicated some staff put R40's wheelchair up straight when the feed her, but she tilted her back so she could see R40's mouth. NA-D indicated occasionally she tilted R40's chair back when she was watching television. NA-D indicated she was not aware of anything used to help with her head or neck position and indicated the head rest was up above her head when she sat in the wheelchair.</p> <p>On 4/18/19, at 3:05 p.m. director of nursing (DON) indicated R40 had been on hospice in 2017, and was unaware if R40 had been seen by occupational therapy. DON confirmed R40 leaned to the left and her head tilted down and to the left. DON indicated she would expect R40 to be fitted for a wheelchair to allow for better mobility throughout the day and to support her position. DON indicated they have more selections of wheelchairs at the facility, and if they</p>	F 684			

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F 684	Continued From page 27 could not find one they have companies in the area that would fit residents with wheelchairs. The facility policy titled Positioning (General) dated 4/2008, identified the purpose as positioning the resident will be done to prevent hip, knee and plantar flexion contractures and to treat pressure ulcers on lateral and posterior body areas. The policy failed to include information regarding wheelchair positioning or providing a resident with an appropriate wheelchair and devises needed for proper positioning.	F 684			
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to accurately assess and implement identified pressure relieving interventions for 1 of 1 resident (R33) who had a worsening, facility acquired, unstageable pressure ulcer (observed full-thickness skin and tissue loss in which the extent of the damage	F 686	R33 has had assessments and care plan reviewed and updated to reflect interventions for pressure ulcers All residents with pressure ulcers have been reviewed and care plans updated to reflect interventions Education will be provided to nursing staff	5/7/19	

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F 686	<p>Continued From page 28</p> <p>cannot be confirmed due to the wound bed obscured with slough or eschar, if slough or eschar). R33 sustained actual harm when her left heel suspected deep tissue injury (a full-thickness pressure ulcer, injury down to deeper structures under the skin, which initially appears as a superficial purple/maroon discoloration over a bony prominence or a blood-filled blister) worsened to an unstageable pressure ulcer.</p> <p>Findings include:</p> <p>R33's Significant Change of Status Assessment (SCSA) Minimum Data Set (MDS) dated 3/27/19, identified R33 had diagnoses which included Alzheimer's disease, dementia, asthma and congestive heart failure. The MDS identified R33 had severe cognitive impairment and required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, toileting and eating. The MDS identified R33 was totally dependent on facility staff for ADL's of dressing, personal hygiene and bathing due to factors including cognitive loss. The MDS identified R33 had a stage one pressure ulcer and identified the following pressure ulcer treatments were in place; pressure relieving devices for bed and chair, pressure ulcer care and ointments. The MDS revealed no treatments were in place for R33's feet. Further, the MDS identified R33 weighed 105 lbs, was at nutritional risk and had lost a significant amount of weight since R33's last MDS.</p> <p>R33's SCSA associated Care Area Assessment (CAA) dated 3/27/19, R33 required assistance with ADL's due to cognitive loss. The CAA also revealed R33 had a decline in health, was on</p>	F 686	<p>on implementation of interventions for pressure ulcer treatment.</p> <p>Audit of interventions for pressure ulcers will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>DON/Designee will report results and trends of all audits to QAPI Committee for review for 3 months and follow up as needed.</p> <p>Compliance date 5/31/19</p>		

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F 686	<p>Continued From page 29</p> <p>comfort cares some days and other days would get out of bed and be dressed for the day. The CAA identified R33 had slight tenting of her skin on the back of her hands and near her collar bone (signs of dehydration), and had recently been placed on a supplement for weight loss. The CAA also indicated R33 required staff assistance for eating and drinking and at times, would only drink 25% of the ordered nutritional supplement. Further, the CAA revealed R33 had a red heel (stage one pressure ulcer) on her left foot from being in bed a majority of the day and night. The CAA indicated nursing staff were monitoring R33's left heel and interventions were in place to heal and prevent any further breakdown. The CAA did not identify what kind of interventions were in place for R33's pressure ulcer.</p> <p>Review of R33's care plan printed 4/17/19, revealed R33 required extensive to total assistance with her ADL's which included bed mobility, transfers, toileting, dressing and personal hygiene. The care plan identified R33 had a history of a small open slit on her coccyx (healed 10/11/17), and revealed R33 had a cushion on the seat of her wheelchair due to sitting for long periods. The care plan revealed an air mattress overlay had been removed from R33's bed because R33 was not at risk for skin breakdown. Further review of R33's care plan revealed an undated focus entry which identified R33 had a purple area on her left heel which measured 4 centimeters (cm) by 5cm, was dark purple in color, was not soft and had no open areas. R33's undated care plan entry revealed an air mattress overlay had been applied to her bed and a bead boot pillow was to be used to promote healing of her left heel. The care plan revealed staff were to monitor and report to</p>	F 686			

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F 686	<p>Continued From page 30</p> <p>primary care physician if area on her left heel was not healing or was worsening. Further, R33's care plan directed facility staff to reposition side to side.</p> <p>Review of the nursing assistant (NA) care guide updated 4/16/19, revealed R33 required assistance of one with ADL's, transfers and toileting every two hours. The care guide revealed R33 had a bean bag positioning pillow for her left heel for pressure relief and an air mattress overlay. The care guide further revealed R33 was to wear a pressure relief boot on her left heel on a trial basis. The care guide lacked direction regarding use of gripper socks or shoes.</p> <p>Review of R33's Braden scale (tool used to determine risk for pressure ulcer development) dated 3/21/19, indicated R33 was at high risk for pressure ulcer development due to the following risk factors; very limited sensory perception, very moist skin, was chairfast, very limited mobility, very poor nutrition and the Braden scale also identified friction and shearing were a problem for R33 who required moderate to maximum assistance with moving. Further, R33's Braden scale summary revealed she was at high risk for breakdown due to recent illness, decreased oral intake, decreased mobility and weakness. Further, the Braden scale summary identified R33 had been staying in bed more and had a stage one pressure area on her left heel which was not open but was purple in color.</p> <p>Review of R33's Braden scale dated 3/28/19, indicated R33 was at high risk for pressure ulcer development due to the following risk factors; R33 had no sensory impairment, very moist skin, was chairfast, had very limited mobility, probable</p>	F 686			

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F 686	<p>Continued From page 31</p> <p>inadequate nutritional intake and further identified R33 had a problem with friction and shearing. The Braden scale summary documentation indicated R33 was at high risk for skin breakdown due to recent illness, poor oral intake, decreased mobility and weakness. Further, the Braden scale summary indicated R33 had been staying in bed more and had a stage one pressure area on her left heel which was not open but was purple in color.</p> <p>Review of R33's wound assessment flow sheets from 3/19 to 4/16/19, revealed the following:</p> <p>-3/19/19, R33 developed a stage one pressure ulcer on her left heel which was identified as a "bruise", measured 4 centimeters (cm) in length by 5 cm in width, was covered with granulation tissue, was not open and was dry. The flow sheet revealed the following interventions were in place; protective bean boot and air mattress.</p> <p>-3/22/19, R33's left heel stage one pressure ulcer measured 3 cm by 2.8 cm, was covered with 100% granulation tissue and had a dark purple area which measured 1 cm by 2.8 cm. The flow sheet revealed the following interventions were in place; protective bean boot and air mattress. The entry did not identify R33's stage one left heel pressure ulcer presented as a suspected deep tissue injury (SDTI.)</p> <p>-3/29/19, R33's stage one left heel pressure ulcer measured 3.7 cm by 3.0 cm, was covered with 100% eschar tissue and identified the surrounding skin was a "dark/light" area which measured 6 cm by 3.8 cm. The wound flow sheet revealed the following interventions were in place to promote healing which included; air mattress,</p>	F 686			

