F 225: 483.13(a)(1)(i)-(iii), (c)(2) - (4)
INVESTIGATE/REPORT
ALLEGATIONS/INDIVIDUALS

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property, and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

F 225 Investigate/Report Allegations/Individual
1. Effective December 11, 2013, the administrator, DON and ADON reviewed the state and federal regulations as well as the facility policies and procedures on abuse investigation and reporting to ensure a thorough understanding.
2. On December 11, 2013, the administrator, DON and ADON reviewed incident reports for the previous six months to ensure no previous allegations of abuse had gone unreported.
3. Beginning December 11, 2013, all incidents will be reviewed jointly by the administrator, DON and ADON to ensure all allegations of abuse are reported.
4. The Administrator will provide a quarterly report on the reviews to the QA/PI Committee beginning at the next quarterly meetings and for the next 3 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled for Jan 28, 2013. The Chairman of the QA/PI Committee will brief the Governing Body at their quarterly meetings following the QA/PI meeting.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patient. (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.
**F 225** Continued From page 1

This REQUIREMENT is not met as evidenced by:

Based on medical record review, interview, review of grievances, review of facility policy, and review of facility investigations, the facility failed to report an allegation of abuse to the State Survey Agency for one resident (#271) of thirty-three residents reviewed.

The findings included:

- Resident #271 was admitted to the facility on February 16, 2013, with diagnosis of Hypertension, Atrial Fibrillation, Pneumonia, and Shortness of Breath.

- Medical record review of a Quarterly Minimum Data Set (MDS) dated May 22, 2013, revealed a Brief Interview of Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.

- Interview on December 9, 2013, at 3:32 p.m., with resident #271 and the resident’s family member, in the resident room, revealed the resident had voiced a concern with a staff member in May or June 2013, and a written report was made. Continued interview with the resident revealed the resident had not had any other concerns with the staff member and felt safe in the facility.

- Review of a Resident Grievance/Complaint/Concern Form dated May 17, 2013, from the resident, and interview with the Director of Nursing (DON) on December 11, 2013, at 8:05 a.m., in the employee break room, confirmed the resident reported “Personal conflict occurred over method of care resulting in...(staff member)...screaming and jumping up and down. This behavior was directed toward resident in an...”
Continued From page 2

abusive manner.

Review of the facility policy Abuse Protocol dated January 17, 2001, and revised December 2012, revealed, "...if a covered individual observes events or becomes aware of information that gives him/her the reasonable suspicion that a crime has occurred against a resident or individual receiving care from this facility, he/she must notify..." The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency, the local police department, and others as may be required by state or local laws, within five (5) working days of the reported incident...

Interview with the accused Certified Nursing Aide (CNA) #1 on December 11, 2013, at 10:56 a.m., in the facility conference room, revealed CNA #1 did get upset with the resident, but immediately left the room. The CNA denied acting in an abusive manner toward the resident and denied any inappropriate behavior.

Interview with CNA #2 on December 11, 2013, at 11:12 a.m., in the facility conference room, revealed CNA #2 worked with CNA #1 on May 17, 2013, and did not observe any abuse or inappropriate behavior.

Review of the facility investigation revealed written statements, interviews with the resident and resident roommate, and interviews with other alert and oriented residents CNA #1 provided care for. Continued review revealed the investigation was completed on May 20, 2013, with no abuse substantiated. Review of facility documentation revealed no documentation the
F 225 Continued From page 3
allegation of abuse was reported to the State Survey Agency.

Interview with the Administrator and the DON on December 11, 2013, at 11:20 a.m., in the facility conference room, confirmed the facility failed to notify the State Survey Agency of the allegation of abuse.

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to provide timely meal service for one resident (#281) of ten residents observed in the South dining room.

