

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 VETERANS DRIVE HAZARD, KY 41701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 279	Continued From page 120 33) Interviews on 03/24/15 at 4:30 PM with the LPN Supervisor/Data Entry Specialist revealed she was knowledgeable on the process to enter code status and advance directive information for residents when they were admitted. Review of a Face Sheet for a resident admitted to the facility on 03/20/15, revealed the resident's Face Sheet contained the appropriate information related to Code Status and Advance Directives. 34) Review of an in-service Sign In Sheet dated 03/14/15, and interviews on 03/24/15 at 2:11 PM with the Admissions Coordinator, and at 4:05 PM with the DSS revealed the Assistant Administrator trained them on the revisions to the Advance Directive Policy and Procedures. 35) Review of an in-service Sign In Sheet dated 03/14/15, revealed the Assistant Administrator and ADON trained the DON, QA Coordinator, MDS Coordinators, Charge Nurses, Finance Staff, and the Unit Managers on the Advance Directive Policy and Procedure revision and staff completed a competency test. 36) Review of a facility in-service Sign In sheet dated 03/20/15, and interviews on 03/24/15, with LPN #2 at 2:28 PM, with LPN #1 at 3:23 PM, and with RN #2 at 2:58 PM, revealed they were trained on the changes to the Advance Directive Policy, and completed a competency test. 37) Review of the Advance Directive Monitoring Log and interview with the Assistant Administrator revealed he conducted daily monitoring of the admission process related to Advance Directives for each new admission. The Assistant Administrator stated he reviewed the admissions	F 279			

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F 279	<p>Continued From page 121</p> <p>paperwork and confirmed that any advance directive received during the admission process was listed on the Resident Rights/Advance Directive sheet.</p> <p>38) Interviews on 03/24/15 at 1:48 PM with the QA Coordinator and at 3:32 PM with the Assistant Administrator revealed they were checking resident charts daily to ensure all Advance Directives were on the chart in the appropriate section.</p> <p>39) Review of the Social Services Policy and interview on 03/24/15 at 4:44 PM with the Administrator; and, at 3:32 PM with the Assistant Administrator revealed they revised the Social Services Policy on 03/21/15 to include the procedure for invoking a health care agent or legal representative after the resident was determined not to have decision-making capacity.</p> <p>40) Review of an In-service Sign In Sheet and interview with the DSS on 03/24/15 at 4:05 PM revealed the DSS was trained by the Assistant Administrator on the revised Social Services Policy on 03/22/15.</p> <p>41) Interview on 03/24/15 at 2:11 PM with the Admissions Coordinator revealed she was knowledgeable regarding determining a resident's responsible party, if applicable, at the time of admission.</p> <p>42) Interviews conducted on 03/24/15 at 4:00 PM with Charge Nurse #1 and at 3:54 PM with Unit Manager #1 revealed they were knowledgeable regarding the procedure for assessing a resident's mental status upon admission. The staff stated if these assessments indicated the</p>	F 279			

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F 279	Continued From page 122 resident was unable to make competent decisions, the DSS would be informed. 43) Interview with the DSS on 03/24/15 at 4:05 PM revealed that if a resident was assessed to have a mental status change and further assessment indicated a need for a responsible party to be identified for decision making the DSS would then attempt to identify a responsible party or involve State Adult Protective Services if indicated. 44) Interview with the Assistant Administrator on 03/24/15 at 3:32 PM revealed he was responsible to ensure any issues relating to Social Services have been addressed during the facility's morning meeting. Any issues identified would be documented in the Social Services meeting minutes. 45) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services would confirm the resident's Advance Directives on admission, when requested by a resident or family, or during any MDS assessment. 46) Interview with the DSS on 03/24/15 at 4:05 PM and review of a Living Will formulated on 03/12/15, revealed residents would be assisted within twenty-four hours by the Social Worker in developing an Advance Directive. Interview with the Assistant Administrator on 03/24/15 at 3:32 PM revealed the Assistant Administrator would monitor this by comparing the formulated Advance Directive to what was stated on the Resident Rights/Advance Directive sheet and documented in the Social Services Progress Note.	F 279			

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F 279	<p>Continued From page 123</p> <p>47) Interviews on 03/24/15 at 3:32 PM with the Assistant Administrator and at 4:05 PM with the DSS, revealed the Assistant Administrator and Social Services were meeting daily to discuss the status of any resident transferring or returning to the facility to review the status of their Advance Directives.</p> <p>48) Interviews on 03/24/15 at 4:05 PM with the DSS revealed Advance Directive care plans would be reviewed when a resident was re-admitted to the facility, and noted in the Social Services Notes. Interview with MDS Coordinator #2 on 03/24/15, at 2:11 PM revealed the Advance Directive would also be reviewed during scheduled care plan meetings, and documented in the Social Services section of the clinical record as well as the resident's care plan.</p> <p>49) Interview with MDS Coordinator #2 on 03/24/15, at 2:11 PM revealed if the resident and/or their representative were present during a care plan meeting, the Advance Directive and Code Status would be discussed to confirm the directive continued to reflect the resident's wishes. If the resident or their representative were not present, Social Services would contact the legal representative and confirm the Advance Directive was still current.</p> <p>50) Interviews on 03/24/15 at 1:48 PM with the Quality Assurance Nurse and at 3:32 PM with Assistant Administrator revealed they monitored care plans related to advance directives daily to ensure the resident's wishes expressed on the Advance Directives were included in the resident's plan of care.</p> <p>51) Interviews on 03/24/15 at 2:44 PM with Ward</p>	F 279			