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F 686	<p>Continued From page 32</p> <p>positioning and a nutrition plan. R33's wound flow sheet revealed her left heel was to be treated with skin prep (topical wipe) twice daily for two weeks. The wound flow sheet did not indicate R33's left heel SDTI ulcer had worsened to an unstageable pressure ulcer.</p> <p>-4/6/19, R33's left heel unstageable pressure ulcer measured 5.8 cm by 3.0 cm was covered with 100% eschar tissue and had a "soft dark area" which measured 3.0 cm by 2.2 cm. The wound flow sheet identified R33's left heel treatment included skin prep twice daily, pressure relieving mattress, positioning and a nutrition plan.</p> <p>-4/16/19, R33 had an unstageable pressure ulcer on her left heel measuring 6 cm by 3.2 cm, which was covered with 100% eschar tissue and had a lateral side "soft area" which measured 2.5 cm by 2.5 cm. The wound flow sheet identified R33's left heel unstageable pressure ulcer was to be cleansed with skin prep twice daily. The wound flow sheet identified R33 was to wear a short heel pressure relief boot and also included the following interventions: positioning plan, nutrition plan, pressure relieving air mattress.</p> <p>During an observation on 4/15/19 at 2:15 p.m., R33 was lying on an alternating pressure mattress on her bed, slightly tilted to her right side, with the head of her bed elevated. R33 had a nasal cannula for oxygen delivery which was 1-2 cm below her nares. R33 was covered from her feet to her mid chest however, both of R33's heels were observed to be lying directly on the mattress.</p> <p>On 4/15/19, at 5:00 p.m. R33 was seated in a gel cushioned wheelchair, had an oxygen nasal</p>	F 686			

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F 686	<p>Continued From page 33</p> <p>cannula on, wore white walking shoes and was wheeled to the common area by the nurses' station by NA-D. NA-D wheeled R33 to a square table in the small dining area and NA-D walked away. R33 then began to wheel herself back and forth with her tennis shoe clad feet.</p> <p>On 4/15/19, at 6:13 p.m. registered nurse (RN)-A approached R33, wheeled her from the dining room down the 500 wing to the common area, provided her oral medication with a spoon and walked away. R33 began to wheel herself around the common area walkway using her tennis shoe clad feet.</p> <p>On 4/15/19, at 6:41 p.m. R33 remained seated in a wheelchair in the common area, wheeled herself around a small area of the common area and used the back of her tennis shoe clad heels to propel herself around in the area.</p> <p>On 4/16/19, at 9:27 a.m. R33 was seated in a cushioned wheelchair in the large dining room. R33 was wearing her white tennis shoes and had both feet on the floor.</p> <p>On 4/16/19, at 9:52 a.m. R33 was seated in a cushioned wheelchair by the doorway of her room and was verbalizing a need to go to the bathroom. R33 was observed to be wearing gripper socks on both feet. NA-A approached R33 at that time, and assisted her into her room.</p> <p>On 4/17/19, at 7:06 a.m. R33 was lying in bed on her right side, facing the wall and was covered with a blanket from her feet to her chin. At 7:29 a.m. NA-G entered the room, offered R33 a bath and proceeded to assist R33 out of bed. NA-G removed the blankets from across R33's body</p>	F 686			

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F 686	<p>Continued From page 34</p> <p>including her legs and feet. R33 was observed to be wearing a globoPed heel relieving boot on her left foot. At that time, NA-G stated R33 had just started wearing the pressure relieving boot that day. NA-G stated prior to that day, R33's left foot was supposed to be off- loaded with a rice bag. However, NA-G stated in the past R33's left heel was routinely on the mattress when she went to assist R33 up for the day. NA-G indicated R33 was supposed to wear gripper socks due to a sore on her left heel. During the observation, NA-F entered R33's room and both NA-G and NA-F proceeded to assist R33 with morning cares and wheeled R33 down to the tub room.</p> <p>On 4/17/19, at 7:43 a.m. upon entering the tub room, R33's gripper socks were removed to reveal R33's left heel was covered in a thick, hard black eschar tissue. Registered nurse manager (NM)-A entered the bathroom, measured R33's heel with a plastic measuring tool. R33's left heel unstageable pressure ulcer measured 3 cm in length and 6 cm in width. NM-A confirmed R33's left heel pressure ulcer was covered with thick black eschar tissue. NM-A further confirmed when pressed, R33's left heel was very soft and mushy (indicative of a deep wound bed due to the tissue liquefying underneath the eschar tissue.) R33 denied pain when her left heel ulcer was pushed on by NM-A. NM-A confirmed R33 had an unstageable pressure ulcer on her left heel which had been acquired at the facility.</p> <p>On 4/17/19, at 7:50 a.m. the director of nursing (DON) confirmed she had completed the initial wound assessment of R33's left heel on 3/19/19, and stated she had felt R33's left heel was a dark purple when she had first assessed it and had considered it a bruise. The DON confirmed when</p>	F 686			

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F 686	<p>Continued From page 35</p> <p>R33's left heel was next assessed on 3/29/19, her left heel was completely covered with black eschar tissue. The DON verified R33's left heel pressure ulcer had worsened from the initial assessment and by 3/29/19 was an unstageable pressure ulcer. The DON stated R33 had been seen by her primary physician yesterday 4/16/19, and had received new orders for a specialized pressure relieving boot, and a daily treatment with skin prep. The DON stated R33 should not have been wearing her tennis shoes and confirmed her tennis shoes could cause pressure to R33's left heel unstageable pressure ulcer. Further, the DON stated prior to R33's recent pressure relieving orders, facility staff were to float R33's heel off of the bed with a rice bag and/or pillow. The DON stated upon her initial assessment on 3/19/19, R33's discolored heal "could have been" a suspected deep tissue injury and may not have been a bruise. Further, the DON reviewed R33's current physician orders and confirmed R33 was not receiving any nutritional supplement to promote healing of R33's unstageable pressure ulcer.</p> <p>On 4/17/19, at 8:02 a.m. R33 was seated in a wheelchair, wore a pressure relieving boot on her left foot and was wheeled to the dining room table by NA-F. R33 proceeded to eat 100% of her breakfast meal which consisted of approximately 120 milliliters (ml) of water, juice, coffee and one pancake with syrup. R33 was not provided or offered any protein rich foods.</p> <p>On 4/17/19, at 11:10 a.m. R33 was lying in a recliner in the common area by the nurses' station, covered with a blanket from her feet to her chin. R33 wore a pressure relieving boot to her left foot.</p>	F 686			

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F 686	Continued From page 36 On 4/17/19, at 1:08 p.m. RN-B confirmed R33 had not been seen by her primary medical doctor (MD) when he had conducted rounds at the facility that morning. RN-B confirmed R33's unstageable left heel pressure ulcer had not been seen her primary practitioner since 3/19/19. However, RN-B stated they had requested treatment orders for R33's unstageable left heel pressure ulcer. During an interview on 4/18/19, at 10:13 a.m. NA-F stated R33 had become acutely ill a few months ago and had been in bed a majority of the time. NA-F stated R33 had used an air alternating mattress overlay for a long time prior to her developing the left heel pressure ulcer as R33 had a history of an open area on her buttocks. NA-F stated at the time R33 developed the left heel ulcer, approximately 4 weeks ago, she had been directed to hover R33's heels with a pillow when R33 was in bed. However, NA-F stated R33's heels were frequently lying on her mattress when she would come in for her shift and the pillows had been removed from R33's bed. NA-F also stated that within the last few days, she had received instructions not to place R33's shoes on her feet. During an interview on 4/18/19, at 10:32 a.m. NA-D stated R33 required extensive assistance with all of her ADL's and had recently been sick which she had required increased assistance. NA-D stated R33 had been on routine repositioning and had an air alternating mattress overlay on her bed for pressure ulcer prevention, which had been in place for several months as R33 had a history of an open area on her buttocks. NA-D stated R33's left heel had	F 686			

