

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

PRINTED: 07/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/25/2015
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NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTH AND REHABILITATION, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  A Recertification Survey was initiated on 06/23/15 and concluded on 06/25/15 with deficiencies cited at the highest scope and severity of an "F".	F 000	Plan of Correction Friendship Health & Rehab Standard Survey 6/25/15	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to enhance the residents dignity by informing the resident he/she may have to move to another room related to his/her weight for one (1) of twenty-five (25) sampled residents (Resident #25). In addition, the facility failed to ensure residents were treated with dignity during meal services for one (1) of twenty-five (25) sampled residents (Resident #19), and one (1) of five (5) unsampled residents (Unsampled Resident D).  The findings include:  Review of the facility's policy regarding Quality of Life - Dignity, policy revised date: 01/01/15 revealed each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Residents	F 241	The preparation and execution of this credible allegation of compliance does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The facility reserves its right to dispute the facts and conclusions in any forum necessary and disputes that any action or inaction on its part created any deficient practice. This Plan of Correction is prepared and executed solely because it is required by federal and state law.  F 241 Dignity 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. N 113 902 KAR 20:300-6(1) Section 6.	8/4/15

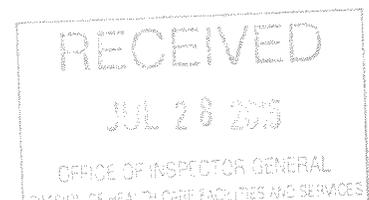
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE X <i>Francis Stahl LNHA</i>	TITLE X Administrator	(X6) DATE X 7/27/15
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused 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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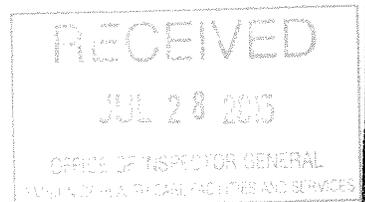
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F 241	<p>Continued From page 1</p> <p>shall be treated with dignity and respect at all times. Per the facility's policy "treated with dignity" means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth.</p> <p>Review of Resident #25's clinical record revealed the facility admitted the resident on 08/21/14 with diagnoses including, Muscle Weakness, Depressive Disorder, Diabetes, and Difficulty in Walking.</p> <p>Review of Resident #25's Significant Change Minimum Data Set (MDS) Assessment, dated 05/22/15, revealed the facility assessed the residents cognition using the Brief Interview for Mental Status (BIMS), and determined the resident was cognitively intact with a score of fifteen (15) of fifteen (15). The facility assessed the resident's mood as having little interest in doing things and feeling tired.</p> <p>Review of the Comprehensive Care Plan for Resident #25, revealed the facility developed a care plan on 05/15/15 for risk for mood changes related to depression. The interventions included: encourage to participate in activities, observe for changes in mood, and Psychiatry consult as needed.</p> <p>Observation, on 06/23/15 at 9:30 AM, of Resident #25's bathroom revealed a wooden block placed underneath the toilet for support. The block had staining from the top and from the bottom. During the observation of 06/23/15 at 9:30 AM, Resident #11 who is the roommate of Resident #25, stated the block had been under the toilet for about two (2) months.</p>	F 241	<p>Quality of Life.</p> <p>The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Criteria 1: -Resident #25 has been provided toileting facilities/equipment that meet her bariatric needs, as verified by the administrator.</p> <p>-Resident #19 and Unsampld Resident D are assisted with their meals in a manner that maintains each resident's dignity with staff seated toward the resident, as determined by meal service observations conducted by the administrative nursing team on 7/7, 7/9, and 7/13/15.</p> <p>Criteria 2: All residents with a weight excceding 200# have been assessed for bariatric</p>		



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F 241	<p>Continued From page 2</p> <p>Review of the Psychosocial Notes, dated 06/23/15 at 6:23 PM, for Resident #25, revealed Social Services #1 documented she had spoken with the resident about his/her safety in the current semi-private room. She explained to the resident his/her weight on the current commode was a concern, and the resident may have to move to a different room to resolve the issue. She informed the resident, the resolution may be to move to another room offering a commode not mounted on the wall. The resident agreed to use the restroom next to the elevator across from the Social Services' office until the issue could be resolved.</p> <p>Review of the Psychosocial Notes, dated 06/24/15 at 10:17 AM, for Resident #25 revealed Social Services #1 followed up with Resident #25 and Resident #11 regarding concerns with the bathroom. She documented Maintenance was replacing the current commode and the facility had ordered a device made to address the safety concern. Resident #25 and Resident #11 expressed their concerns about having to separate or move to another room. The writer explained it was never the goal to cause upset feelings and only to assure everyone's safety. The resident expressed gratitude for replacing the toilet and researching options.</p> <p>Observation, on 06/24/15 at 7:50 AM, revealed Resident #25 and Resident #11 were in their room and appeared by demeanor disturbed about something.</p> <p>Interview with Resident #25, on 06/24/15 at 7:50 AM, revealed Social Worker #1 came to his/her room last evening and told the resident he/she may have to move because of the bathroom</p>	F 241	<p>needs, including but not limited to toileting facilities/equipment. Residents identified with bariatric equipment needs have received these items, as determined by the Administrator and DON by 8/3/15.</p> <p>-All residents requiring assistance with eating are provided this assistance by staff in a manner that maintains each resident's dignity, with staff seated toward the resident. This was determined by meal service observations conducted by the administrative nursing team on 7/7, 7/9, and 7/13/15.</p> <p>Criteria 3: -The Director of Admissions has received inservice education on the identification of bariatric needs for potential new admissions as provided by the Administrator on 7/17/15. This included but was not limited to the identification of the need for bariatric: toileting facilities/equipment; beds; wheelchairs; and lift equipment. When these needs are identified, the Director of Admissions will communicate these to the facility Interdisciplinary team</p>		



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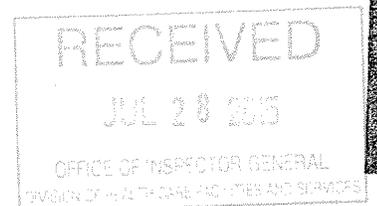
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F 241	Continued From page 3 issue.  Interview and observation with the Maintenance Director, on 06/24/15 at 8:10 AM, revealed the block under the toilet in Resident #25's bathroom has been there for at least two (2) months and his plan was to remove the stained block and replace it with a new wooden block. While inspecting the block in the bathroom, the Maintenance Director flushed the toilet and water leaked out of the toilet and flowed across the bathroom floor.  Interview with Registered Nurse (RN) #5, on 06/24/15 at 9:16 AM, revealed a CNA reported to her earlier in the morning Resident #25 and Resident #11 were upset because someone told Resident #25 he/she was going to have to move to a different room because of the toilet in the resident bathroom. She stated she talked with the residents then reported to Social Worker #1.  Interview with the Assistant Director of Nursing (ADON) for the South Unit, on 06/24/15 at 4:30 PM, revealed the nurse on the South unit had came to her and told her Resident #11 and Resident #25, who room together, were upset because Social Worker #1 told Resident #25 he/she may have to move to a different room with a bigger bathroom. She stated she went to their room after breakfast and explained it was optional and Resident #25 did not have to move if he/she didn't want too.  Interview with Social Worker #1, on 06/24/15 at 5:07 PM, revealed she went to Resident #25's room to speak to the resident the previous evening. She stated Resident #11 was in the room when she spoke to Resident #25. She stated it had been brought up on the day before	F 241	so that they may be arranged prior to admission/room changes.  -All licensed and non-licensed nursing staff have received inservice education by the Staff Development Coordinator by 8/3/15 on providing meal service in a manner that maintains each resident's dignity, which included but was not limited to providing assistance while seated toward the resident.  Criteria 4: The CQI indicator for the monitoring of compliance with the resident dignity regulation will be utilized monthly X 2 months, and then quarterly thereafter under the direction of the Director of Social Services. This tool includes observations of residents and resident care for 5 randomly selected residents. The observations include but are not limited to: availability of the equipment/devices needed by the resident; resident assistance during eating with staff seated; and provision of privacy		

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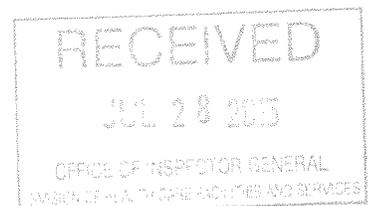
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F 241	<p>Continued From page 4</p> <p>about a problem with the toilet in the bathroom and a concern about the resident's weight being too much for the wall mounted toilet. She stated they had talked with Resident #25 before about using the hall bathroom because of a concern about safety in the resident's bathroom. She stated when she told the resident about the weight issue the resident just shrugged his/her shoulders. She told the resident the solution may have to be to transfer to another room with a different toilet for the resident's safety. She stated she felt terrible about saying this to the resident and couldn't imagine how the resident felt. She stated she went home and looked up on the computer for other options. She stated she researched and found a device to attach to the toilet for support of the toilet and reported the information to the Maintenance Director this morning (06/24/15). She stated it was going to take awhile to get back in good graces with Resident #25.</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 10:13 AM, revealed she was not aware of the maintenance issue with the toilet or about a block of wood under the toilet in Room #130. She stated she did not know why the resident was told he/she may have to move; however, the resident did not have to move now that the toilet was replaced.</p> <p>Record review for Resident #19 revealed the facility admitted the resident on 04/22/13 with diagnoses of Dementia, Schizophrenia, and Parkinson's.</p> <p>Review of the significant change Minimum Data Set (MDS) done on 06/05/15 revealed the resident did not have a score for cognition. The</p>	F 241	<p>during care. Failure to meet the established threshold will result in the development of an action plan to address the identified issues.</p> <p>Criteria 5: August 4, 2015</p>		



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F 241	Continued From page 5 resident needed extensive assistance of one for eating. Review of the comprehensive care plan revised on 06/22/15 revealed the resident had to be fed and was now receiving hospice services.  Observation of Resident #19, on 06/25/15 at 7:55 AM, revealed the resident was lying in the bed on his/her back being fed breakfast. Staff was standing beside the resident and feeding him/her.  Interview with Certified Nursing Assistant (CNA) #6, on 06/25/15 at 1:23 PM, revealed you should be sitting at the same level with the resident when assisting them with eating. She revealed she did not know why she didn't get a chair. She revealed it was a dignity issue to be standing over the resident when they were trying to eat.  Observation of Unsampled Resident D, on 06/25/15 at 7:56 AM, revealed the resident was lying in the bed on his/her back being fed breakfast by staff. Observation further revealed staff was standing beside the resident and feeding him/her.  Interview with CNA #7, on 06/25/15 at 1:22 PM, revealed she should have been at the same level as the resident. She revealed there were no chairs in the room. She stated it was a dignity issue to be standing over someone while they were eating and it could make the resident feel uncomfortable.  Interview with the Director of Nursing (DON), on 06/25/15 at 10:50 AM, revealed it was a standard of practice for staff to be seated when feeding a resident; however, the staff don't necessarily have to be seated to be at the same level as the resident. They did not have a policy on it. She	F 241			



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F 241	Continued From page 6 revealed it was a dignity issue and the residents would have to tilt their heads upward to eat. The resident would not be able to maintain eye contact with the staff who was assisting them with eating.	F 241	F 246 Accommodation of Needs A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.	8/4/15
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure a resident had a toilet that accommodated his/her size and in good repair for one (1) of twenty-five (25), sampled residents (Resident #25). The facility failed to ensure the wall mounted toilet in Resident #25's bathroom was functional as it slightly pulled away from the wall, and had a wooden block placed under the toilet for support. When the toilet was flushed, water ran across the resident's bathroom floor.  The findings include:  The facility did not provide a policy regarding Accomodation of Needs.  Review of Resident # 25's clinical record revealed	F 246	Criteria 1: -Resident #25 has been provided toileting facilities/ equipment that meet her bariatric needs and preferences, by the provision of a commode support device which supports bariatric weight and prevents leaking, as verified by the administrator.  Criteria 2: -All residents with a weight exceeding 200# have been assessed for bariatric needs, including but not limited to toileting facilities/equipment. There were no other resident bathrooms identified that did not accommodate the residents with bariatric equipment needs, as determined by the Administrator and DON by 8/3/15.	