The findings included:

Observation on December 9, 2013, between 11:10 a.m., and 11:53 a.m., in the South Dining room, revealed resident #281 and the resident's spouse entered the South dining room at 11:10 a.m. Continued observation revealed eight other residents entered the dining room between 11:10 a.m., and 11:15 a.m. Continued observation revealed at 11:17 a.m., the lunch food was delivered to the dining room and at 11:26 a.m., the first tray was served. Continued observation revealed between 11:26 a.m. and 11:37 a.m., six of the nine residents were served lunch trays and

F241 Dignity and Respect for Individuals
1. On December 9, 2013 after being notified that a resident was not being served timely in the south dining room, the Registered Dietitian (RD) established a new policy that a "Current Resident Diet Listing" would be available in each of the three dining rooms. Staff will use this "Current Resident Diet Listing" to check for accurate diets on each resident to ensure prompt serving of meals (see attached policy).
2. All staff involved with meal service was inserviced on the new policy by the RD beginning on December 9 and completed on December 10, 2013. (see attached in-service notes and attendance roster)
3. The RD will be responsible for monitoring the use of the "Current Resident Diet Listing" insuring the list is available and used in each of the three dining rooms. The RD will report compliance to the administrator on a weekly basis for a period of 3 months.
F 241, Continued From page 4

resident #281 was still waiting. Continued observation revealed at 11:44 a.m., the tenth resident entered the dining room and was served at 11:45 a.m. Continued observation revealed at 11:50 a.m., the dining staff phoned the kitchen to get a “ticket” for a diet order for the last resident. At 11:53 a.m., the last resident was served. Observation between 11:10 a.m., and 11:53 a.m., revealed resident #281 asked the spouse and staff members for lunch several times while waiting. Further observation revealed resident #281 waited forty-three minutes for lunch to be served.

Interview with the Dietician in the hallway outside the South dining room on December 10, 2013, at 8:55 a.m., confirmed the tray was late and resident #281 waited for forty-three minutes for lunch to be served while all other residents had been served. Further interview confirmed the staff was to call the kitchen or the nurse to see what diet the resident was on, and provide lunch without the resident having to wait.

F 371 463.35(I) FOOD PROCUREMENT, STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions.

This REQUIREMENT is not met as evidenced

4. The Administrator will provide a quarterly report on compliance to the QA/PI Committee beginning at the next quarterly meetings and for the next 3 quarterly meetings. The next quarterly QAPI Committee meeting is scheduled for Jan. 28, 2014. The Chairman of the QA/PI Committee will brief the Governing Body at their quarterly meetings following the QAPI meeting.

Attachments:
2. Staff In-Service Notes and Attendance Roster

F 371 Food Procure,
Store/Prepare/Serve-Sanitary (dented cans)
1. On December 9, 2013, dented cans found by surveyor were removed from resident use and placed in dietary managers office for return to vendor or destruction.
2. On December 9, 2013, the facility dietitian and dietary manager examined all cans stored for resident use for any existing dents. No additional dented cans were found.

Rebekah
Administrator
1/27/2014
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<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>F 371</td>
<td>Continued From page 5 by: Based on observation, review of facility policy, and interview, the facility failed to maintain a kitchen area free of insects and failed to provide proper storage of canned foods in one of two kitchens observed. The findings included: Observation on December 9, 2013, at 10:55 a.m., in the Quality Wing Dietary Department canned food storage area, revealed a dented forty nine ounce can of cream of mushroom soup, stored available for resident use. Continued observation revealed a dented one hundred ten ounce can of pinto beans and a one hundred ten ounce can of yellow squash, both with dented seams, stored available for resident use. Continued observation in the presence of the Dietary Manager, on December 9, 2013, at 11:20 a.m., in the Quality Wing Dietary Department food preparation area, revealed a roach crawled across the wall at eye level from behind the tilt skillet, which was in use. Continued observation revealed the roach crawled across the wall in the direction of the reach in cooler, towards the kitchen floor. Review of the facility policy Food Receiving and Storage, revised December 2008, revealed, &quot;...Dented cans will be kept in the dietary manager's office...&quot; Interview with the Dietary Manager on December 9, 2013, at 11:22 a.m., in the Quality Wing Dietary Department, confirmed the presence of the insect, and confirmed the dented cans were stored available for resident use. Continued</td>
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3. Beginning on December 9 and completing on December 10, 2013, the facility dietitian in-serviced the dietary staff on federal, state and local requirements for storing, preparing, distributing and serving food under sanitary conditions. (see attached in-service notes and attendance roster) On December 9, 2013 the dietitian added a physical check of food cans in storage for resident use to a daily checklist. (see attached checklist) This checklist will note any dented cans observed. This check list will be provided to the administrator on a monthly basis for a period of 3 months.