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F 686	<p>Continued From page 37</p> <p>developed a dark purple area within the last 3-4 weeks and stated she had informed an RN about R33's left heel three times before the nurse had looked at R33's heel. NA-D stated at that time, she had been instructed to prop R33's left heel when in bed with a "rice booty" however, she stated she frequently noticed R33's left heel directly on the mattress when she would come in for her shift which had occurred as recently as that morning. NA-D stated she had not received any direction to stop putting R33's tennis shoes on prior to yesterday, 4/17/19. Further, NA-D stated R33 now was to wear a special boot on her left foot, which had been applied 4/17/19, by an RN.</p> <p>On 4/18/19, at 11:31 a.m. NA-H stated R33 used to be more independent before she became ill a few months ago. NA-H stated she felt R33 continued to decline and had required an increase in assistance with all ADL's which had included bed mobility, transfers, toileting, repositioning and at times eating. NA-H stated she had noticed a sore on R33's left heel approximately 3-4 weeks prior and at that time, she had been instructed to float R33's heels when she was in bed. NA-H stated, on a routine basis, R33's left heel had been lying directly on her bed and had no indication a pillow had been used to float her heels when she would arrive on her shift. She stated as of the day prior, R33 was to wear a pressure relieving boot in bed and when up in her wheelchair. Further, NA-H stated she had not received any direction to stop donning R33's white tennis shoes.</p> <p>On 4/18/19, at 1:00 p.m. during a follow up interview NM-A indicated upon initial assessment of R33's left heel unstageable pressure ulcer,</p>	F 686			

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F 686	<p>Continued From page 38</p> <p>they had implemented pressure relieving interventions which included air mattress overlay, and protective bean boot when in bed. NM-A stated R33's left heel unstageable pressure ulcer had not been seen by a practitioner and indicated it was "up to them if they wanted to see it." NM-A stated R33's globoPed specialized pressure relieving boots had been ordered that week by R33's primary physician along with Arginaid. NM-A confirmed prior to that week, R33 had no pressure relieving interventions in place for her left heel unstageable pressure ulcer when she was in her wheelchair. Further, NM-A stated she had expected R33's heels to be floated at all times when she was in bed.</p> <p>Review of R33's current physician orders as of 4/15/19, lacked any orders for R33's left heel unstageable pressure ulcer.</p> <p>Review of R33's treatment administration record (TAR) for April 2019, revealed the following directions for the left heel unstageable pressure ulcer:</p> <ul style="list-style-type: none"> -a nursing order dated 4/16/19, at 9:00 p.m. to trial a tall pressure relief boot when in bed to relieve pressure off heel, trial for three days to see if tolerates, at bedtime for relieving pressure of heels, until 4/18/19. - a nursing order dated 4/16/19, directed to use skin prep wipes to wipe off left heel two times daily to assist with drying up the eschar for two weeks, then reassess. - a nursing order dated 4/17/19, directed to use loose gripper socks instead of regular socks to promote healing of left heel ulcer. 	F 686			

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F 686	<p>Continued From page 39</p> <p>Review of R33's TAR for March 2019, revealed the following:</p> <p>-3/29/19, use skin prep wipes to wipe off left heel two times daily to assist with drying up the eschar for two weeks, then reassess.</p> <p>R33's TAR lacked any monitoring of pressure relieving interventions for R33's left heel.</p> <p>Review of R33's electronic medical record progress notes from 2/4 to 4/18/19, revealed the following:</p> <p>- 3/4/19, R33 had an area at the top of her butt crease which had a redness that measured 3.4 cm by 3 cm, had two small slits with a red base, measured 1.2 cm by 1.0 cm. The note revealed R33's buttocks was cleansed and medicated cream was applied.</p> <p>-3/12/19, R33 had decreased intakes and had lost weight. The note revealed R33 would receive assistance at meals and received a nutritional supplement daily.</p> <p>-3/18/19, R33's buttocks was red with breakdown on her coccyx, ointment was applied.</p> <p>-3/19/19, NA reported a purple area on R33's left heel, measured 4.0 cm by 5.0 cm, dark purple in color, was not open or soft. The note revealed occupational therapy screen was filled out for wound management. A later note revealed the DON was informed of R33's dark purple heel and an air mattress would be placed on R33's bed along with pressure relieving interventions of repositioning, heels were to be floated at all</p>	F 686			

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F 686	<p>Continued From page 40 times, good nutrition and hydration.</p> <p>-3/22/19, R33 had developed a pressure ulcer on her heel, therapy had reviewed options for interventions with nursing which included air mattress and protective cushioned dressing gel pad for under feet when in wheelchair or recliner. No other recommendations were made and therapy did not initiate treatment. A note revealed R33's left heel was dark purple, measured 3.0 cm by 2.8 cm medial to that was a smaller dark purple area that measured 1.0 cm by 0.8 cm, heel was to continue to be floated.</p> <p>-3/29/19, R33's left heel was intact, dark and light area measured 6 cm by 3.8 cm, a dark area measured 3.7 cm by 3.0 cm, no pain, tenderness or drainage was noted. The note revealed R33's heels would continue to be floated.</p> <p>-4/6/19, R33's left heel had worsened to an unstageable ulcer with black covering 5.8 cm by 3.0 cm and a softer black area measured 3.0 cm by 2.2 cm. The note revealed R33's heels were to be floated and her shoes were to be left off.</p> <p>-4/16/19, R33 had started to use a short heel relief boot for her left heel unstageable pressure ulcer. The note revealed R33's left heel ulcer measured 6.0 cm by 3.2 cm, had black eschar and had a soft area lateral of the hard area which measured 2.5 cm by 2.5 cm.</p> <p>Review of R33's physician progress notes from 2/26 to 4/17/19, revealed the following:</p> <p>-3/27/19, revealed R33's physician visit was conducted by the entrance to the facility while R33 was seated in a wheelchair. The physician</p>	F 686			

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F 686	<p>Continued From page 41</p> <p>progress note identified R33's dementia had progressed and indicated R33 had no new issues at the time of the visit. R33's physician progress note lacked any documentation of R33's newly developed pressure ulcer.</p> <p>-2/26/19, R33 was diagnosed with Respiratory Syncytial Virus (RSV,) did not require hospitalization. The note revealed R33 was wheezing, had a cough, and malaise (fatigue, lack of energy.)</p> <p>R33's physician's notes lacked any further documentation of R33's skin or status of pressure ulcer.</p> <p>On 4/18/19, at 1:31 p.m. a telephone call was placed to R33's primary physician (MD)-A, a message was left for a return call.</p> <p>During a follow up interview on 4/18/19, at 2:09 p.m. the DON confirmed R33's left heel unstageable pressure ulcer had first developed on 3/19/19, at which time an air mattress was applied in addition to a bead boot for floating her heels in bed. The DON confirmed on 4/17/19, staff were directed not to apply R33's tennis shoes as she was only to wear gripper socks and the globoPed heel boot on her left foot.</p> <p>On 4/22/19, at 7:45 a.m. MD-A returned the call and confirmed he had been informed of R33's left heel ulcer worsening to an unstageable pressure ulcer and stated, "wounds are not my strong suit." MD-A said he relied on the facility's licensed nursing staff's expertise when it came to pressure ulcers and other wounds. He stated he would expect pressure relieving interventions to be put in to place on a consistent basis and indicated</p>	F 686			

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F 686	Continued From page 42 continued pressure on R33's left heel likely could have caused her left heel pressure ulcer to worsen. Review of the facility's Pressure Injury/Skin Integrity/Wound Management-HDGR policy revised 11/2016, identified it was the policy of the facility that a system was in place for the prevention, identification, treatment, and documentation of pressure injuries and non-pressure wounds. The policy indicated a resident with pressure injuries would receive treatment and services consistent with professional standards of practice to promote healing and prevent infection and prevent new pressure injuries from developing. The policy included definitions of clinical terms related to pressure injuries, symptoms and treatments. The policy further indicated it was the facility's procedure to complete weekly skin checks and quarterly skin assessments. The policy also indicated it was the facility's procedure once a pressure injury was identified, that assessment and treatments, which included pressure relieving and nutritional interventions, would be implemented, care planned and monitored to promote healing.	F 686			
F 740 SS=G	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health 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. Behavioral health encompasses a resident's whole emotional and	F 740		5/7/19	