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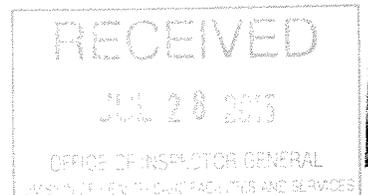
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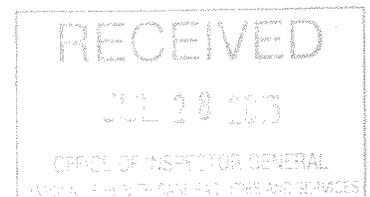
F 246	<p>Continued From page 7</p> <p>the facility admitted the resident on 08/21/14 with diagnosis including, Muscle Weakness, Depressive Disorder, Diabetes, and Difficulty in Walking.</p> <p>Review of Resident #25's Significant Change Minimum Data Set (MDS) Assessment, dated 05/22/15, revealed the facility assessed the residents cognition using the Brief Interview for Mental Status (BIMS), and determined the resident was cognitively intact with a score of fifteen (15) of fifteen (15). The facility assessed the resident's mobility, as independent with supervision. The resident was weighed by the facility upon admission.</p> <p>Review of the Comprehensive Care Plan for Resident #25, revealed the facility developed a care plan on 08/21/14 for alteration in Activities of Daily Living, with revisions on 05/15/15. Interventions included: Ambulate and transfer with assist of one (1) and rolling walker as needed, Toilets with assist of one (1) as needed.</p> <p>Observation, on 06/23/15 at 9:30 AM, of Resident #25's bathroom revealed a wooden block placed underneath the toilet for support. The block had staining from the top and from the bottom. Roommate of Resident #25 was present during this observation, Resident #11, and stated the block had been under the toilet for about two (2) months.</p> <p>Review of the Psychosocial Notes, dated 06/23/15 at 6:23 PM, for Resident #25, revealed Social Services #1 documented she had spoken with the resident about the residents safety in the current semi-private room. She explained to the resident his/her weight on the current commode</p>	F 246	<p>Criteria 3: -The Director of Admissions has received inservice education on the identification of accommodation of bariatric needs for potential new admissions as provided by the Administrator on 7/17/15. This included but was not limited to the identification of the need for bariatric: toileting facilities/equipment; beds; wheelchairs; and lift equipment. When these needs are identified, the Director of Admissions will communicate these to the facility Interdisciplinary Team (IDT) so that they may be arranged/ provided prior to admission/room changes.</p> <p>Criteria 4: -The CQI indicator for the monitoring of compliance with accommodation of resident needs will be utilized monthly X 2 months, and then quarterly thereafter under the direction of the Director of Social Services. This tool includes observations of residents and resident care for 5 randomly selected residents. The observations include but are not limited to: availability of the equipment/devices required</p>	
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F 246	Continued From page 8 was a concern, and the resident may have to move to a different room to resolve the issue. She informed the resident the resolution may be to move to another room that offers a commode that was not mounted on the wall. The resident agreed to use the restroom next to the elevator across from the Social Services' office until the issue could be resolved.  Review of the Psychosocial Notes, dated 06/24/15 at 10:17 AM, for Resident #25 revealed Social Services #1 followed up with Resident #25 and Resident #11 regarding concerns with the bathroom. She documented Maintenance was replacing the current commode and the facility had ordered a device made to address the safety concern.  Observation, on 06/24/15 at 7:50 AM, revealed Resident #25 and Resident #11 were in their room and by their demeanors appeared disturbed by something.  Interview with Resident #25, on 06/24/15 at 7:50 AM, revealed Social Worker #1 came to his/her room last evening and told the resident he/she may have to move because of the bathroom issue.  Review of an order form provided by the Maintenance Director, dated 06/24/15, revealed the facility had ordered a Big John Toilet Support. The description stated Wall hung toilet bowls are only rated to support up to 300 (three-hundred) pounds. With the new support you can now increase the weight capacity to 1,000 (one-thousand) pounds.  Review of the Maintenance Department Work	F 246	by the residents to accommodate their needs; resident assistance during eating with staff seated; and provision of privacy during care. Failure to meet the established threshold will result in the development of an action plan to address the identified issues.  Criteria 5: August 4, 2015		



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F 246	<p>Continued From page 9</p> <p>Order, provided by the Maintenance Director on 06/24/14, revealed a work order had been written up on 05/13/15 for a leaking toilet in Room #130. (Residents #25's room). The emergency box was checked on the work order.</p> <p>Interview with the Maintenance Director, on 06/24/15 at 8:10 AM, revealed the block under the toilet in Resident #25's bathroom has been there for at least two (2) months and his plan was to remove the stained block and replace it with a new wooden block. While inspecting the block in the bathroom the Maintenance Director flushed the toilet and water leaked out of the toilet and flowed across the bathroom floor. He stated he knew there was a part that could fix the toilet but had not been able to locate it until today.</p> <p>Interview with Social Worker #1, on 06/24/15 at 5:07 PM, revealed she went to Resident #25's room to speak to the resident the previous evening. She stated Resident #11 was in the room when she spoke to Resident #25. She stated it had been brought up on the day before about a problem with the toilet in the bathroom and a concern about the resident's weight being too much for the wall mounted toilet. She stated they had talked with Resident #25 before about using the hall bathroom because of a concern about safety in the resident's bathroom. She stated when she told the resident about the weight issue the resident just shrugged his/her shoulders. She told the resident the solution may have to be to transfer to another room with a different toilet for the resident's safety. She stated she felt terrible about saying this to the resident and couldn't imagine how the resident felt. She stated she went home and looked up on the computer for other options. She stated she</p>	F 246			

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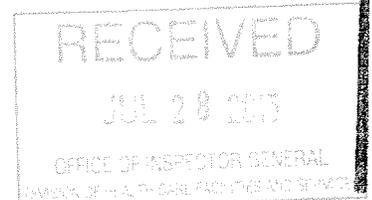
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F 246	Continued From page 10 found there was a device to attach to the toilet to support the toilet and reported the information to the Maintenance Director this morning (06/24/15).  Interview with the Director of Nursing (DON), on 06/25/15 at 10:13 AM, revealed she was not aware of the Maintenance issue or there was a block of wood under the toilet in Room #130. She stated she did not know why the resident was told he/she may have to move; however, the resident did not have to move now the toilet has been replaced.	F 246	F 253 Housekeeping and Maintenance Services The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. N 134 902 KAR 20:300-6(7)(a)2. Section 6. Quality of Life The facility shall provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior.	8/4/15
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to maintain the environment and to keep the toilet in good repair in an orderly fashion for one (1) of twenty-five (25) sampled residents (Resident #25). In addition, the wall in one (1) of three (3) halls, the East Hall television room was in disrepair with a hole in the wall.  The findings include:  A maintenance policy was requested. Interview with Maintenance Director, on 08/24/15 at 8:10 AM, revealed the facility utilized the TELS technology program for their preventive maintenance program in the facility and they did	F 253	Criteria 1: -The toilet and television of resident #25 were repaired on 6/25/15. -The wall in the East Hall television room was repaired on 6/25/15.	

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F 253	<p>Continued From page 11 not have a specific policy.</p> <p>Observation and interview, on 06/23/15 at 09:30 AM, revealed Resident #11's bathroom had a wooden block placed underneath the wall supported toilet. The wooden block was stained from the top and bottom. Resident #11 stated the block was placed under the toilet about two (2) months.</p> <p>Interview and observation with the Maintenance Director, on 06/24/15 at 8:10 AM, revealed the block under the toilet in the shared bathroom of Residents #11 and #25 had been there for at least two (2) months and his plan was to remove the stained block and replace it with a new wooden block. While inspecting the block in the bathroom, the Maintenance Director flushed the toilet and water leaked out of the toilet and flowed across the bathroom floor. The Maintenance Director stated he had no outstanding work orders for any repairs. He reported all the work orders were completed at this time, including any plumbing repairs, as well.</p> <p>Review of the Social Service Progress Notes, dated 06/23/15 at 6:23 PM, revealed Social Worker #1 spoke to Resident #25 related to the facility's concerns of Resident #25's safety in the resident's current semi-private room. The Social Worker #1 explained to Resident #25 his/her weight on the current commode was a concern. The Social Worker #1 informed the resident he/she may have to move to another room if the concern could not be resolved. Resident #25 agreed to use the restroom next to the elevator across from the Social Services/Activity's Office until this issue was resolved. The Social Worker #1 informed Resident #25 the resolution may be</p>	F 253	<p>Criteria 2: An inspection of the entire Facility interior was completed by the Maintenance Director/Administrator on 6/25/15 to determine that there are no other toilets, televisions, walls, or other maintenance issues which require attention.</p> <p>Criteria 3: -The Maintenance Staff have received in-service education on 7/17/15 by the Administrator on the routine inspection of facility resident rooms and common areas to identify and address issues which require repair.</p> <p>Criteria 4: -The CQI indicator for the monitoring/identification of maintenance issues in facility resident rooms and common areas will be utilized monthly X 2 months and then quarterly under the supervision of the Administrator who will assign completion of the tool to maintenance staff. The tool includes the inspection/review of resident rooms and common areas to identify</p>		



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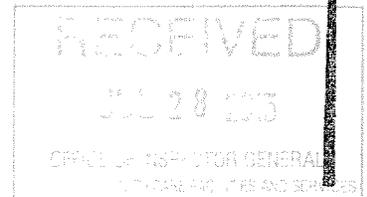
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F 253	<p>Continued From page 12 to move into another room offering a commode not mounted to the wall.</p> <p>Review of Social Services Progress Notes, dated 06/24/15 at 10:17 AM, revealed the Social Worker followed up with Resident #25 and Resident #11, related to concerns of Resident #25 using the commode in their bathroom. She stated the Maintenance Director was replacing the current commode and the facility had ordered a device made to address the safety concerns for Resident #25 using the commode in his/her room.</p> <p>Review of the Maintenance Department Work Order provided by the director of maintenance, dated 05/13/15 at 9:30 AM, revealed room #130 had a leaking toilet. The work order was identified as an emergency.</p> <p>Interview with Social Worker #1, on 06/24/15 at 5:07 PM, revealed she was informed on 06/23/15 by the Maintenance Director about the issue with the bathroom. The concern was the weight of Resident #25 and the amount of weight the wall mounted toilet could hold. The Social Worker discussed with Resident #25 about using the bathroom in the hallway by the elevator which was also near the Social Worker's office. Social Worker #1 revealed the concern was about safety and the resident was told it was because of his/her weight. Resident #25 was told it was a safety issue and the solution may be for him/her to move to another room for his/her safety.</p> <p>Observation, on 06/24/15 at 12:40 PM, and on 06/25/15 at 3:30 PM, revealed the East Hall television (TV) room wall with a plexiglass wall</p>	F 253	<p>housekeeping/maintenance issues which include but are not limited to the condition of the walls and resident equipment, as well as common area equipment/devices. All completed tools are reviewed by the CQI committee in the CQI meeting, with action plan development for any findings which fail to meet the stipulated threshold.</p> <p>Criteria 5: August 4, 2015</p>		