4. The Administrator will provide a quarterly report on the checklist to the QA/PI Committee beginning at the next quarterly meetings and for the next 3 quarterly meetings. The next quarterly QA/PI Committee meeting is scheduled January 28, 2014. The Chairman of the QA/PI Committee will brief the Governing Body at their quarterly meetings following the QA/PI meeting.

Attachments:
3) Dietary In-Service Notes and Attendance Roster
4) Dietary checklist
F371 Food Procure, Store/Prepare/Serve-Sanitary (roach)
2. Cooks Pest Control is contracted to treat inside the facility the first week of every month, the outside of the facility the second week of every month and the kitchens, dish rooms and laundry rooms the third week of every month.
3. Beginning on December 9 and completing on December 10, 2013, the facility dietitian in-serviced the dietary staff on the importance of reporting any signs of pests immediately so this can be addressed by our contracted pest control. (see attached in-service notes and attendance roster)
4. The Administrator will provide a quarterly report on observation of pest in the Kitchen to the QA/PI-Committee beginning at the next quarterly meetings and for the next 3 quarterly meetings. The
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<td>F371</td>
<td>Continued from page 7</td>
<td>next quarterly QAPI Committee meeting is scheduled for January 28, 2014. The Chairman of the QAPI Committee will brief the Governing Body at their quarterly meetings following the QAPI meeting. Attachments: 3) Dietary In-Service Notes and Attendance Roster</td>
<td>F371</td>
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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 patient. (See Instructions.) Except for nursing homes, the findings stated above are disallowable 60 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 disallowable 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.
F 371 Continued From page 8
Interview confirmed the cans were to have been removed from stock and the kitchen was to be free of insects.

F 494
483.75(e)(2)-(3) NURSE AID WORK > 4 MO - TRAINING/COMPETENCY

A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b).

A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.

Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.

This REQUIREMENT is not met as evidenced by:
Based on review of the CFR Title 42, Volume 3, PART 483 Requirements for States and Long Term Care Facilities (Nurse Aide Training Programs), review of the facility Nurse Aide

F 494 Nurse Aide Training
1. On December 11, 2013, the Nurse Aide Training program instructor eliminated the requirement for nurse aide students to pay for workbooks.
   (see new policy attached) On December 11, 2013 the current class of nurse aide trainees and the previous class were identified. The identified nurse aides will be reimbursed for any charges for the program. Reimbursement will be completed by December 26, 2013
2. As of December 11, 2013, this new policy will be applied to all nurse aide students
3. As of December 21, 2013 this new policy will be posted in a conspicuous location for the next six months. The nurse aide training program instructor will monitor compliance with the new policy and will report compliance to the Administrator on a monthly basis.
F 494  Continued From page 9
Training Program, and interview, the facility failed to ensure no nurse aide was charged for any portion of the program.

The findings included:

Review of the Requirements for States and Long Term Care (LTC) Nurse Aide Training Requirements revealed, "...Sec. 483.152(c) Prohibition of charges, (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials)."

Interview with the Nurse Aide Training Program Instructor on December 10, 2013, at 1:45 p.m., in the conference room, confirmed the facility charged the students for books and workbooks.

Telephone interview with Certified Nursing Aide (CNA) #3 on December 10, 2013, at 10:25 p.m., revealed the CNA had to pay for the work books for the Nurse Aide Training class October 7-25, 2013.

Telephone interview with CNA #4 on December 10, 2013, at 10:30 p.m., revealed the CNA had to pay for the work books for the class October 7-25, 2013.

Interview with CNA #5 on December 11, 2013, at 10:45 a.m., at the A/B nurses’ station, revealed the CNA had to pay for work books for the class October 7-25, 2013.