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F 740	<p>Continued From page 43</p> <p>mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to ensure ongoing verbal behaviors were comprehensively assessed to provide the necessary behavioral health care and services for 1 of 1 resident (R16) reviewed who demonstrated verbal abuse towards herself which caused significant distress to R16. This resulted in actual, psychosocial harm for R16 who had repeated episodes of distress and crying uncontrollably when the verbal behaviors occurred (yelling at herself in a loud abusive voice and answering in a childlike voice).</p> <p>Findings include:</p> <p>Review of R16's annual Minimum Data Set (MDS) assessment dated 2/21/19, identified R16 had diagnoses of Alzheimer's disease, dementia and schizophrenia. The MDS identified R16 had severe cognitive impairment and required limited assistance with activities of daily living (ADL's) including: toileting, dressing and personal hygiene, and ambulation with a walker. The MDS identified R16 as independent with transfers and bed mobility, and indicated R16 had not demonstrated rejection of cares. Further, the MDS identified R16 had exhibited verbal behaviors directed at others one to three days during the seven day look back period, but had no behaviors directed towards herself.</p> <p>Review of R16's annual Care Area Assessment dated 2/21/19, identified R16 had severe cognitive impairment and difficulty with her short</p>	F 740	<p>R16 has had assessment and care plan reviewed and collaboration with MD to determine best plan of care for targeted behaviors.</p> <p>All residents who have a change in verbal behaviors will have a comprehensive assessment to assure they have appropriate mental health services.</p> <p>Education to nursing staff on mental health changes and behaviors including verbal actions of the resident behavior.</p> <p>Audit of identified residents with change in mental health status including verbal behaviors will be done two times weekly for four weeks and then weekly for four weeks and monthly for two months.</p> <p>DON/Designee will report results and trends of all audits to QAPI Committee for review for 3 months and follow up as needed.</p> <p>Compliance date 5/31/19</p>		

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F 740	<p>Continued From page 44</p> <p>term memory and orientation. The CAA revealed R16 would need continuous reminders, cues and assist with ADL's, due to a recent decline. The CAA identified R16's behavior may be related to her new roommate and her inability to recall she had a roommate. R16's CAA identified facility staff had reported an increase in R16's talking/arguing with herself in different voices, one female and the others male. The CAA revealed R16 had received antipsychotic medications for "a while" and had recent changes in her mood so had been started on a new antipsychotic medication. R16's CAA identified no referrals for behavioral or mental health services had been made as a result of her recent changes in her mood and increased talking/arguing with herself. Further, the CAA lacked any indication of whether R16's talking/arguing with herself affected her mood or self distress.</p> <p>Review of R16's care plan, with a print date of 4/17/19, revealed R16 had moderately impaired decision making skills and required cueing and supervision. The care plan revealed R16 was at risk for social isolation and subsequent psychosocial distress related to poor decision making and cognitive status. R16's care plan directed facility staff to offer reassurance and support as needed and observe for any signs/symptoms of emotional distress. The care plan identified R16 had a behavior problem related to diagnoses of schizophrenia and Alzheimer's disease, and included interventions for facility staff to try and redirect R16 when she exhibited behaviors including: talking to self, pacing, etc...and offer a snack, participate in activities, exercise, watch a show, work on a puzzle, 1:1 (talk, activity) etc... However, R16's care plan did not identify R16's specific behavior</p>	F 740			

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F 740	<p>Continued From page 45</p> <p>of verbal self abuse that presented with two specific, different voices (one dominant and one submissive) in which the dominant voice was degrading and abusive while the submissive voice was soft and childlike.</p> <p>During continuous observation on 4/15/19, from 6:53 p.m. to 7:38 p.m. the following was revealed; R16 was alone in the room, seated in a stationary chair which faced the wall with her walker in front of her. R16 had tears running down her cheeks, her eyes were wide and her jaw very tight. R16 stated to herself in a stern, loud, harsh toned voice, "you need to exercise!," R16 then replied to herself in a soft, child-like tone of voice, " I already exercised today," R16 responded to herself in the dominant voice, "stand up, right now," R16 continued to have tears running down her checks, responded to herself in a submissive child-like voice, "I did exercise, I really did," R16 then responded to herself in a dominant voice, "stand up, I hope you fall down in the hallway," Throughout the observation of R16's verbal self abuse, nursing assistants (NA)-A, and NA-D were observed to walk back and forth down the hall, past R16's door repeatedly during the observation, no staff were observed to offer R16 reassurance or intervene in R16's verbal self abuse.</p> <p>On 4/16/19, at 9:19 a.m. R16 was seated in an armed chair in the front common area of the facility by the reception desk, she wore a gait belt across her waist and a front wheeled walker was in front of her. R16's jaw was clenched tightly, she continuously blinked and fidgeted with her hands.</p> <p>On 4/16/19, at 9:42 a.m. R16 remained seated on</p>	F 740			

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F 740	<p>Continued From page 46</p> <p>an armed chair in the front common area of the facility, she continuously looked around with darted eye movements, repetitive eye blinking and wrung her hands repeatedly. At that time, R16's primary physician MD-A approached R16, asked her if she was getting anxious, which R16 denied, listened to her lungs and told her to have a good day. R16 waved to MD-A as he walked away.</p> <p>On 4/16/19, at 9:44 a.m. R16 stood from the chair, her face was expressionless (flat affect) and grabbed her front wheeled walker. R16 took small, measured, shuffled steps, out of the common area and went down the hallway towards her room as she continuously looked around with darted eye movements. R16 walked with her walker to her room, and sat on a stationary armed chair next to a wall which faced a blank wall.</p> <p>On 4/16/19, at 9:49 a.m. R16 was seated in a chair in her room, her jaw was clenched, face was taunt, brow was wrinkled as she began to talk to herself with unintelligible words, in a stern (dominant) tone. R16 immediately stood from the chair following the dominant voice, took a hold of her walker, walked out of her room, walked back into her room and immediately sat back in her chair and began to converse with herself again, still in unintelligible words. R16 had a furrowed brow, tight jaw, wide eyes and tears running down her cheeks. R16 was heard to have two different tones (one dominant and one submissive (childlike)) when she spoke and began to argue with herself. No staff were observed to be in the area.</p> <p>On 4/16/19, at 11:03 a.m. R16 was seated in a</p>	F 740			

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F 740	<p>Continued From page 47</p> <p>stationary chair by the reception area. R16 continuously wrung her hands together, and repeatedly darted her eyes across the room. R16 would close her eyes, rock back and forth in the stationary chair repeatedly alternating with wringing her hands and darted eye movements.</p> <p>On 4/17/19, at 8:43 a.m. R16 was observed while lying in bed. R16 opened her eyes and stated to herself in a childlike voice, "what am I supposed to do?". R16 repeated the statement multiple times and would pause for approximately one to two minutes before she repeated the statement to herself. R16 was alone in her room.</p> <p>On 4/17/19, at 8:52 a.m. R16 remained lying in bed on her back, her eyes were wide open, jaw was clenched, brow was furrowed, she continued to talk to herself in a childlike tone stating, "what am I supposed to do?". R16 began to respond to herself in a dominant, aggressive voice and stated to her childlike voice, "you are supposed to be up!, R16 responded to herself in a childlike voice, "I have a broken hip and a broken leg," R16 responded to herself in a stern, aggressive dominant voice, " you are supposed to be up!" R16 responded to herself in a childlike tone, "what am I supposed to do?". R16 was alone in her room and continued the verbal self abuse repeatedly.</p> <p>On 4/17/19, at 8:58 a.m. R16 remained lying in bed, her eyes were wide open, face was taunt and tight. R16 continued to argue with herself in a dominant and submissive voice. At that time, NA-F entered R16's room and asked R16 if she was going to get up. NA-F stated to R16 her clothes had been left out for her and asked R16 if she wanted help. R16 stated she wasn't sure if</p>	F 740			