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F 253	Continued From page 13 covering was broken with sharp edges exposed. The hole in the wall measured six (6) inches by eight (8) inches.  Interview with the Maintenance Director, on 06/25/15 at 3:30 PM, stated he was not aware of the hole in the wall in the TV Room on East Hall. He stated, he had not been notified there was a hole in the wall and did not have a work order for the repair. However, he stated he had the TELS program for his preventive maintenance. He stated the TELS program did not provide direction for checking the walls.  Interview with the Owner, on 06/25/15 at 3:30 PM, stated he was the owner of the facility and the Acting Administrator while the Administrator was out of town. He reported he was not aware the hole was in the wall in the TV room on the East Hall; however, did expect the environment to be monitored and maintained. He reported the hole appeared to be caused by the recliner placed in the corner. He reported the facility was under renovation, yet this area should have been repaired.	F 253		
F 282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 282	F 282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. N 194 902 KAR 20:300-7(4)(c)2. Section 7. Resident Assessment. (4)Comprehensive care plans. (c)The services provided or arranged by the facility shall: 2.Be provided by qualified persons in accordance with each resident's written plan of care.  Criteria 1: Residents #2, 4, 5, 7, 9, 16, 17, and 18 receive restorative services in accordance with their care plan as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15.	8/4/15



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F 282	<p>Continued From page 14 and review of facility policy, it was determined, the facility failed to follow the care plan related to Restorative Services for eight (8) of twenty-five (25) sampled resident (#2, #4, #5, #7, #9, #16, #17, and #18).</p> <p>Refer to Tags 311 and F353</p> <p>The findings include:</p> <p>Review of the facility policy regarding Comprehensive Care Plans, undated, revealed care plan approaches will be communicated to staff for use in providing direction for care.</p> <p>1. Review of Resident #7's clinical record revealed the facility admitted the resident on 05/06/15 with Diagnosis including Cerebral Vascular Accident (CVA), Asphasia, and Dysphagia.</p> <p>Review of the Resident #7's Admission Minimum Data Set (MDS) Assessment, dated 05/13/15, revealed the facility was unable to assess the residents' cognition related to a communication deficit. The facility assessed the resident as having not ambulated during the assessment reference date and required extensive assistance with two (2) person physical assist. The facility assessed the resident's range of motion as no deficit.</p> <p>Review of the Comprehensive Care Plan for Resident #7, revealed the facility developed a care plan on 06/13/15 for Restorative Nursing, related to a potential decline in strength and endurance. Approaches listed were sit, stand, pivot using grab bar to improve toilet transfers and ambulation up to twenty-five (25) feet.</p>	F 282	<p>Criteria 2: All residents with current orders/care plan interventions for restorative services have been reviewed by the Restorative Team to determine that they are involved in the most appropriate program(s) based on their identified needs. Restorative services are being provided in accordance with the resident care plan as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15.</p> <p>Criteria 3: Nursing staff have received inservice education by the DON/Staff Development Coordinator by 8/3/15 on the need to provide restorative services for all residents as ordered/ care planned, and to provide timely notification to the charge nurse, Unit manager or restorative coordinator of any services that can not be performed for any reason, for appropriate follow up.</p>		

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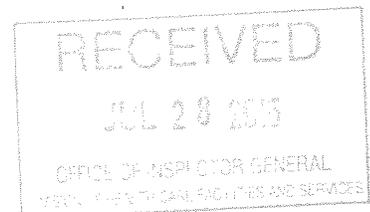
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F 282	Continued From page 15  Review of the Physical Therapy's (PT) discharge summary for Resident #7, dated 06/04/15, revealed the resident received services from 05/07/15 through 06/04/15. The resident was discharged from PT on 06/04/15 to the Restorative Program for Active Range of Motion (AROM) and ambulation.  Review of the Occupational Therapy (OT) discharge summary for Resident #7, dated 06/12/15, revealed the resident was discharged on 06/12/15 to the Restorative Program and staff had been trained.  Review of Resident #7's Restorative Nursing Training Record, revealed the Occupational Therapist trained RNA #1 on 06/13/15 for ambulation with rolling walker and two (2) assist for fifteen (15) feet and transfer sit to stand with a grab bar.  Review of Resident #7's Restorative Nursing Evaluation, dated 06/13/15, revealed the goal was to maintain strength and endurance. The plan indicated the resident would sit, pivot, stand transfers using a grab bar and to ambulate up to twenty-five (25) feet with a rolling walker with contact guard with assist of two (2). Both programs would take fifteen (15) minutes a day, six (6) to seven (7) days a week.  Review of Resident #7's Restorative Nursing Service Delivery Record initiated on 06/13/15, revealed the resident only received AROM and ambulation, three (3) of twelve (12) possible days.  Observation, on 06/23/15 at 11:35 AM, of	F 282	Criteria 4: -The CQI indicator for the monitoring of restorative services will be utilized monthly X 2 months and then quarterly thereafter under the direction of the Director of Nursing. This tool includes review of restorative documentation and observation of resident restorative programs to determine that they are being provided/ documented in accordance with the residents plan of care.  -5 Restorative care observations will be performed by administrative nurses weekly X 1 month, monthly X 2 months, and then quarterly thereafter to determine that restorative services are being provided in accordance with resident care plans and facility policy.  Criteria 5: August 4, 2015		

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F 282	<p>Continued From page 16</p> <p>Resident #7, revealed the resident was sitting up in a wheelchair in the common area. The resident received tube feeding at 75 cc/hour. The resident drooled but had a cloth to wipe his/her mouth. A cordless alarm was attached to the resident's wheelchair. Resident #7 did make eye contact and answered yes and no questions by a nod of the head.</p> <p>Observation, on 06/23/15 at 2:00 PM, revealed Certified Nursing Assistant (CNA) #3 assisted Resident #7 to the bathroom in the residents room. The resident returned to the common area.</p> <p>Observation, on 06/24/15 at 10:40 AM, revealed RNA #1 assisted Resident #7 to ambulate. The resident ambulated about fifty (50) feet with a walker. The resident smiled during ambulation.</p> <p>2. Review of Resident #16's clinical record, revealed the facility admitted the resident on 10/06/14 with Diagnosis including CVA, Dementia, Asphagia, and Anxiety.</p> <p>Review of Resident 16's Quarterly MDS Assessment, completed on 05/13/15, revealed the facility assessed the resident's cognition with short term and long term memory loss. The facility assessed the resident's mobility as requiring extensive assistance with two (2) staff. This was unchanged from the Admission MDS Assessment completed on 10/13/14.</p> <p>Review of Resident #16's Comprehensive Care Plan revealed the facility developed a Restorative Nursing Program care plan, completed on 03/26/15. Problems on the care plan included a potential for decline in mobility and strength.</p>	F 282			



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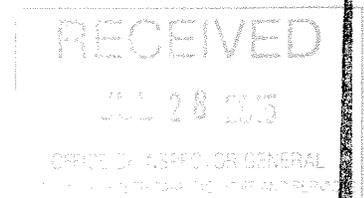
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F 282	<p>Continued From page 17</p> <p>Review of Resident #16 's Restorative Nursing Evaluation dated 03/25/15, revealed the facility implemented Active Range of Motion (AROM) by moving wheelchair independently, and sit to stand transfers at grab bar for fifteen (15) minutes six (6) to seven (7) times a day.</p> <p>Review of Resident #16's Restorative Nursing Service Delivery Record, revealed the facility implemented the program on 03/26/15; however, the resident did not receive the first Restorative Therapy until 03/30/15. For the month of April, 2015, the facility failed to provide Restorative Therapy for thirteen (13) of thirty (30) days. For the month of May, 2015, the facility failed to provide Restorative Therapy for twenty-two (22) of thirty-one (31) days. For the month of June, 2015, the resident refused two (2) days; however, the facility failed to provide Restorative Therapy for thirteen (13) of twenty-two (22) possible days.</p> <p>Observation, on 06/24/15 at 4:46 PM, of Resident #16 revealed the resident was sitting up in a wheelchair in the common area, dozing.</p> <p>Observation, on 06/25/15 at 8:10 AM, of Resident #16, revealed the resident was sitting up in the wheelchair in the common area.</p> <p>Observation, on 06/25/15 at 9:30 AM, of Resident #16, revealed the resident was up in a wheelchair in the common area. The resident was unable to roll the wheelchair upon request related to impaired cognition.</p> <p>Interview with CNA #1, on 06/25/15 at 9:35 AM, revealed she was assigned to Resident #16. She stated the resident could roll the wheelchair down the hallway, and had, just a couple days before.</p>	F 282			

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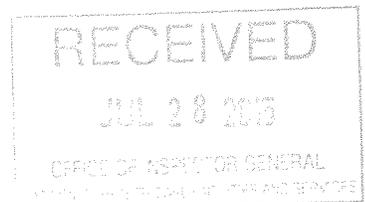
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F 282	<p>Continued From page 18</p> <p>She stated the resident was able to transfer with one assist with the grab bar.</p> <p>3. Record review of Resident #2 revealed the facility admitted the resident on 01/26/13 with diagnoses of Parkinson's, Hypertension, Diabetes Mellitus, and Dementia. Review of the comprehensive care plan dated 04/09/15 revealed the resident was on a restorative nursing program due to the potential for decline in mobility and the risk for further contractures. Review of the interventions revealed the resident was to receive Passive Range of Motion (PROM) to the bilateral upper extremities (BUE) and the bilateral lower extremities (BLE) with splint application. Review of the restorative nursing program care plan revealed restorative was on hold effective 06/23/15.</p> <p>Review of Resident #2's Restorative Nursing Service Delivery Record, dated 06/01/15 through 06/23/15, revealed the resident was to receive PROM to BUE and BLE one time a day for two (2) sets of ten (10) repetitions for six (6) to seven (7) days a week for at least fifteen (15) minutes. Review of the delivery record revealed PROM had only been marked for nine (9) days out of the twenty-three (23) possible days.</p> <p>Review of Residents #2's Restorative Nursing Service Delivery Record, dated 06/01/15 through 06/23/15, revealed the resident was also to receive splints for six (6) to seven (7) days a week for at least fifteen (15) minutes a day. Review of the delivery record revealed the splints had been marked as being applied for nine (9) days out of the possible twenty-three (23) days.</p>	F 282			



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F 282	<p>Continued From page 19</p> <p>Review of the Restorative Nursing Certified Nursing Aid (CNA) documentation sheet revealed on 06/20/15 the restorative nursing staff could not apply the splints due to swelling of the hand. Review of the documentation sheet revealed no other documentation of why other days were not signed as being completed.</p> <p>Observation of Resident #2, on 06/23/15 at 11:29 AM, revealed the resident was lying in bed on the left side with the grab bars up and no splints were noted to be on the residents hands. Observation, on 06/24/15 at 10:00 AM, revealed the resident was lying in bed with hand splints on both hands.</p> <p>4. Record review of the clinical record for Resident #5 revealed the facility admitted the resident on 11/21/12 with diagnoses of Osteoarthritis, Closed Dislocation of the Hip, Reflux, Hypertension, Pacemaker, Pain and Urinary Tract Infections.</p> <p>Review of the Resident #5's Annual Minimum Data Set (MDS), dated 04/03/15, revealed the resident had an impairment of ROM on one side.</p> <p>Review of the Comprehensive Care Plan for Resident #5, revealed the facility developed a care plan on 04/14/15 for restorative nursing program related to a potential for decline in functional mobility and for increased pain. Review of the interventions revealed the resident was to receive Active ROM (AROM) to BUE.</p>	F 282			