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F 279	<p>Continued From page 124</p> <p>Clerk #3 and at 3:14 PM with Ward Clerk #1, and review of In-service Sign In Sheets revealed they were trained by the ADON on 03/20/15 related to the shift-to-shift report and completed a competency test.</p> <p>52) Review of the daily administrative meeting documentation and interview on 03/24/15 at 3:54 PM with Unit Manger #1 revealed the Administrator instructed her on 03/16/15 to record any mental status changes of a resident on the shift-to-shift report. The report would be reviewed at the morning administrative meeting where any necessary changes would be discussed.</p> <p>53) Interview with MDS Coordinator #2 at 3:08 PM on 03/24/15, revealed when an MDS assessment was completed which included a Brief Interview of Mental Status (BIMS) score, it would be reported to the resident's assigned Social Worker, to determine if any changes in legal representative needed to be made.</p> <p>54) Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:58 PM, revealed they were knowledgeable regarding the steps to be taken to change a resident's code status.</p> <p>55) Review of In-service Sign In Sheets dated 03/20/15, revealed licensed staff and Ward Clerks were trained on the changes to the Advance Directive Policy and completed competency testing.</p> <p>56) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services or a staff they designated would be responsible to assist residents who wished to execute an Advance</p>	F 279			

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F 279	<p>Continued From page 125</p> <p>Directive. Social Services would also ensure Advance Directive documents were placed in the resident's chart.</p> <p>57) Review of an In-service Sign In Sheet dated 03/14/15, revealed Social Services staff was trained on the changes to the Advance Directive Policy by the ADON, and completed a competency test.</p> <p>58) Interview with LPN #2 at 2:28 PM on 03/24/15, revealed Code Status orders would be entered into the Point Click Care System and then the Admission Record would be generated and sent to the resident's nursing unit. Interview with Ward Clerk #3 at 2:44 PM on 03/24/15 revealed the record would then be placed in the resident's chart.</p> <p>59) Review of a Resident Transfer Form dated 03/15/15 revealed it had been modified to include a checklist that specifically listed Living Wills, Powers of Attorney, Health Care Surrogate or Guardianship documents which were to be included when a resident was transferred. Review of In-Service sign In Sheets Initiated on 03/15/15, revealed licensed staff and Ward Clerks were trained on the revision.</p> <p>60) Review of daily QA Meeting Minutes revealed the Advance Directive Policies and procedures were being reviewed and verified daily by the facility's Administrative team consisting of the Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. Interview with the Administrator on 03/24/15 at 4:44 PM revealed any non-compliance was to be reported to him and a</p>	F 279			

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F 279	Continued From page 128 plan of action would be developed to prevent reoccurrence. 61) Interviews on 03/24/15 at 2:00 PM with the Executive Adviser and the Nurse Consultant revealed they would review the minutes of the management meetings and attend meetings at least weekly to ensure the Allegation of Compliance was being implemented and any needed adjustments to the process were being identified and addressed. 62) Interviews on 03/24/15 at 2:00 PM with the Executive Adviser and Nurse Consultant revealed they were in daily consultation with the Administrator since 03/11/15 to ensure the plan was being carried out as alleged.	F 279			
F 282 SS=0	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 interview, record review, and review of the facility's policy, it was determined the facility failed to follow residents' plans of care for the treatment of pain for two (2) of twenty-four (24) sampled residents (Resident #2 and Resident #7). The facility developed care plans for Resident #2 and Resident #7 to address the risk for altered comfort or pain with an intervention to administer pain medication as ordered. Resident #2's physician ordered pain medication for the	F 282	1. <u>ADDRESS WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.</u> <u>On 3/10/15, Resident #2's and 7's care plans and Medication Administration Record were compared with physician orders and reviewed for accuracy by the Quality Assurance Coordinator with no discrepancies noted. A review of medication quantity was also completed and sufficient medications were available to meet Resident #2's needs. On 3/11/15 Resident #2 was examined by the Attending Physician, and a medication review was completed with no new orders issued.</u> <u>On 3/11/15 Resident #7 was examined by the Attending Physician. The Physician ordered</u>	05/15/15	