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F 740	<p>Continued From page 48</p> <p>she needed help or not. NA-F stated to R16 she would come back to check on her and left R16's room.</p> <p>On 4/17/18, at 12:22 p.m. R16 was seated in an armed chair in the main dining room at a square table with two other residents seated at the table with her. R16's tablemates visited with each other while R16 had no interaction with them. R16 ate 100% of her meal independently, stood from the chair, took her walker and walked out of the dining room.</p> <p>On 4/18/19, at 9:47 a.m. R16 was seated in her room, on a chair again facing a blank wall with a front wheeled walker in front of her. R16's face was tight, brow furrowed and her eyes were wide. R16 spoke in a dominant, stern voice in unintelligible words and would answer herself in a small childlike voice as she shrunk back in her chair. No staff were observed in the room or area.</p> <p>On 4/18/19, at 9:59 a.m. NA-F stated she felt R16 was frequently "mean to herself," and indicated R16 argued with herself on a daily basis. NA-F stated she felt R16's arguing with herself had increased in frequency and appeared to cause R16 distress at times. NA-F stated when R16 was arguing with herself, she was unsure when or if to approach R16. NA-F stated, "In the past, I would try to approach [R16] when she used her "meek" voice, however [R16] would change to a 'mean' voice very quickly." NA-F stated she felt R16 needed someone to talk to and felt she was suffering from inner demons. Further, NA-F stated she wanted to help R16, but was unsure what to do for R16 when she argued with herself. NA-F also stated she thought some nursing staff were scared of R16 when she argued with herself</p>	F 740			

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F 740	<p>Continued From page 49 and would therefore avoid her when she was arguing.</p> <p>On 4/18/19, at 10:22 a.m. NA-D stated R16 argued with herself on a daily basis and indicated she felt at times R16 looked scared when the "mean" voice would talk to the childlike voice. NA-D stated she would really like to help R16 during those times and indicated she did not know when or how to approach R16 when she was arguing with herself. NA-D stated R16 had never been combative with staff or other residents, however she felt R16 was abusive to herself. NA-D indicated she felt horrible for R16 and had never received any direction or education on interventions to use to help R16 during her times of verbal self-abuse. In addition, she stated she unnerved at times when R16 argued with herself with two different voices and indicated she would welcome any education on how to help R16</p> <p>On 4/18/19, at 10:46 a.m. the activity director stated R16 had daily episodes of talking to herself, and stated she was aware R16 had periods of crying while she argued with herself. The activity director stated she used to have a good rapport with R16 which abruptly changed when she'd changed her hair color. The activity director stated she was unaware of any time the interdisciplinary team (IDT) had discussed possible interventions to implement when R16 argued with herself. The director stated she felt R16 argued with herself with two separate voices and one was verbally aggressive towards R16's childlike, submissive voice. She indicated she felt R16 would benefit from behavioral and/or mental health services and confirmed R16 had not received any type of behavioral or mental health</p>	F 740			

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F 740	<p>Continued From page 50</p> <p>services since she had been the activity director. She stated she felt the facility did not provide any mental health, behavioral intervention education to facility staff. She indicated she felt nursing staff wanted to help R16 and were not provided with the resources on how to help her. She indicated R16 had no family involvement and the facility had no information on R16's psychosocial history which could help in developing intervention to decrease R16's behavior.</p> <p>On 4/18/19, at 10:59 a.m. activity aide (AA)-A stated she felt R16 required a special approach due to her decline in cognition and increased self arguing. AA-A stated she felt R16 liked to walk with staff, did enjoy physical touch, such as hugs and liked candy bars. AA-A stated she had never discussed with any nursing management of possible ways to approach R16. AA-A indicated she felt some facility staff were unnerved when R16 argued with herself in two different voices. AA-A also stated she had not been educated on how to assist residents with special mental health needs.</p> <p>On 4/18/19, at 11:14 a.m. NA-H stated R16 had been arguing with herself for as long as she had been working at the facility. NA-H stated R16 would argue with herself in two different voices, one was mean and the other was childlike and submissive. NA-H stated she struggled with what to do when R16 argued with herself, especially when it escalated to where R16's mean voice would scare her submissive voice. NA-H stated she thought R16 was re-living negative experiences from her past due to the expression on R16's face when she argued with herself. NA-H stated all she knew of R16's history was she had not been married, had no children and</p>	F 740			

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F 740	<p>Continued From page 51</p> <p>was adopted. NA-H further stated she thought R16 had obsessive traits and preferred a regular routine. However, NA-H verified she had received no direction or education on any interventions to attempt to calm R16 when she argued with herself. NA-H stated she would inform the licensed nursing staff when R16 argued with herself, but felt some of them did not respond. In addition, she stated she was unnerved at times when R16 argued with herself with two different voices and indicated she would welcome any education on how to help R16.</p> <p>On 4/18/19, at 12:34 p.m. the social service designee (SSD)-A stated the facility had access to tele-psychiatric services and stated she was unaware of any referrals for behavioral or mental health services for R16, or whether any had been requested. The SSD-A stated she was only at the facility for a short time each week (approximately 15 hours) and felt she had a very limited amount of interaction with R16 besides conducting quarterly assessments of cognition and depression. She stated she had not had the opportunity to witness R16 talking to herself but indicated she had been informed by nursing staff. SSD-A stated she had concerns whether R16 became distressed when talking/arguing with herself, then stated she did not attend the facility's daily stand up meetings where resident changes were discussed however, did have input and attended quarterly IDT meetings. SSD-A stated she was unaware of any non-pharmacological interventions currently in place for when R16 talked/argued with herself. The SSD said she had not been part of or received any training or education from the facility with regards to caring for residents with acute mental health needs. SSD-A stated she felt she</p>	F 740			

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F 740	<p>Continued From page 52</p> <p>and the facility staff would not only benefit from, but would welcome any education to meet R16's needs. SSD-A stated she felt R16 would significantly benefit from behavioral and/or mental health services and specific non-pharmacological interventions. Further, SSD-A stated she felt frustrated and concerned as she felt she did not know how to meet R16's needs, and did not feel nursing staff overall did either due to the lack of education and guidance.</p> <p>On 4/18/19, at 1:09 p.m. nurse manager NM-A confirmed R16's care plan lacked any specific interventions for when R16 argued with herself. She stated the facility has utilized psychiatric services for other residents in the facility recently and in the past. NM-A confirmed R16 had not received any behavioral or mental health services for her increase in arguing with herself. Further, NM-A confirmed there were times when R16 would argue with herself and she would appear to be in distress. NM-A verified staff had not received education or instruction on approaches to help calm R16.</p> <p>On 4/18/19, at 1:25 p.m. registered nurse (RN)-B stated she did not feel R16 was affected when she argued with herself. RN-B stated she had not witnessed R16 crying when she argued with herself, though felt one of R16's voices was aggressive while the other voices was childlike and submissive. RN-B stated she was unaware of any specific interventions in place when R16's was arguing with herself. She further indicated there was no formal, daily monitoring of R16's arguing with herself, nor had she received any education or guidance by the facility in how to help R16 when she argued with herself. RN-B denied being aware R16 would become</p>	F 740			

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F 740	<p>Continued From page 53</p> <p>distressed when she argued with herself.</p> <p>On 4/18/19, at 1:31 p.m. a telephone call was placed to R16's primary physician , a message was left with his nurse for a return call.</p> <p>On 4/18/19, at 1:43 p.m. the director of nursing (DON) stated she was aware R16 argued with herself, though was unaware R16 experienced distress during these episodes. The DON confirmed R16 had a diagnosis of schizophrenia and indicated R16's behavior of arguing with herself could likely be a symptom of her schizophrenia in addition to R16's progression of Alzheimer's disease. She indicated R16's care plan directed facility staff to stop and talk with R16, try to redirect offer an activity when she talked with herself. The DON confirmed R16's care guide did not identify any specific interventions for R16 when argued with herself, nor did R16's care plan to direct facility staff to observe R16 during these episodes in order to determine whether R16 was affected by them. She confirmed R16 argued with herself in two different tones of voices, one mean/dominant and one submissive/childlike. The DON confirmed at times, R16's dominant voice would yell at the childlike voice and R16 would respond in the childlike voice in a submissive manner. She stated R16 had changes in her antipsychotic medications, though had not received any behavioral or mental health services within the last few years. The DON stated there had been no discussion of any benefit to R16 with receiving behavioral or mental health services. She stated R16's behaviors were monitored during quarterly assessments for seven days on the facility behavior monitoring form. Further, the DON confirmed there had been no discussion with</p>	F 740			