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F 282	<p>Continued From page 20</p> <p>Review of the Resident #5's Restorative Nursing Service Delivery Record, dated 06/01/15 through 06/23/15, revealed the resident was to receive AROM to BLE one (1) time a day for two (2) sets with twenty (20) repetitions for at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review of the delivery record revealed the resident had received AROM restorative for ten (10) days out of the twenty-three (23) available days.</p> <p>5. Review of the clinical record for Resident #18 revealed the facility admitted the resident on 12/19/13 with diagnoses of Cerebral Vascular Accident (CVA), Contractures, Malnutrition, Hypertension, Atrial Fibrillation, Osteoarthritis, Osteoporosis and Dysphagia.</p> <p>Review of Resident #18's Quarterly MDS, dated 05/01/15, revealed the resident did not have any impairment in ROM.</p> <p>Review of the Comprehensive Care Plan for Resident #18 revealed the facility developed a Restorative Nursing Care Plan on 06/12/15 for the restorative nursing program due to the potential for a decline in functional mobility. Review revealed the resident had one approach of PROM to LUE with splinting.</p> <p>Review of Resident #18's Restorative Nursing Service Delivery Record, for 06/12/15 through 06/23/15, revealed the resident was to have received PROM to the Left Upper Extremity one (1) time a day for two (2) sets of five (5)</p>	F 282			

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F 282	<p>Continued From page 21</p> <p>repetitions for at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review of the delivery record revealed the resident received PROM for five (5) of the twelve (12) available days. The resident was also in the splint program. The resident was to have a splint applied to the left hand at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review of the Restorative Nursing Service Delivery Record, for 06/12/15 through 06/23/15, revealed the splint had been applied for five (5) days of the twelve (12) available days. Review of the Restorative Nursing CNA Documentation Sheet revealed there was no explanation as to why the other days were not signed as being completed.</p> <p>6. Record review revealed the facility admitted Resident #9 on 12/31/12 with diagnoses of Pre-senile Dementia, Depression, Anxiety, Chronic Kidney Disease, Anemia, Hypertension, Coronary Artery Disease (CAD), Muscle Weakness, and Osteoarthritis (OA).</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 04/08/15, revealed the facility assessed Resident #9 as needing limited assistance of one (1) person for transfers, and extensive assistance of one (1) person for ambulation.</p> <p>Review of the Interdisciplinary Resident Data Collection Form, dated 04/06/15, revealed Resident #9 was currently in a restorative nursing program for transfers and ambulation, and the restorative nursing program was still appropriate for Resident #9.</p> <p>Review of the Restorative Nursing Care Plan for Resident #9, revealed the facility developed the care plan on 05/01/15, with a goal date of</p>	F 282		
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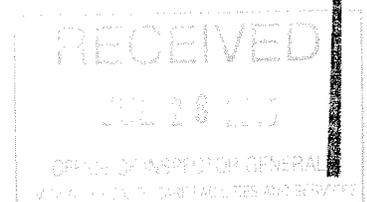
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F 282	<p>Continued From page 22</p> <p>06/21/15. Problems on the care plan included a Potential to decline in strength and endurance. Goals of therapy included: Resident would maintain functional mobility, and resident would demonstrate increased strength/endurance. Approaches listed were transfers, ambulation, and to refer to Restorative Nursing Service Delivery Record.</p> <p>Review of the Restorative Nursing Service Delivery Record for Resident #9 revealed the resident was to ambulate up to three hundred (300) feet one (1) time per day with a rolling walker six (6) to seven (7) times per week and at least fifteen (15) minutes per day. In addition, Resident #9 was on the transfer program five (5) times a day from sit to stand at grab bars, six (6) to seven (7) days per week, at least fifteen (15) minutes per day. The Restorative Nursing Service Delivery Record for Resident #9 showed a gap in restorative services. Restorative services were not provided from 06/10/15 through 06/20/15.</p> <p>Interview with Restorative Nursing Aide (RNA) #1, on 06/24/15 at 11:00 AM, revealed for the last couple weeks she had been getting pulled to work on the floor as a Certified Nursing Assistant (CNA). RNA #1 stated that gaps on Resident #9's Restorative Nursing Service Delivery Record from June 10th through June 20th, 2015 meant that restorative care was not provided.</p> <p>7. Review of Resident #17's medical record, revealed the facility admitted the resident on 04/03/15, with diagnoses including Dementia, Cerebral Vascular Accident (CVA or Stroke), and Dysphagia.</p>	F 282			

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F 282	<p>Continued From page 23</p> <p>Review of Resident #17's Admission Minimum Data Set (MDS) Assessment, dated 04/17/15, revealed the facility assessed the resident's cognition using Brief Interview for Mental Status (BIMS) score of nine (9) of fifteen (15), being moderately impaired. The facility assessed the resident's mobility as requiring extensive assistance with two (2) staff assistance.</p> <p>Review of Resident #17's Comprehensive Care Plan, revealed the facility developed a Restorative Care Plan, dated 05/23/15, for a potential to decline and functional mobility strength and endurance. Interventions included: ambulation and active range of motion.</p> <p>Review of the Physical Therapy Discharge Summary for Resident #17, dated 05/22/15, revealed the resident was discharged from Physical Therapy on 05/22/15 to the Restorative Program.</p> <p>Review of Restorative Nursing Evaluation for Resident #17 dated 05/23/15, revealed the facility developed a plan for the resident to maintain/improve functional mobility, strength, and endurance. The resident will also ambulate up to one hundred and fifty (150) feet with a rolling walker, active range of motion to the bilateral upper and lower extremities.</p> <p>Review of Restorative Nursing Services Delivery Record, dated 05/23/15, for Resident #17 revealed the resident received Restorative Services two (2) times, 05/10/15 and 06/21/15.</p> <p>Observation, on 06/25/15 at 9:22 AM, of Resident #17 revealed the resident was up in a wheelchair self propelling in the hallway using his/her arms</p>	F 282			



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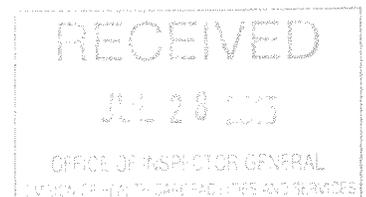
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F 282	<p>Continued From page 24 and legs.</p> <p>Observation, on 06/25/15 at 3:40 PM, revealed restorative therapy attempted to walk Resident #17; however, the resident became agitated and attempted to hit the staff with his/her right fist. A rolling walker was located in the resident's room.</p> <p>8. Review of Resident #4's clinical record revealed the facility re-admitted the resident on 05/07/15 with diagnoses including of Depression, Anxiety, Psychosis, Insomina and Cognitive Impairment.</p> <p>Review of the Resident #4's Significant Change Minimum Data Set (MDS) assessment, dated 05/15/15, revealed the facility assessed the resident's Brief Interview of Mental Status (BIMS) at twelve (12) of fifteen (15), being moderately cognitively impaired. The facility assessed and determined the resident required extensive assistance with one (1) person physical assist. The facility assessed the residents range of motion as no deficit.</p> <p>Review of the Comprehensive Care Plan for Resident #4, revealed the facility developed a care plan on 06/05/15 for Restorative Nursing, related to a potential decline in functional mobility and strength. Approaches listed were active range of motion to bilateral upper extremities and transfers.</p> <p>Review of Resident #4's Restorative Nursing Evaluation, dated 06/05/15, revealed the goal was to maintain and improve strength and functional mobility. The plan indicated the resident would participate in active range of motion to bilateral upper extremities by flexing</p>	F 282			

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F 282	<p>Continued From page 25 and extending shoulder, elbows and wrist. He/she will do pivoting transfers from bed to recliner and then recliner to chair. Both programs would take fifteen (15) minutes a day, six (6) to seven (7) days a week.</p> <p>Review of Resident #4's Restorative Nursing Service Delivery Record initiated on 06/05/15, revealed the resident only received AROM and ambulation, one (1) of twenty (20) possible days.</p> <p>Observation, on 06/23/15 at 11:40 AM, 1:02 PM, and 1:33 PM, of Resident #4, revealed the resident laid in bed, with the television playing.</p> <p>Observation, on 06/24/15 at 9:30 AM, revealed Resident #4 was again in bed with the television playing.</p> <p>Observation on 06/25/15 at 12:30 PM, revealed Resident #4 was seated in his/her chair behind the privacy curtain in his/her room.</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 10:15 AM, revealed the care plan was updated by Registered Nurse (RN) #2. The DON revealed the care plan had not been followed if there were days when the restorative nursing were not done. She revealed if there were blanks on the Restorative Nursing Service Delivery Record and there was no explanation as to why it was not done, then it may be a documentation issue or restorative may not have been done. (The DON was preparing to exit the facility for the remainder of the survey; therefore, interviews were completed to the extent possible.)</p> <p>Interview with RN #2, on 06/25/15 at 1:30 PM, revealed the care plans had not been followed</p>	F 282			



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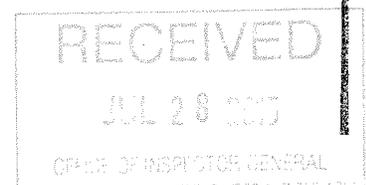
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F 282	Continued From page 26 because the Restorative Nursing Aides (RNA) had been pulled to the floor to do patient care. She revealed, for the most part, when the RNA's were pulled to the floor the restorative nursing for ROM and splint application were not done.  Interview with RNA #1, on 06/25/15 at 4:20 PM, revealed there were times splinting and ROM were not done for the residents on restorative because the restorative nursing staff was assigned to do direct patient care rather than restorative. She revealed sometimes all three (3) RNA's would be pulled to the floor and there would not be any staff available to provide restorative nursing services on those days.  Interview with Restorative Aide #2, on 06/25/15 at 2:10 PM, revealed he was the only staff scheduled to do Restorative today. He stated he could not get to all the residents scheduled for Restorative. He reported he would make sure the residents with splints were done, then the residents who were highlighted on his paper. He stated the resident who were highlighted were due for an assessment this month. He stated he would only get to about fifteen (15) resident on this day when he was the only one providing restorative. He reported today was the first day he had not been pulled to the floor in two (2) weeks.	F 282	F 311 Quality of Care Residents will receive the appropriate treatment and services to maintain or improve their abilities specified in paragraph (a)(1) of this section.  Criteria 1: Residents #2, 4, 5, 7, 9, 16, 17, and 18 receive restorative services in accordance with their care plan as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15. -Resident #2 is currently on therapy case load for splinting and ROM. -Resident #4 was treated by therapy and discharged with no restorative services indicated. -Resident # 5 was referred to therapy by the Orthopedic MD for specialized therapy to the hip. -Resident # 7 is currently on therapy caseload. -Resident # 9 will be discontinuing the transfer and ambulation restorative programs due to reaching independence with these ADLs.	8/4/15	
F 311 SS=E	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS  A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.  This REQUIREMENT is not met as evidenced	F 311			