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F 740	<p>Continued From page 54</p> <p>facility staff any specific non-pharmacological interventions which could be attempted during R16's episodes of self arguing. In addition, the DON confirmed the facility did not offer or provide nursing staff with any type of education on caring for residents with mental health conditions and behaviors.</p> <p>On 4/18/19, at 4:04 p.m. the facility administrator stated she was unaware that R16 had experienced distress during her behaviors of arguing with herself. The administrator stated she'd expect staff to implement non-pharmacological interventions during R16's episodes of arguing with herself. The administrator confirmed the facility had access to tele-psychiatric services, and verified R16 had not been offered or referred for any behavioral or mental health services. Further, the facility administrator confirmed the facility did not have a current process for providing their staff with education in caring for residents with mental health issues and behaviors.</p> <p>On 4/22/19, at 7:45 a.m. during a telephone interview, R16's primary physician (MD)-A stated R16 had a significant history of mental health problems, which included schizophrenia. MD-A stated R16 had a history of inpatient hospitalization at an acute geriatric psychiatric hospital. MD-A stated he was aware R16 argued with herself, but was unaware it had ever caused R16 distress. MD-A stated he had been informed by facility staff R16 had experienced "increased anxiety." He stated he was not aware R16 argued with herself using two different voices, one dominant and one submissive/childlike, and was not aware R16's dominant voice yelled at her submissive voice. MD-A stated he would agree</p>	F 740			

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F 740	<p>Continued From page 55</p> <p>that type of argument could cause R16 distress. MD-A confirmed the facility had access to behavioral and mental health services via tele-psychiatry and stated he felt R16 would benefit from an evaluation. He stated he had ordered Latuda (an a-typical antipsychotic) and most recently Seroquel (also an antipsychotic) as she had been urinating on the floor and talking to herself more. MD-A stated he was unaware of any non-pharmacological interventions the facility may have put in place to implement when R16 would argue with herself to the point of potentially causing herself distress. He stated he was unsure how R16 would react if staff approached her when she was arguing however, he indicated he would expect something to be done. Further, MD-A stated he would have expected the facility to notify him of the progression of R16's self arguing including the use of a dominant voice abusing a submissive voice, which would have prompted him to refer her for mental health/psychiatric services sooner.</p> <p>Review of R16's progress notes from 10/23/18, to 4/18/19, revealed the following:</p> <p>-10/23/18, revealed R16 was in her bathroom and was talking to herself and answering herself in a different tone and pitch of voice. The note revealed R16 would startle and stop when staff would enter her room. The note lacked any information on whether R16 was distressed during the argument with herself. Further, the note lacked any information of staff intervention. A later note revealed R16 had refused her bath twice that day.</p> <p>-10/26/18, revealed R16 had talked to herself "off and on" and was "sleepy" in the the lobby. The</p>	F 740			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245585	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER TRAVERSE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 SEVENTH STREET SOUTH WHEATON, MN 56296		
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F 740	<p>Continued From page 56</p> <p>note lacked any information on whether R16 was distressed when she talked with herself. Further, the note lacked any information of staff intervention.</p> <p>-11/2/18, revealed R16 was noted to talk to herself in different tones in her room that morning. The note indicated staff were noted to assist with "needs" and had occurrences off and on. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any information of staff intervention.</p> <p>-11/8/18, revealed R16 was noted to talk to herself in different tones in her room that morning. The note indicated staff were noted to assist with "needs" and had occurrences off and on. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any information of staff intervention.</p> <p>-11/15/18, revealed a quarterly note which revealed R16 was independent with her cares of hygiene, grooming, bed mobility and dressing. The note revealed R16 had behaviors of talking to herself in her room and the facility's main lobby. A later note revealed R16 was noted to talk to herself in different tones in her room that morning. The note indicated staff were noted to assist with "needs" and had occurrences off and on. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any information of staff intervention.</p> <p>-11/16/18, revealed R16 was noted to talk to herself in different tones in her room that</p>	F 740			

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F 740	<p>Continued From page 57</p> <p>morning. The note indicated staff were noted to assist with "needs" and had occurrences off and on. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any information of staff intervention.</p> <p>-11/19/18, revealed staff had heard yelling from R16's room, staff found R16 had squatted on the floor and urinated. The note revealed facility staff were unsure if R16 was confused or if it was a behavior.</p> <p>-11/22/18, revealed R16 was noted to talk to herself in different tones in her room that morning. The note indicated staff were noted to assist with "needs" and had occurrences off and on. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any non-pharmacological staff intervention.</p> <p>-12/4/18, revealed R16 had turned on her bathroom call light, asked staff to wipe up water on the floor, which was noted to be urine. The note revealed R16 had talked to herself in different voices. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any non-pharmacological staff intervention.</p> <p>-12/10/18, revealed R16 was observed to extensively talk to herself after supper for an hours and a half. The note revealed R16 had been overheard saying to herself her hip hurt. The note further revealed when approached and asked by the nurse if she wanted Tylenol, R16 declined. The note lacked any information on whether R16 was distressed when she talked to</p>	F 740			

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F 740	<p>Continued From page 58</p> <p>herself. Further, the note lacked any non-pharmacological staff intervention.</p> <p>-12/14/18, revealed on 12/12/18, R16 had been asked if she was aware she talked to herself and if it bothered her. The note revealed R16 had indicated she was aware an it did not bother her. The note revealed R16 was observed to talk to herself for a half hour while in her room. The note revealed staff spoke to R16 from behind the room curtain and indicated R16 did not like it when staff interrupted her when getting ready for bed. Further, the note lacked any non-pharmacological staff intervention.</p> <p>-12/15/18, revealed R16 had urinated on the floor of her room twice that day, was asked if she wanted assistance at night which was accepted by R16 with a request no young NA's assist her.</p> <p>-12/18/19, revealed R16 was seen by her primary physician for a routine visit and he had increased her medication of Risperdal (antipsychotic.) to 1 mg twice daily.</p> <p>-12/28/19, revealed R16 had talked to herself before bed and occasionally while in bed. A later note revealed R16 had been talking to herself, yelling at herself and talking down to herself. The notes lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any non-pharmacological staff intervention,.</p> <p>-1/2/19, revealed R16's primary physician had been contacted via fax and was asked if something else could be tried for R16's self talk.</p> <p>-1/3/19, revealed R16's primary physician had</p>	F 740			

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F 740	<p>Continued From page 59</p> <p>ordered to continue her Risperdal and to start Latuda (antipsychotic medication) 40 mg every day. No orders for a referral for psychiatric services were obtained, nor were any suggestions for non-pharmacological interventions were mentioned.</p> <p>-1/6/19, revealed R16 had "normal talking to self" that day and had started new medication. The note lacked any information on whether R16 was distressed when she talked to herself. Further, the note lacked any information of non-pharmacological staff intervention, approaches in place.</p> <p>-1/8/19, revealed R16's Risperdal had been discontinued and indicated R16 was started on Latuda daily.</p> <p>- 1/13/19, revealed R16 talked to herself frequently when in her room, when approached R16;s self talk would decrease significantly.</p> <p>-2/15/19, revealed R16 slept well at night, able to reposition self and had not talked to herself at night.</p> <p>-2/18/19, revealed R16 had a hard time with her roommate, was reminded to respect her roommate and indicated R16 had been very quiet lately.</p> <p>-2/21/19, revealed R16 was occasionally up at night, talked to herself and would answer herself in different tones of voices.</p> <p>-3/5/19, revealed R16's was seen by her primary physician for a routine nursing home visit. The note revealed R16's Latuda was decreased to 20</p>	F 740			

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F 740	<p>Continued From page 60</p> <p>mg and Cogentin (medication used to treat potentially permanent side of effects of antipsychotic medications, extrapyramidal side effects (EPSE).)</p> <p>-3/8/19, revealed R16 was independent with night cares, did not use her call light and was noted to talk to herself at times during the night.</p> <p>-3/10/19, revealed R16 had been taking Risperdal for behaviors of talking to self and self care deficits, which had worked for a while. The note revealed R16 had began urinating on the floor of her room and her bathroom, which then R16 was started on Latuda. The note revealed R16 had a decrease in urinating on the floor, though still continued her behavior of talking to herself which had gotten louder and was more "disturbing" to other residents. Further, the note revealed R16 had experienced EPSE's, in the form of a shuffled gait, from the Latuda, which was decreased and Cogentin had been ordered for the side effects. The note lacked any non-pharmacological staff intervention had been attempted to decrease R16's behaviors. Further, the note did not address whether R16's self arguing caused her any distress.</p> <p>-3/14/19, revealed due to insurance non-coverage, R16's Cogentin was discontinued by her primary physician, her Latuda was decreased due to side effects and order to monitor R16's gaits was obtained.</p> <p>- 3/16/19, revealed R16 had been in her room, whipped her curtain back and forth and had talked to herself angrily about sending kids off. The note revealed R16 had expressed anger as she felt "everyone was looking at her." The note</p>	F 740			

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F 740	<p>Continued From page 61</p> <p>lacked any non-pharmacological staff intervention had been attempted to decrease R16's behaviors. Further, the note did not address whether R16's self arguing caused her any distress.</p> <p>- 3/23/19, revealed R16 had an argument with herself for several hours, which had included several statements as follows; " I am not going anywhere, I am dressed for bed, Just put it in the fridge," The note revealed R16 was alone in her room and staff did not enter her room during R16's "loud conversation." The note lacked any non-pharmacological staff intervention had been attempted to decrease R16's behaviors. Further, the note did not address whether R16's self arguing caused her any distress.</p> <p>-3/25/19, revealed R16 had minor self talk which had included R16 acted as an authority figure when she spoke to herself. The note lacked any non-pharmacological staff intervention had been attempted to decrease R16's behaviors. Further, the note did not address whether R16's self arguing caused her any distress.</p> <p>-4/11/19, revealed R16 had breakfast in her room while she talked to herself. The note indicated R16 had come out of her room for lunch. The note lacked any non-pharmacological staff intervention had been attempted to decrease R16's behavior. Further, the note did not address whether R16's self talk caused her any distress.</p> <p>-4/16/19, revealed R16 was seen for a routine visit by her primary physician and was ordered to start Seroquel 25 mg before bed.</p> <p>Review of R16's physician progress note dated</p>	F 740			

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F 740	<p>Continued From page 62</p> <p>12/18/18, revealed R16 was seen for a routine visit and the following concerns were identified; nursing staff had reported R16 had begun urinating on her floor several times a week and felt R16's level of agitation had increased. The note revealed the following assessment; R16's schizophrenia was in partial remission with increased hallucinations and some behaviors. The note revealed due to R16 urinating on the floor, her physician increased her Risperdal to twice daily. Further, the note revealed staff were to monitor R16 and if her behaviors progressed they would need to consider placement in geriatric psychiatric unit.</p> <p>Review of R16's physician progress note dated 1/29/19, revealed R16 was seen for a routine nursing home visit. The note revealed R16's Risperdal (an antipsychotic) had been discontinued and she was started on Latuda. The note further revealed facility staff had reported R16's behaviors had resolved.</p> <p>Review of R16's physician progress note dated 2/13/19, revealed R16 was seen for a routine nursing home visit and had no concerns and no changes were made.</p> <p>Review of R16's physician progress note dated 3/5/19, revealed R16 was seen for a routine nursing home visit and the following concern was identified; R16 suffered from schizophrenia, had been referred for inpatient care last fall and had returned to the facility on Risperdal. The note revealed R16 began urinating on the floor, her Risperdal was discontinued and Latuda 40 mg was started. The note revealed R16 was suffering from significant dyskinesia (side effect of antipsychotic medications that impair the ability to</p>	F 740			

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F 740	<p>Continued From page 63</p> <p>walk.) The note revealed R16's primary physician decreased her Latuda to 20 mg and ordered Cogentin (medication used to relieve side effects of antipsychotic medications.)</p> <p>Review of R16's physician progress note dated 3/26/19, revealed R16 was seen for a routine nursing home visit, staff had no concerns and no changes were made.</p> <p>Review of R16's Behavior Monitoring/Intervention Forms from November 2018, to April 2018; revealed R16's behavior was monitored on a quarterly basis for seven days during the following months;</p> <p>-November 2018, R16's form revealed documentation of behavior monitoring was completed on 11/15/18, to 11/21/18, revealed R16 had one behavioral episode on a day shift and nine episodes on the evening shift. Further, the form revealed R16 had talked to herself and had yelled at herself. The form revealed positive behavior management had been attempted as an intervention and had no improvement in her behavior. The form lacked specific, individualized interventions to be attempted, nor did the form identify whether R16's self talk or self arguing caused her distress.</p> <p>-February 2019, R16's form revealed documentation of behavior monitoring was completed on 2/15/19, to 2/21/19, revealed R16 had two episodes of moderate intensity during a day shift in which no intervention was listed or attempted. The form lacked specific, individualized interventions to be attempted, nor did the form identify whether R16's self talk or self arguing caused her distress.</p>	F 740			

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F 740	Continued From page 64 -March 2019, R16's form revealed documentation of behavior monitoring was completed on 3/7/19, to 3/13/19, revealed out of 21 possible entries, the form revealed 4, and indicated R16 had no behaviors. Review of R16's medication administration record (MAR) from February 2019, to April 2019, revealed no behavioral monitoring or interventions attempted. R16's unsigned physician orders revealed no routine behavior monitoring or non-pharmacological interventions. R16's medical record lacked routine monitoring of R16's behavior or mood. The facility's Unnecessary Drugs-Psychotropic Drugs policy, revised 9/22/17, identified it was the facility's policy that psychotropic drug therapy "shall be used only when it is necessary to treat a specific condition as diagnosed and documented in the clinical record." The policy did not address behavior monitoring, nor identifying and implementing non-pharmacological interventions.	F 740			

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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>01 Main Building</p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE 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 Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division. At the time of this survey, Traverse Care Center was found not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care and the 2012 edition of NFPA 99, Health Care Facilities Code.</p> <p>"If participating in the E-POC process, a paper copy of the plan of correction is not required."</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K TAGS) TO:</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/09/2019
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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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K 000	<p>Continued From page 1</p> <p>Health Care Fire Inspections State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, MN 55101</p> <p>Or by email to: FM.HC.Inspections@state.mn.us</p> <p>THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <ol style="list-style-type: none"> 1. A description of what has been, or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency. <p>This facility was surveyed as one building due to no 2 hour fire barrier between the construction types and considered as the least fire resistive construction as per 8.2.1.3 (3) and with the adoption of the 2012 LSC, they are now considered existing buildings.</p> <p>Wings 100, 200. were constructed in 1967 and was determined to be of Type II(111) construction. It is 1 story with partial basement and is fully protected with fire sprinklers with smoke detectors in the corridors and spaces open to the corridors.</p> <p>Wings 300, 400 and 500 were constructed in 2005 and was determined to be of Type V(111) construction. It is 1 story with no basement and is fully protected with fire sprinkler with smoke detectors in the resident rooms and spaces open to the corridors.</p>	K 000			