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F 311	<p>Continued From page 27</p> <p>by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to ensure residents received Restorative Services as assessed and plan specified to achieve highest practical outcomes for eight (8) of twenty-five (25) sampled residents (Residents #2, #4, #5, #7, #9, #16, #17, and #18). The facility failed to consistently provide Passive Range of Motion and splints for Resident #2, Active Range of Motion and transfer training for Resident #4, Active Range of Motion for Resident #5, Active Range of Motion and ambulation training for Resident #7, Transfer and ambulation training for Resident #9, Active Range of Motion and sit to stand transfer training for Resident #16, Active Range of Motion and ambulation for Resident #17 and Passive Range of Motion and splint for Resident #18.</p> <p>Refer F282 and F353</p> <p>The findings include:</p> <p>Review of the facility policy regarding Restorative Nursing, dated 01/2013, revealed the facility would provide restorative nursing services as indicated to aide in attaining or maintaining the highest practical well being, for those residents that did not require professional therapy services. Residents who required Restorative Nursing Services, would have a specific plan developed, and implemented, with the residents response recorded. A periodic evaluation by a licensed nurse would be present in the clinical record.</p> <p>Review of the Master List of residents scheduled to receive Restorative Services, provided by</p>	F 311	<p>-Resident #16 is currently receiving AROM and Transfer restorative services.</p> <p>-Resident #17 refused restorative services, and was referred back to therapy for re-evaluation.</p> <p>-Resident #18 receives PROM to upper bilateral extremities and splinting restorative services.</p> <p>Criteria 2: All residents with current orders/care plan interventions for restorative services have been reviewed by the Restorative Team to determine that they are involved in the most appropriate program(s) based on their identified needs. Restorative services are being provided in accordance with the resident care plan as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15.</p>		



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F 311	<p>Continued From page 28</p> <p>Restorative Nursing Aide (RNA) #1, undated, revealed seventy (70) residents were listed to receive Restorative Services as of 06/24/15.</p> <p>1. Review of Resident #7's clinical record revealed the facility admitted the resident on 05/06/15 with diagnoses including Cerebral Vascular Accident (CVA), Asphasia, and Dysphagia.</p> <p>Review of the Resident #7's Admission Minimum Data Set (MDS) Assessment, dated 05/13/15, revealed the facility was unable to assess the resident's cognition related to a communication deficit. The facility assessed the resident as having not ambulated during the assessment reference date and required extensive assistance with two (2) person physical assist. The facility assessed the residents range of motion as no deficit.</p> <p>Review of the Comprehensive Care Plan for Resident #7, revealed the facility developed a care plan on 06/13/15 for Restorative Nursing, related to a potential decline in strength and endurance. Approaches listed were sit, stand, pivot using grab bar to improve toilet transfers and ambulation up to twenty-five (25) feet.</p> <p>Review of the Physical Therapy's (PT) discharge summary for Resident #7, dated 06/04/15, revealed the resident received services from 05/07/15 through 06/04/15. The resident was discharged from PT on 06/04/15 to the Restorative Program for Active Range of Motion (AROM) and ambulation.</p> <p>Review of the Occupational Therapy (OT) discharge summary for Resident #7, dated</p>	F 311	<p>Criteria 3: Nursing staff have received inservice education by the DON/Staff Development Coordinator by 8/3/15 on the need to provide restorative services for all residents as ordered/care planned, and to provide timely notification to the charge nurse, program manager or restorative coordinator of any services that can not be performed for any reason, for appropriate follow up.</p> <p>Criteria 4: - The CQI indicator for the monitoring of restorative services will be utilized monthly X 2 months and then quarterly thereafter under the direction of the Director of Nursing. This tool includes review of restorative documentation and observation of resident restorative programs to determine that they are being provided/documented in accordance with the residents' plan of care.</p>		

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F 311	<p>Continued From page 29</p> <p>06/12/15, revealed the resident was discharged on 06/12/15 to the Restorative Program and staff had been trained.</p> <p>Review of Resident #7's Restorative Nursing Training Record, revealed the Occupational Therapist trained RNA #1 on 06/13/15 for ambulation with rolling walker and two (2) assist for fifteen (15) feet and transfer sit to stand with a grab bar.</p> <p>Review of Resident #7's Restorative Nursing Evaluation, dated 06/13/15, revealed the goal was to maintain strength and endurance. The plan indicated the resident would sit, pivot, stand transfers using a grab bar and to ambulate up to twenty-five (25) feet with a rolling walker with contact guard with assist of two (2). Both program would take fifteen (15) minutes a day, six (6) to seven (7) days a week.</p> <p>Review of Resident #7's Restorative Nursing Service Delivery Record initiated on 06/13/15, revealed the resident only received AROM and ambulation, three (3) of twelve (12) possible days.</p> <p>Observation, on 06/23/15 at 11:35 AM, of Resident #7, revealed the resident was sitting up in a wheelchair in the common area. The resident received tube feeding at 75 cc/hour. The resident drooled but had a cloth to wipe his/her mouth. A cordless alarm was attached to the residents wheelchair. Resident #7 did make eye contact and answered yes and no questions by a nod of the head.</p> <p>Observation, on 06/23/15 at 2:00 PM, revealed Certified Nursing Assistant (CNA) #3 assisted</p>	F 311	<p>-5 Restorative care observations will be performed by administrative nurses weekly X 1 month, monthly X 2 months, and then quarterly thereafter to determine that restorative services are being provided in accordance with resident care plans and facility policy.</p> <p>Criteria 5: August 4, 2015</p>		

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F 311	<p>Continued From page 30</p> <p>Resident #7 to the bathroom in the residents room. The resident returned to the common area.</p> <p>Observation, on 06/24/15 at 10:40 AM, revealed RNA #1 assisted Resident #7 to ambulate. The resident ambulated about fifty (50) feet with a walker. The resident smiled during ambulation.</p> <p>2. Review of Resident #16's clinical record, revealed the facility admitted the resident on 10/06/14 with Diagnosis including CVA, Dementia, Asphasia, and Anxiety.</p> <p>Review of Resident 16's Quarterly MDS Assessment, completed on 05/13/15, revealed the facility assessed the resident's cognition with short term and long term memory loss. The facility assessed the resident's mobility as requiring extensive assistance with two (2) staff. This was unchanged from the Admission MDS Assessment completed on 10/13/14.</p> <p>Review of Resident #16's Comprehensive Care Plan revealed the facility developed a Restorative Nursing Program care plan, completed on 03/26/15. Problems on the care plan included a potential for decline in mobility and strength.</p> <p>Review of Resident #16's Restorative Nursing Evaluation dated 03/25/15, revealed the facility implemented Active Range of Motion (AROM) by moving wheelchair independently, and sit to stand transfers at grab bar for fifteen (15) minutes six (6) to seven (7) times a day.</p> <p>Review of Resident #16's Restorative Nursing Service Delivery Record, revealed the facility implemented the program on 03/26/15; however, the resident did not receive the first Restorative</p>	F 311			

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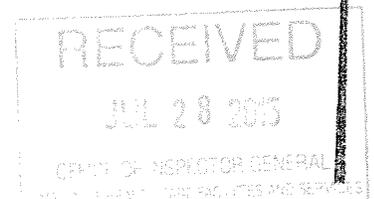
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F 311	<p>Continued From page 31</p> <p>Therapy until 03/30/15. For the month of April, 2015, the facility failed to provide Restorative Therapy for thirteen (13) of thirty (30) days. For the month of May, 2015, the facility failed to provide Restorative Therapy for twenty-two (22) of thirty-one (31) days. For the month of June, 2015, the resident refused two (2) days; however, the facility failed to provide Restorative Therapy for thirteen (13) of twenty-two (22) possible days.</p> <p>Observation, on 06/24/15 at 4:46 PM, of Resident #16 revealed the resident was sitting up in a wheelchair in the common area, dozing.</p> <p>Observation, on 06/25/15 at 8:10 AM, of Resident #16, revealed the resident was sitting up in the wheelchair in the common area.</p> <p>Observation, on 06/25/15 at 9:30 AM, of Resident #16, revealed the resident was up in a wheelchair in the common area. The resident was unable to roll the wheelchair upon request related to impaired cognition.</p> <p>Interview with CNA #1, on 06/25/15 at 9:35 AM, revealed she was assigned to Resident #16. She stated the resident could roll the wheelchair down the hallway and had just a couple days before. She stated the resident was able to transfer with one assist with the grab bar.</p> <p>Interview with CNA #1, on 06/25/15 at 2:00 PM, revealed she did not do any type of Restorative because there were designated Restorative Aides, who have specific training.</p> <p>Interview with Restorative Aide #2, on 05/25/15 at 2:10 PM, revealed he was the only staff scheduled to do Restorative today. He stated he</p>	F 311		

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F 311	<p>Continued From page 32</p> <p>could not get to all the residents scheduled for Restorative. He stated he would make sure residents with splints were done then the residents who were highlighted on his paper. He stated the resident who were highlighted were due for an assessment this month. He stated he would only get to about fifteen (15) resident on this day when he was the only one providing restorative. He stated today was the first day he had not been pulled to the floor in two (2) weeks.</p> <p>Review of Staff Training record, dated 06/18/15, revealed sixteen (16) staff attended the training on how to stretch and apply splints.</p> <p>Interview with CNA # 5, on 06/25/15 at 4:50 PM, revealed she did not do restorative because there were assigned restorative aides.</p> <p>3. Record review of Resident #2's the clinical record revealed the facility admitted the resident on 01/26/13 with diagnoses of Parkinson's, Hypertension, Diabetes Mellitus, and Dementia.</p> <p>Review of Residents #2's quarterly MDS, dated 03/26/15, revealed the facility assessed the resident and determined the resident did not have an impairment in ROM.</p> <p>Review of Resident #2's Comprehensive Care Plan, dated 04/09/15, revealed the resident was on a restorative nursing program due to the potential for decline in mobility and the risk for further contractures. Review of the interventions revealed the resident was to receive Passive Range of Motion (PROM) to the bilateral upper extremities (BUE) and the bilateral lower</p>	F 311			



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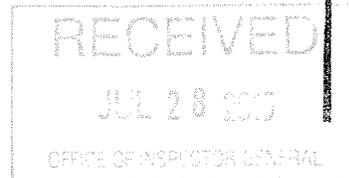
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F 311	Continued From page 33 extremities (BLE) with splint application. Review of the restorative care plan revealed restorative was on hold effective 06/23/15.  Review of the Occupational Therapy (OT) discharge summary, for Resident #2, dated 04/14/15, revealed the resident had been referred to Restorative Nursing and the Restorative Nursing Assistant (RNA)'s had been trained on orthotic application and an appropriate wearing schedule. Review of the Restorative Nursing PROM and Splint Program revealed the resident was to start PROM and splint application on 04/15/15 for five (5) to seven (7) times a week. The resident was to receive PROM from the shoulder to the distal upper extremities. The resident was also to have bilateral hand splints applied for six (6) to eight (8) hours a day. Review of the physical therapy (PT) discharge summary, dated 04/08/15, revealed the resident had been referred to restorative nursing for PROM and splinting. The resident was to receive PROM to stretch bilateral knee extensors and hip abductors to maintain joint integrity. The resident was also to receive hip adductor splint to be worn for four (4) to six (6) hours when up in the wheelchair after PROM stretches.  Review of Resident #2's Restorative Nursing Service Delivery Record, dated 06/01/15 through 06/23/15, revealed Resident # 2 was to receive PROM to BUE and BLE one time a day for two (2) sets of ten (10) repetitions for six (6) to seven (7) days a week for at least fifteen (15) minutes. Review of the delivery record revealed PROM had only been marked for nine (9) days out of the twenty-three (23) possible days as being completed. Review of the Restorative Nursing Service Delivery Record, dated 05/01/15 through	F 311		
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F 311	<p>Continued From page 34</p> <p>05/30/15, revealed PROM had only been marked for seventeen (17) days out of the thirty-one (31) possible days as being completed.</p> <p>Review of the Resident #2 's Restorative Nursing Service Delivery Record dated, 06/01/15 through 06/23/15, revealed the resident was also to receive splints for six (6) to seven (7) days a week for at least fifteen (15) minutes a day. Review revealed the splints had been marked as being applied for nine (9) days out of the possible twenty-three (23) days. Review of the restorative nursing Certified Nursing Aid (CNA) documentation sheet revealed on 06/20/15 the restorative nursing staff could not apply the splints due to swelling of the hand. Review of the Restorative Nursing Service Delivery Record, dated 05/01/15 through 05/31/15 revealed splint application had been done seventeen (17) days out of the thirty-one (31) possible days.</p> <p>Observation, on 06/23/15 at 11:29 AM, of Resident #2 revealed the resident was laying in bed on the left side with the grab bars up and no splints were noted to be on the residents hands.</p> <p>Observation, on 06/24/15 at 10:00 AM, of Resident #2 revealed the resident was laying in bed with hand splints on both hands.</p> <p>Interview with RNA #1, on 06/25/15 at 4:20 PM, revealed there were times splinting and ROM were not done for the residents on restorative because the restorative nursing staff was assigned to do direct patient care rather than restorative. She revealed sometimes all three (3) RNA's would be pulled to the floor and there would be no one doing restorative nursing on those days. She revealed if there was a blank on</p>	F 311			

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F 311	<p>Continued From page 35</p> <p>the delivery record it was because restorative was not done on those days; however, they did not document the reason on the back of the sheet in the documentation area. She further revealed Resident #2 was having trouble with the application of the splint and it was making his/her left hand swell. The RNA was also having more difficulty loosening the right shoulder to hand. Resident #2 was referred back to therapy on 06/21/15 and that was the reason services were on hold now, while on the therapy case load.</p> <p>4. Review of Resident #5's clinical record for revealed the facility admitted the resident on 11/21/12 with diagnoses of Osteoarthritis, Closed Dislocation of the Hip, Reflux, Hypertension, Pacemaker, Pain and Urinary Tract Infections.</p> <p>Review of Resident #5's Annual Minimum Data Set (MDS), dated 04/03/15, revealed the resident had an impairment of Range of Motion (ROM) on one side.</p> <p>Review of the Comprehensive Care Plan for Resident #5, revealed the facility developed a care plan on 04/04/15 for restorative nursing for a potential for decline in functional mobility and for increased pain. Review of the interventions revealed the resident was to receive Active ROM (AROM) to bilateral upper extremities (BUE).</p> <p>Review of Resident #5's Restorative Nursing Transfers and AROM Program revealed the resident was to start on 04/11/15. The resident was to receive AROM with bilateral lower extremities (BLE) for two (2) sets of twenty (20). The resident was to receive AROM to BUE with shoulder flexion, elbow flexion, horizontal abduction/adduction while seated for at least</p>	F 311			

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F 311	<p>Continued From page 36</p> <p>fifteen (15) minutes or participate in group exercise activity.</p> <p>Review of Resident #5's Restorative Nursing Service Delivery Record, dated 06/01/15 through 06/23/15, revealed the resident was to receive AROM to BLE one (1) time a day for two (2) sets with twenty (20) repetitions for at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review revealed the resident had received AROM restorative for ten (10) days out of the twenty-three (23) available days. Record review of the service delivery record, for 05/01/15 through 05/31/15, revealed the resident received fourteen (14) days of AROM out of the thirty-one (31) possible days. Resident #5 was also on the transfer program which included transferring five (5) times a day from wheelchair to bed for six (6) to seven (7) days a week for at least fifteen (15) minutes.</p> <p>Review of Resident #5's Restorative Nursing Service Delivery Record, for 06/01/15 through 06/23/15, revealed the resident had received transfer restorative for nine (9) days out of the twenty-three (23) possible days. In May the resident received fourteen (14) days of transfer restorative out of the thirty-one (31) possible days. Resident #5 was to receive AROM to bilateral upper extremities one (1) time a day for two (2) set of ten (10) repetitions for six (6) to seven (7) days a week for at least fifteen (15) minutes. Review of the Restorative Nursing Service Delivery Record for June 2015 revealed the resident received eleven (11) days of restorative AROM for the twenty-three (23) possible days. For the month of May 2015 the resident received restorative AROM for twenty-two (22) days out of the thirty-one (31)</p>	F 311		
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F 311	<p>Continued From page 37 possible days.</p> <p>Interview with Resident #5 on 06/23/15 at 1:30 PM revealed he/she received restorative; however, it was not done everyday. He/she revealed sometimes a group of resident would kick or bat balls to one another to help stretch their arms.</p> <p>Observation of Resident #5, on 06/24/15 at 1:00 PM, revealed a group of residents were sitting in the common area doing exercises led by the Restorative Nursing Aide (RNA) #1.</p> <p>5. Record review for Resident #18 revealed the facility admitted the resident on 12/19/13 with diagnoses of Cerebral Vascular Accident (CVA), Contractures, Malnutrition, Hypertension, Atrial Fibrillation, Osteoarthritis, Osteoporosis and Dysphagia.</p> <p>Review of Resident #18's Quarterly MDS, dated 05/01/15, revealed the facility assessed the resident for no impairment in Range of Motion (ROM).</p> <p>Review of the Comprehensive Care Plan for Resident #18 revealed the facility developed a Restorative Nursing Care Plan, dated 06/12/15. The resident was to participate in the restorative nursing program due to the potential for a decline in functional mobility with one approach of PROM to left upper extremity (LUE) with splinting.</p> <p>Review of the OT discharge summary, dated 06/11/15, for Resident #18, revealed the resident would be in the Restorative Nursing program which included PROM to the left wrist and digits. The resident would have an orthotic wear</p>	F 311			

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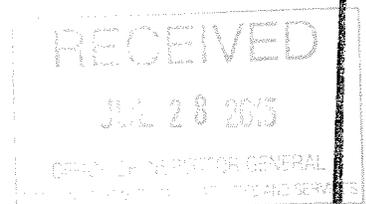
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F 311	<p>Continued From page 38</p> <p>schedule done. A Restorative Nursing program was developed and the Restorative Nursing staff was trained with the carry over of the program. The Restorative Nursing staff gave return demonstration with one hundred per cent (100 %) competency.</p> <p>Review of the Restorative Nursing PROM LUE and Splinting program for Resident #18, revealed the resident was to begin in the program on 06/12/15 for five (5) to seven (7) times a week. However, review of the Restorative Nursing Service Delivery Record revealed the program did not start until 06/14/15. The resident was to receive PROM with complete gentle PROM of left hand including all the digits and wrist with a focus on prolonged stretch in extension prior to dawning splint. Resident #18 was to receive splinting to the left hand for up to four (4) to six (6) hours.</p> <p>Review of the Restorative Nursing Service Delivery Record, dated 06/12/15 through 06/23/15, for Resident #18 revealed the Resident was to have received PROM to the Left Upper Extremity (LUE) one time a day for two (2) sets of five (5) repetitions for at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review revealed the resident received PROM for five (5) of the twelve (12) available days. The resident was also in the splint program. The resident was to have a splint applied to the left hand at least fifteen (15) minutes a day for six (6) to seven (7) days a week. Review of the Restorative Nursing Service Delivery Record, for 06/12/15 through 06/23/15, revealed the splint had been applied for five (5) days of the twelve (12) available days. Review of the Restorative Nursing CNA Documentation Sheet revealed there was no</p>	F 311			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BQY611

Facility ID: 100355

If continuation sheet Page 39 of 59



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2015</b>
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F 311	<p>Continued From page 39 explanation as to why the days were not signed as being completed.</p> <p>6. Review of Resident #9's clinical record revealed the facility admitted the resident on 12/31/12 with diagnoses of Pre-senile Dementia, Depression, Anxiety, Chronic Kidney Disease, Anemia, Hypertension, Coronary Artery Disease (CAD), Muscle Weakness, and Osteoarthritis (OA).</p> <p>Review of Resident #9's Quarterly Minimum Data Set (MDS) assessment, dated 04/08/15, revealed the facility assessed the resident as needing limited assistance of one (1) person for transfers, and extensive assistance of one (1) person for ambulation.</p> <p>Review of Resident #9's Interdisciplinary Resident Data Collection Form dated 04/06/15, revealed the resident was currently in a restorative nursing program for transfers and ambulation, and the restorative nursing program was still appropriate for resident.</p> <p>Review of the Restorative Nursing Care Plan for Resident #9, revealed the facility developed the care plan on 05/01/15, with a goal date of 06/21/15. Problems on the care plan included a potential to decline in strength and endurance. Goals of therapy included: Resident would maintain functional mobility, and resident would demonstrate increased strength/endurance. Approaches listed were transfers, ambulation, and to refer to Restorative Nursing Service Delivery Record.</p> <p>Review of the Restorative Nursing Service</p>	F 311		
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F 311	<p>Continued From page 40</p> <p>Delivery Record for Resident #9 for June 2015, revealed the resident was to ambulate up to three hundred (300) feet one (1) time per day with a rolling walker six (6) to seven (7) times per week at least fifteen (15) minutes per day. In addition, Resident #9 was on the transfer program five (5) times a day from sit to stand at grab bar six (6) to seven (7) days per week at least fifteen (15) minutes per day. The Restorative Nursing Service Delivery Record for Resident #9 showed the resident had not recieved therapy from June 10th - 20th, 2015.</p> <p>Interview with Restorative Nursing Aide (RNA) #1, on 06/24/15 at 11:00 AM, revealed for the last couple weeks she had been getting pulled to work on the floor as a Certified Nursing Assistant (CNA). RNA #1 stated gaps on Resident #9's Restorative Nursing Service Delivery Record from June 10th - 20th meant restorative care was not provided.</p> <p>7. Review of Resident #17's medical record, revealed the facility admitted the resident on 04/03/15, with diagonisis including Dementia, Cerebral Vascular Accident, and Dsyphagia.</p> <p>Review of Resident #17's Admission Minium Data Set Assessment, dated 04/17/15, revealed the facility assessed the resident's cognition using Brief Interview for Mental Status (BIMS) score of nine (9) of fifteen (15) indicating moderately impaired. The facility assessed the resident's mobility as requiring extensive assistance with two (2) staff assistance.</p> <p>Review of Resident #17's Comprehensive Care Plan, revealed the facility developed a</p>	F 311			