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K 000	Continued From page 2 The facility is separated by one two hour fire barrier and 4 smoke barriers The facility has a capacity of 49 beds and had a census of 43 at the time of the survey.	K 000			
K 222 SS=D	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET. Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is	K 222		5/31/19	

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K 222	<p>Continued From page 3</p> <p>constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview the facility failed to ensure the proper operation of exit door locking devices. NFPA 101, Life Safety Code, 2012 edition section 7.2.1.7. This deficient practice could cause the door not to open and affect all staff in the immediate area.</p>	K 222	<p>The necessary adjustments were made to the exit doors by physical therapy to ensure the doors operate properly after the delayed 15 seconds. Maintenance staff educated on the proper functioning of doors and locks. Audits of the exit doors for proper operation will be done 2 times</p>	
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K 222	Continued From page 4 Findings include: On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 observations revealed the exit doors by physical therapy contained a delayed egress lock that would not open after 15 seconds and the physical condition of the door was at a point where the door would stick and not open properly. This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.	K 222	weekly for 4 weeks, 1 time weekly for 4 weeks, and then monthly for 2 months. NHA/designee will report results of the audits at the monthly QAPI Committee Meeting for review for 3 months and follow up as needed.		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview the facility failed to maintain emergency lighting in accordance with the provisions of the 2012 Life Safety Code, (NFPA 101) section 7.9.3.1.1. The deficient practice could negatively affect the ability to exit in the case of a power failure. This could affect and undetermined amount of residents, staff and visitors. Findings include; On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 documentation review revealed there was no record of an annual 90 minute test of the emergency lights.	K 291	The annual 90 minute test of emergency lights was completed on May 9, 2019 and the results of the test were documented on the emergency light log. Maintenance staff educated on the annual 90 minute testing and logging the results. Weekly audit for logging of the 30 second checks and annual 90 minute test with results of the tests will be done weekly for 4 weeks, then monthly for 2 months. NHA/designee will report results of the audits at the monthly QAPI Committee Meeting for review for 3 months and follow up as needed.	5/31/19	

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K 321	Continued From page 6 facility failed to maintain one hazardous room in accordance with the 2012 Life Safety Code (NFPA 101) section 19.3.2. This deficient condition could allow smoke or fire to enter adjacent rooms and the corridor making it untenable and affect the quick and efficient exiting for 12 of the 49 residents and an undetermined amount staff and visitors. Findings include: On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 observations revealed the door to soiled utility room 314 would not latch. This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.	K 321	adjusted for proper closure May 6, 2091. Staff were educated that doors to hazardous areas must be latched and maintained properly to ensure hazardous area is protected by a fire barrier. Audits of the completed weekly door checks will be done 1 time weekly for 4 weeks, then 2 times monthly for 2 months. NHA / designee will report results of the audits at the monthly QAPI Committee Meeting for review for 3 months and follow up as needed.		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96	K 324		5/31/19	

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K 324	Continued From page 7 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to install the protection devices of the cooking equipment as stated in the Life Safety Code (NFPA 101) 2012 edition section 9.2.3 & NFPA 96 section 10.5.1. This deficient practice could allow for the spread of fire, affecting an undetermined amount of residents, staff and visitors. Findings include: On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 observations revealed there was no automatic gas shutoff valve connected to the extinguishing system on the kitchen hood. This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.	K 324	The automatic gas shut off valve was installed for the kitchen range. Nardini Fire Protection connected the automatic shut off valve to the extinguishing system on the kitchen hood May 7, 2019 and certified the unit is working properly. Maintenance and dietary staff were educated/informed that the installation of automatic gas shut was in place. NHA/designee will present report of installation at the monthly QA meeting.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire	K 353		5/31/19

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K 353	<p>Continued From page 8</p> <p>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain the sprinkler system in accordance with the 2012 Life Safety Code (NFPA 101) and NFPA 25 section 5.2.5. The standard for testing and maintenance of sprinkler systems. This deficient condition could cause the sprinkler system not to function properly and allow for the spread of fire. This could affect an undetermined amount of residents, staff and visitors.</p> <p>Findings include:</p> <p>On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 observations revealed the following;</p> <ol style="list-style-type: none"> 1. The frangible bulb in one sprinkler head in physical therapy was not red. (clear) 2. The frangible bulb in four sprinkler heads in the maintenance room were not red. (clear) 3. The sprinkler head in the closet of resident rooms 610 & 307 were blocked. 4. Ceiling tiles in soiled utility room 611A were 	K 353	<p>Nova Fire Protection replaced the 1 sprinkler head in physical therapy and the 4 sprinkler heads in the maintenance room. All sprinkler heads were checked for compliance, and 6 additional sprinkler heads were replaced. Resident room closets 610 and 307 were cleared of obstructions within the 18 inches clearance for the sprinkler heads. An audit of all resident room closets was completed to ensure sprinkler heads were not blocked. All closets have been marked with a 18 inches line from the ceiling to note sprinkler clearance. Staff were educated on the 18 inches clearance for sprinkler heads. Audits of resident closets will be done 2 times weekly for 4 weeks, 1 time weekly for 4 weeks, then monthly for two months. NHA/designee will report results at the monthly QAPI Committee Meeting for 3 months and follow up as needed.</p>	

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K 353	Continued From page 9 missing. This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.	K 353	Missing ceiling tiles in soiled utility room 611A were replaced by the maintenance April 17, 2019.	
K 901 SS=F	Fundamentals - Building System Categories CFR(s): NFPA 101 Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the facility failed to inspect the building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. The deficient practice could affect all residents. Findings include: On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 documentation review revealed there was no copy of a risk assessment at the time of inspection. This deficient condition was confirmed by the	K 901	A formal and documented risk assessment was completed May 8, 2019. Maintenance Director was educated on the review and updating of the risk assessment as appropriate. NHA/designee will complete a monthly audit for 3 months and report results of the audit to QAPI Committee Meeting for follow up as needed.	5/31/19

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K 901	Continued From page 10 interim Facility Administrator and the Director of Maintenance.	K 901			
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA	K 918		5/31/19	

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K 918	Continued From page 11 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview the facility failed to provide test documentation in accordance with the 2012 edition of the Life Safety Code (NFPA 101) section 9.1.3.1 and the 2010 edition of NFPA 110 the Standard for Emergency and Standby Power Systems. This deficient practice could affect all residents, staff and visitors. Findings include: On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 documentation review revealed there was no record of the monthly load test since 12/18. This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.	K 918	Monthly maintenance and load testing of the emergency generator are completed and documented on the Emergency Generator-Monthly Test Log. Maintenance Director was educated on the requirements for weekly and monthly maintenance, checks and documentation of the monthly load test. The log is maintained and available with the generator. Random audits of the generator log will be done monthly for 3 months. NHA/designee will report results of the audits at the monthly QAPI Committee Meeting for follow up as needed.		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain electrical equipment in accordance with NFPA 101, the Life Safety Code	K 919	The lose wire connection in the mechanical room 611 was secured in the connection box by Rapid Eclectic April	5/31/19	

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K 919	<p>Continued From page 12</p> <p>(12) section 9.1.2 and NFPA 70 (11) The National Electrical Code, chapter 300. This deficient practice could allow for potential shock or fire from the electrical device, affecting an undetermined amount of staff and visitors.</p> <p>Findings include:</p> <p>On the facility tour between 8:00 am to 1:00 pm on 04/16.2019 observations revealed loose wire connections not in a junction box in mechanical room 611 A.</p> <p>This deficient condition was confirmed by the interim Facility Administrator and the Director of Maintenance.</p>	K 919	<p>18,2019. Maintenance Director checked all mechanical rooms for electrical compliance. Maintenance Director will complete checks of the mechanical room(s) following all electrical repairs. Staff educated on reporting electrical concerns for appropriate follow up and repair. Weekly audits of the mechanical rooms will be done for 1 month, then 2 times a month for 2 months. NHA/designee will report results of audits to the QAPI Committee Meeting for follow up as needed.</p>		