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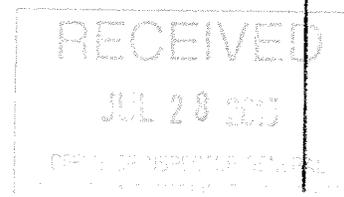
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F 311	<p>Continued From page 41</p> <p>Restorative Care Plan dated 05/23/15 for, a potential to decline and functional mobility strength and indurance. Interventions include ambulation and active range of motion.</p> <p>Review of the Physical Therapy Discharge Summary for Resident #17 dated 05/22/15 revealed the resident was discharged from Physical Therapy on 05/22/15 to the Restorative Program.</p> <p>Review of Restorative Nursing Evaluation for Resident #17 dated 05/23/15, revealed the facility developed a plan for the resident to maintain/improve functional mobility, strength, and endurance. The resident will also ambulate up to 150 feet with a rolling walker, Active Range of Motion to Bilateral upper extremities/Bilateral lower extremities.</p> <p>Review of Restorative Nursing Services Delivery Record dated 05/23/15 for Resident #17 revealed the resident only received Restorative services two (2) times, 06/10/15 and 06/21/15.</p> <p>Observation, on 06/25/15 at 9:22 AM, of Resident #17 revealed the resident up a wheelchair self propelling in the hallway using his/her arms and legs.</p> <p>Observation, on 06/25/15 at 3:40 PM, revealed restorative therapy attempted to walk Resident #17; however, the resident became aggitated and attempted to hit the staff with his/her right fist. There was a rolling walker in the room.</p> <p>8. Review of Resident #4's clinical record revealed the facility re-admitted the resident on</p>	F 311		
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F 311	<p>Continued From page 42</p> <p>05/07/15 with diagnoses including of Depression, Anxiety, Psychosis, Insomina and Cognitive Impairment.</p> <p>Review of the Resident #4's Significant Change Minimum Data Set (MDS) assessment, dated 05/15/15, revealed the facility assessed the resident's Brief Interview of Mental Status (BIMS) at twelve (12) of fifteen (15), being moderately cognitively impaired. The facility assessed and determined the resident required extensive assistance with one (1) person physical assist. The facility assessed the residents range of motion as no deficit.</p> <p>Review of the Comprehensive Care Plan for Resident #4, revealed the facility developed a care plan on 06/05/15 for Restorative Nursing, related to a potential decline in functional mobility and strength. Approaches listed were active range of motion to bilateral upper extremities and transfers.</p> <p>Review of Resident #4's Restorative Nursing Evaluation, dated 06/05/15, revealed the goal was to maintain and improve strength and functional mobility. The plan indicated the resident would participate in active range of motion to bilateral upper extremities by flexing and extending shoulder, elbows and wrist. He/she will do pivoting transfers from bed to recliner and then recliner to chair. Both programs would take fifteen (15) minutes a day, six (6) to seven (7) days a week.</p> <p>Review of Resident #4's Restorative Nursing Service Delivery Record initiated on 06/05/15, revealed the resident only received AROM and</p>	F 311			



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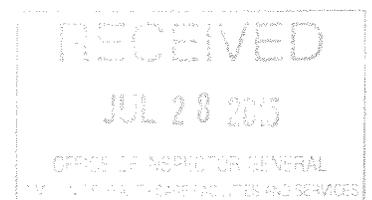
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F 311	<p>Continued From page 43 ambulation, one (1) of twenty (20) possible days.</p> <p>Observation, on 06/23/15 at 11:40 AM, 1:02 PM, and 1:33 PM, of Resident #4, revealed the resident laid in bed, with the television playing.</p> <p>Observation, on 06/24/15 at 9:30 AM, revealed Resident #4 again in bed with the television playing.</p> <p>Observation on 06/25/15 at 12:30 PM, revealed Resident #4 was seated in his/her chair behind the privacy curtain in his/her room.</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 10:15 AM, revealed the intent of restorative was for the residents to maintain maximum potential within their health condition. She revealed there was a potential for decline in maintaining their present status when restorative was not done; however, she was not aware of any decline in any resident. The DON revealed you have to prioritize primary care over restorative and direct patient care was the primary concern. The DON revealed the failure to do restorative consistently had been discussed at the Interdisciplinary Team meetings.</p> <p>Interview, on 06/25/15 at 1:30 PM, with Registered Nurse (RN) #2 revealed restorative nursing had not been done consistently because the Restorative Nursing Aides (RNA) had been pulled to the floor to do patient care. She revealed, for the most part, when the RNA's were pulled to the floor the restorative nursing for ROM and splint application were not done. She revealed she instructed the RNA's to not put any time in the restorative record if they did not fulfill</p>	F 311			

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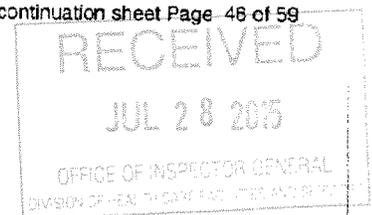
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F 311	Continued From page 44 the fifteen minute requirement. She revealed they were doing as much restorative as they could, but staff can't be in two places at once. They can't be working the floor and doing restorative also. She revealed she was not aware of any decline in any resident because of the restorative not being done consistently.	F 311	F 353 Nursing Services -Sufficient staff The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.	8/4/15
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 353	Criteria 1: -The facility has hired nursing staff to fill all of the full time positons on the nursing schedule for sufficient staffing to provide nursing and related services for Residents #2, 4, 5, 7, 9, 16, 17, and 18 related to restorative services as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15. - The facility has hired nursing	



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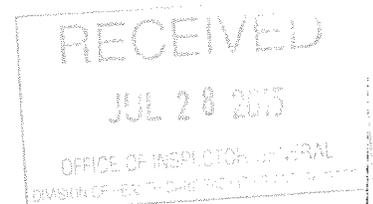
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F 353	Continued From page 45 review of facility audits, review of daily staffing, and review of facility policy, it was determined, the facility failed to provide adequate staffing to meet the residents needs for two (2) of three (3) nursing units, ( East and South). The facility failed to serve meals in a timely manner resulting in cold coffee and food required reheating. In addition, the facility failed to have adequate staff to provide Restorative services for eight (8) of twenty-five (25) sampled residents, (#2, #4, #5, #7, #9, #16, #17, and #18).  Refer to F282, F311 and F364  The findings include:  The facility did not provide a policy on staffing.  Review of the facility policy Timely Meal Service, dated 2013, revealed food would be delivered promptly to assure proper temperature and high quality food.  Interview on 06/23/15 at 2:00 PM, during the Group Resident Council meeting, revealed they do not have enough staff to help with the dining experience and sometimes they would have to wait thirty (30) to forty (40) minutes for their meals. The group stated lunch and supper were the worse times to have their trays delivered.  Review of Resident Council Minutes, dated 05/17/15, revealed two (2) residents complained the coffee was cold and one (1) resident complained the food was cold. Under the section how this problem will be resolved, the Dietary Manager documented coffee will be tempted prior to meal service and Department Head meal	F 353	staff to fill all of the full time positons on the nursing schedule for sufficient staffing to provide nursing and related services for Residents in the East and South Nursing units related to assistance with their meals as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15.  Criteria 2: -The facility has hired nursing staff to fill all of the full time positons on the nursing schedule for sufficient staffing to provide nursing and related services for all residents with current orders/care plan interventions for restorative services. All residents with restorative services have been reviewed by the Restorative Team to determine that they are involved in the most appropriate program(s) based on their identified needs. Restorative services are being provided in accordance with the resident care plan as determined by care observations completed by the DON/Restorative Coordinator by 8/3/15.		



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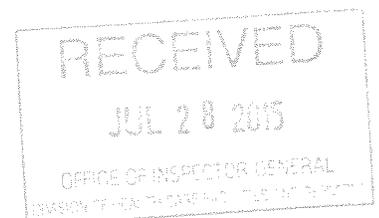
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F 353	Continued From page 46 monitoring rounds implemented 05/01/15.  Observation, on 06/24/15 at 7:12 AM, revealed, the breakfast tray cart was delivered to the South Unit. Certified Nursing Assistant (CNA) #3 was the only staff who passed trays. Unsampled Resident E did not receive his/her tray until 8:32 AM, and required reheating prior to delivery. Unsampled Resident F was served his/her breakfast tray at 7:35 AM and complained it was cold. CNA #3 reheated the tray.  Interview, on 06/24/15 at 8:32 AM, with CNA #3, revealed he usually was the only staff who pass trays on the hall; however, the residents normally didn't complain of cold food. He stated the reason it took so long for Unsampled Resident E to receive his/her tray was because he/she needed assistance and he was assisting Resident #16 with breakfast first. He stated Resident #16 usually didn't eat as much as he/she had on this day.  Interview with CNA #4, on 06/24/15 at 12:35 PM, revealed the nurses did not help with passing trays on a regular basis.  Interview, on 06/25/15 at 8:34 AM, with CNA #1 revealed residents complained every morning of food being cold. She stated they have to warm up coffee and cocoa every morning. She stated the nurses will sometimes help and she had reported the complaints to Administration.  Interview, on 06/25/15 at 8:42 AM, with CNA #2 revealed sometimes nurses would help pass trays and sometimes they didn't. She stated coffee usually had to be warmed up. She stated it took a long time to pass tray because they don't	F 353	- The facility has hired nursing staff to fill all of the full time positons on the nursing schedule for sufficient staffing to provide nursing and related services for all residents related to meal tray delivery and eating assistance. Hall meal tray delivery schedules have been revised by the Dietary Manager to determine that residents are provided assistance with their meals in accordance with their care plan in a timely manner by 8/3/15.  Criteria 3: -The Staff Development Coordinator has received inservice education by 8/3/15 on the need to review all nursing staff positon openings that become available with the DON and Administrator on a weekly basis so that these may be addressed and filled timely, as provided by the Administrator.		



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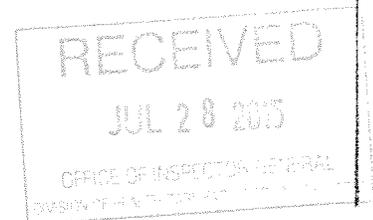
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F 353	<p>Continued From page 47</p> <p>have enough staff and she gets ask frequently to work extra.</p> <p>Interview, on 06/25/15 at 8:55 AM, with Unsampled Resident C, revealed he/she said the food was good then stated it was "cold, cold, cold". When ask if he/she had it reheated, he/she said "no, I didn't want bother anyone".</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 10:13 AM, revealed she acknowledged there had been complaints of cold food but thought it had improved at the last Resident Council Meeting. She stated she was aware Restorative Aides were getting pulled to the floor but primary care was her main focus. She stated she was not sure if the problem was a staffing issue.</p> <p>Interview with Family Member #4, on 06/25/15 at 2:45 PM, revealed they were understaffed at the facility and staff had to work double shifts all the time. The family member felt Unsampled Resident A was not being cared for appropriately, mainly due to not having enough staff to meet the residents needs. The family member revealed Unsampled Resident A was supposed to go back to bed at 8:00 PM; however, there were many nights the resident did not get to bed until around 11:00 PM. The family member revealed the facility admitted the resident on 02/06/15 and the resident depended on staff for their care needs.</p> <p>Interview with Licensed Practical Nurse (LPN) #3, on 06/25/15 at 3:10 PM, revealed meals had been a big issue. She stated if someone called in the nurses couldn't help pass trays because they had so many other things to do. She stated there was one (1) nurse for forty (40) residents, and</p>	F 353	<p>-Nursing staff have received inservice education by the DON/Staff Development Coordinator by 8/3/15 on the need to provide restorative services for all residents as ordered/ care planned, and to provide timely notification to the charge nurse, program manager or restorative coordinator of any services that can not be performed for any reason, for appropriate follow up. Nursing staff have received inservice education by the DON by 8/3/15 on the revised hall meal tray delivery schedules, and the need to provide residents assistance with their meals in accordance with their care plan in a timely manner.</p> <p>Criteria 4: -The Staff Development Coordinator will review all nursing staff positon openings that become available with the DON and Administrator on a weekly basis so that these may be addressed and filled timely.</p>		



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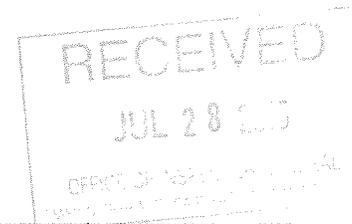
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP HEALTH AND REHABILITATION, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7400 LAGRANGE RD PEWEE VALLEY, KY 40056</b>		
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F 353	<p>Continued From page 48</p> <p>she was responsible for accu checks, breathing treatment, call lights, bed alarms, doctor's calls, and anything else that came up. She stated they did not have staff to do Restorative.</p> <p>Interview with Certified Medication Technician (CMT) #1, on 06/25/15 at 3:30 PM, revealed the facility had been short staffed for the last month or so and she had worked seventy (70) hours a week the last month. She stated they were short staffed on this day and were only going to have two (2) CNA's for thirty-three (33) residents after 5:30 PM.</p> <p>Interview with Family Member #2, on 06/25/15 at 3:45 PM, revealed the facility was frequently short staffed. The family member revealed the resident should be gotten up every day, but there were days when they could not get the resident up due to not enough staff present. The family revealed the resident was to have splints on everyday; however, sometimes the splints were applied and sometimes they were not applied.</p> <p>Review of the daily staff provided by the Staffing Coordinator revealed: there were forty-five (45) residents on the North Unit, thirty-three (33) residents on the South Unit, and forty (43) residents on the East Unit. Continued review of the daily staffing revealed: the facility was three (3) CNA's short on 06/24/15, with one Restorative Nursing Assistant (RNA) pulled to the floor at 2:30 PM, on 06/23/15 the facility was short three (3) CNA's and two (2) RNA's short, on 06/22/15 RNA #1 was pulled to work the floor leaving only one (1) RNA to do Restorative, with the North and East Unit still short one (1) CNA on each unit for the day shift.</p>	F 353	<p>-The CQI indicator for the monitoring of the provision of restorative services in accordance with the care plan will be utilized monthly X 2 months and then quarterly as per the established CQI calendar under the direction of the Director of Nursing. This tool includes review of restorative documentation and observation of resident restorative programs to determine that they are being provided/documented in accordance with the residents' plan of care.</p> <p>-The CQI indicator for the monitoring of resident meal assistance in accordance with their care plan and in a timely manner will be utilized monthly as per the established CQI calendar under the direction of the Dietary Manager. This tool includes observation of meal service for 5 randomly selected residents to determine that they are being provided their meal and any assistance needed in a timely manner and in accordance with their plan of care.</p> <p>Criteria 5: August 4, 2015.</p>		



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F 353	Continued From page 49 Continued review of the Daily Staffing Sheet from 05/31/15 through 06/24/15 revealed the facility was short at least one (1) staff member twenty-two (22) of twenty-three (23) days reviewed. For six (6) of twenty-three (23) days reviewed, a RNA was pulled to the floor, with all three (3) RNA's pulled on 06/06/15. On 06/12/15 and 06/17/15 there was no Restorative Nursing Assistant scheduled.  Interview with the Staffing Coordinator, on 06/25/15 at 4:00 PM, revealed the facility had been short staffed the last couple months. She stated staff called in or quiet without notice. She acknowledge they were three (3) staff short on 03/24/15 and five (5) staff short on 03/23/15. She stated she was not aware there was seventy (70) residents on the Restorative Program. She stated they were normally not that short staffed but four (4) or five (5) staff went on maternity leave. She stated she did not have to get approval to pull Restorative staff and just notified the East Unit Manager of the changes in the schedule. She stated Registered Nurse #2 told her the Restorative staff needed to quiet getting pulled. She knew Restorative had their work to do and thought they were getting their work done.  Interview with the Owner of the Facility on 06/25/15 at 5:20 PM revealed he believed the problem was a Nursing Service leadership problem. He acknowledged they were short staffed and had worked on getting new staff in the building.	F 353			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides	F 364			



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F 364	<p>Continued From page 50</p> <p>food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT Is not met as evidenced by: Based on observation, interview, review of facility policy and review of facility audits, it was determined, the facility failed to ensure food was served at a proper temperature to enhance the flavor of the meals served for the residents satisfaction for two (2) of three (3) Nursing Units, (East and South Units).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Timely Meal Service", dated 2013, revealed food would be delivered promptly to assure proper temperature and high quality food.</p> <p>Review of the facility's policy titled, "Dining Room Service", dated 2013, revealed meals will be distributed promptly to maintain adequate temperature and appearance. There should be enough staff available in the dining areas to assist those who need help and to handle any situation that arises.</p> <p>Interview with Resident #11, on 06/23/15 at 1:25 PM, revealed the food was not warm and it was a frequent occurrence.</p> <p>Interview with Resident #25, on 06/23/15 at 1:50 PM, revealed the coffee was always cold.</p> <p>Interview, on 06/23/15 at 2:00 PM, during the</p>	F 364	<p>F 364 Food Temps</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>N 273 902 KAR 20:300-10(4)(b) Section 10.</p> <p>Dietary Services</p> <p>Each resident shall receive and the facility shall provide: (b) Food that is palatable, attractive and at the proper temperature.</p> <p>Criteria 1: Residents # 11, 25, and unsampled residents E, F, and G are served meals in accordance with the regulatory requirements as determined by Test Tray monitoring done daily X 1 week, then weekly X 3 weeks, and then monthly thereafter by the Dietary Manager/Registered Dietician.</p>	8/4/15	

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F 364	<p>Continued From page 51</p> <p>Group Resident Council meeting, revealed they do not have enough staff to help with the dining experience and sometimes they would have to wait thirty (30) to forty (40) minutes for their meals. The group stated lunch and supper were the worse times to have their trays delivered.</p> <p>Review of Resident Council Minutes, dated 05/17/15, revealed two (2) residents complained the coffee was cold and one (1) resident complained the food was cold. Under the section how this problem will be resolved, the Dietary Manager documented coffee temperatures were to be taken prior to meal service and Department Head meal monitoring rounds were implemented on 05/01/15.</p> <p>Review of the Department Head meal monitoring calender for the month of June, revealed no monitoring of meals on Saturdays or Sundays. Of the sixty-six (66) meals, during the week, for Department Heads to sign up, only twenty (20) meals were accounted for monitoring.</p> <p>Observation, on 06/24/15 at 7:12 AM, revealed the breakfast tray cart was delivered to the South Unit. Certified Nursing Assistant (CNA) #3 was the only staff who passed trays. Unsampled Resident G did not receive his/her tray until 8:32 AM, and required reheating prior to delivery. Unsampled Resident F was served his/her breakfast tray at 7:35 AM and complained it was cold. CNA #3 then reheated the tray.</p> <p>Interview, on 06/24/15 at 8:32 AM, with CNA #3, revealed he usually was the only staff who pass trays on the hall; however, the residents normally didn't complain of cold food. He stated the reason it took so long for Unsampled Resident G</p>	F 364	<p>Criteria 2: Residents are served meals in accordance with the regulatory requirements as determined by Test Tray monitoring done daily X 1 week, then weekly X 3 weeks, and then monthly thereafter by the Dietary Manager/Registered Dietician.</p> <p>Criteria 3: -Dietary staff have received inservice education by the Dietary Manager/Registered Dietician on the preparation of food to ensure that it is palatable, attractive, and at the proper temperature as completed by 8/3/15.</p> <p>Criteria 4: -The CQI indicator for the monitoring of tray service food temperatures will be utilized monthly as per the established CQI calendar under the supervision of the Dietary Manager.</p>		

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F 364	<p>Continued From page 52</p> <p>to receive his/her tray was because he/she needed assistance and he was assisting Resident #16 with breakfast first. He stated Resident #16 usually didn't eat as much as he/she had on this day.</p> <p>Observation of the breakfast meal, on 06/24/15 at 7:45 AM, revealed a breakfast tray on the unit was delivered to Unsampled Resident F. The resident requested the coffee be reheated.</p> <p>Interview with CNA #7, on 06/24/15 at 7:46 AM, revealed the coffee was cold and she had reheated it for the resident.</p> <p>Observation of the breakfast meal, on 06/24/15 at 7:49 AM, in the East Dining Room, revealed three (3) coffee cups had to be reheated.</p> <p>Interview with Unsampled Resident E, on 06/24/15 at 7:50 AM, revealed the coffee was cold and he/she asked the staff to reheat it.</p> <p>Observation, on 06/24/15 at 11:21 AM, of the lunch tray line temperatures, revealed: the temperature for the beef tips was 177 degrees Fahrenheit (F), noodle temperature was 192.6 degrees F, vegetable temperature was 204 degrees F, and the soup temperature was 186 degrees F.</p> <p>Observation, on 06/24/15 at 12:12 PM, revealed the food cart was delivered to the South dining room. The last tray was passed at 12:19 PM. Temperatures of the test tray was as followed: Beef tips with noodles - 118 degrees F, the vegetables - 111.0 degrees F, and the soup was 155.8 degrees F.</p>	F 364	<p>-The facility has established a "Food Council" with residents, families and staff as members. This council will meet monthly to review the facility meal service compliance with the F 364 regulation, and to develop action plans for any issues identified. The first meeting was held on 7/13/15.</p> <p>Criteria 5: August 4, 2015</p>	

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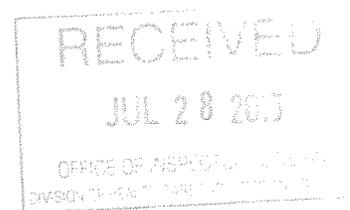
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F 364	<p>Continued From page 53</p> <p>Interview with the Dietary Manager, on 06/24/15 at 12:30 PM, revealed she preferred the point of service food temperatures to be greater than 120 degrees F and the food was a little cold.</p> <p>Interview, on 06/25/15 at 8:34 AM, with CNA #1, revealed Residents complained every morning of food being cold. She stated they had to warm up coffee and cocoa every morning. She stated the nurses would sometimes help and she had reported the complaints to Administration.</p> <p>Interview, on 06/25/15 at 8:42 AM, with CNA #2 revealed sometimes nurses would help pass trays and sometimes they didn't. She stated coffee usually had to be warmed up. She stated it took a long time to pass trays because they didn't have enough staff and she frequently got asked to work extra.</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 10:13 AM, revealed she had been informed by the Dietary Manager of complaints of cold food and audits were being conducted. She stated she had not been told of the outcome of those audits. She stated now it was a collaborative effect and the process had not been brought together.</p> <p>Interview with the Dietary Manager, on 06/25/15 at 12:56 PM, she had been at the facility since October 2014. She stated it took ten (10) minutes to fill the tray cart, then the cart was taken to the floor where a nurse had to sign and time the delivery of the cart. She stated this was implemented because the carts were taking too long to be delivered. She stated that was fixed now. She stated she had received complaints about cold food and coffee. She stated she</p>	F 364		
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F 364	<p>Continued From page 54</p> <p>suggested a beverage cart to go with the cart instead of coffee poured in the kitchen and placed on the tray. She stated it was still a work in progress. She stated she had a meeting with the Administrator and Dietician every Monday and had discussed trays were taking too long to be delivered. The Administrator then implemented for Department Heads to sign up to help pass trays at meal time. She stated she had not really talked with the Director of Nursing about the cold food but stated she played a big role in trays being passed in a timely manner. She went on to say they had conducted audits and found it was taking too long to pass the trays.</p> <p>Review of Test Tray Audit Form, dated 04/29/15 was conducted by the Dietician. The cart left the Kitchen at 8:08 AM, and arrived on the North Unit at 8:11 AM. The first tray was not passed until 8:19 AM with the last tray served at 8:29 AM. The temperatures were checked on a regular puree diet. The oatmeal temperature was 131.8 degrees, the eggs were 111.1 degrees, the bread was 91.7 degrees and sausage and gravy was 112.3 degrees. The comments written on the audit form stated food would have been more palatable if warm.</p> <p>Interview with Licensed Practical Nurse (LPN) #3, on 06/25/15 at 3:10 PM, revealed the meals have been a big issue. She stated if someone called in, the nurses couldn't help pass trays because they had so many others things to do. She stated there was one (1) nurse for forty (40) residents, and she was responsible for accu checks, breathing treatment, call lights, bed alarms, doctors calls, and anything else that comes up.</p> <p>Interview with the Owner of the Facility, on</p>	F 364		
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