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F 282	<p>Continued From page 127</p> <p>resident on 01/30/15. However, the facility failed to obtain and administer Resident #2's pain medication until 02/03/15 (four days after the medication was ordered). Resident #7 had an order for scheduled pain medication (originally ordered 11/28/14) and a refill prescription was faxed to the pharmacy on 03/04/15. The facility failed to obtain and administer the pain medication for Resident #7. The resident missed four (4) doses of the scheduled pain medication on 03/06/15 and 03/07/15. (Refer to F309 and F425)</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Using the Care Plan," not dated, revealed the policy stated the documentation of resident care should be consistent with the residents' care plans.</p> <p>1. Review of Resident #2's medical record revealed the facility admitted the resident on 01/20/15 with diagnoses which included Malignant Neoplasm (a tumor) of the Larynx, Depression, Kidney Failure, and Osteoarthritis.</p> <p>Review of Resident #2's Plan of Care, Initiated on 01/28/15, revealed the facility identified the resident was at risk for alteration in comfort/pain with an intervention to administer pain medications as ordered.</p> <p>Review of Resident #2's Physician Orders, dated 01/30/15, revealed an order for Hydrocodone (a narcotic pain medication) 5 mg (milligram)/325 mg by mouth three (3) times per day, as needed, for seven (7) days to "start when available." However, review of Resident #2's Medication Administration Record (MAR), dated February</p>	F 282	<p><u>Roxanol for comfort after discussion with the family which was administered per physician orders. The care plan was updated by the MDS Coordinator to include the new medication order on 3/11/15.</u></p> <p>2. ADDRESS HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE.</p> <p><u>The facility identified that all current residents, new admissions, and re-admissions have the potential for being affected by the deficient practice.</u></p> <p><u>On 3/13/15, a review of all residents' care plans, comparing residents' current status and care needs was initiated by the MDS Coordinators. As of 4/5/15, all resident care plans accurately documented residents' care needs. Additionally, unit managers compared Medication Administration Records to the Physician orders and confirmed that all medications were available in sufficient quantities to meet the needs of all residents in accordance with their plan of care.</u></p> <p><u>For any new admission, ordered medications will be received from the primary contracted pharmacy by the admitting nurse on day of admission. Licensed staff will submit any changes to ordered medications to the emergency contracted pharmacy and a three day supply will be obtained.</u></p> <p>3. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE</p>		

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F 282	<p>Continued From page 128</p> <p>2015, revealed the resident's order for Hydrocodone was written on the MAR to begin administration on 02/03/15 (four days after the order for the medication was written by the resident's physician).</p> <p>Review of Resident #2's PRN (as needed) Medication Administration Record (MAR) dated 02/02/15, revealed the resident complained of back pain (no documentation of the rating of the resident's pain) and staff administered Tylenol (a non-narcotic pain medication). The PRN medication sheet stated the resident had no pain after administration of the Tylenol</p> <p>Interview on 03/09/15 at 3:25 PM with Registered Nurse (RN) #4 revealed Resident #2's Plan of Care should have been followed and the medication should have been administered when ordered, but the medication was not available in the facility. Further interview revealed the Physician ordered the medication to be given when available because he was aware the facility would not receive the medication until Monday or Tuesday.</p> <p>Interview on 03/03/15 at 3:43 PM with Unit Manager (UM) #2 revealed the resident's plan of care should have been followed and Resident #2's pain medication should have been administered timely (within a few hours of being ordered). She stated the resident's medication could have been obtained at the "backup" pharmacy. The interview further revealed the Physician ordered that the medication could be administered when it was available because the physician was aware the facility would not receive the medication until Monday or Tuesday and the resident had not complained or shown signs that</p>	F 282	<p><u>TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR.</u></p> <p>On 3/11/15 the Director of Nursing and Medical Director ordered the increased par levels of the night stock medications to include narcotic medications. <u>Increased night stock medication quantities were received and stocked by the Assistant Director of Nursing on 3/13/15. On 3/13/15 the ADON in-service licensed nursing staff on the proper procedure for obtaining medications from the night stock.</u></p> <p><u>The nurse managers/charge nurses are reviewing 10 resident's care plans per unit per week for accuracy utilizing the Care Plan Compliance CQI audit tool. This is reported to the DON/ADON.</u></p> <p><u>On 3/11/15 the nurse managers/charge nurses began reviewing all resident MARS daily to ensure all medications are given as ordered and care planned. The MAR is then compared to the physician orders to ensure all medications are available in the medication cart. Any medications that are found not to be given upon review will be investigated immediately by the unit manager. A medication error report will be filled out by the Nurse Manager along with a resident incident report. Appropriate disciplinary action with the nurse will be completed.</u></p> <p><u>On 4/11/15, licensed nursing staff were in-service by the ADON on following all physician orders and how these orders relate to the care plan process. Licensed Nursing Staff not available for this in-service will</u></p>		

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F 282	<p>Continued From page 129 he/she was experiencing pain.</p> <p>2. Review of the medical record of Resident #7 revealed the facility readmitted the resident on 11/08/13 with diagnoses which included Cardiomypopathy, Anxiety, Emphysema, and Generalized Pain Disorder.</p> <p>Review of Resident #7's Plan of Care, revised on 02/18/15, revealed the facility identified the resident was at risk for an alteration in comfort/pain. Interventions included to administer pain medications as ordered.</p> <p>Review of Resident #7's Physician Orders, dated March 2015, revealed the resident's physician ordered Norco (Hydrocodone 10 mg/Acetaminophen 325 mg, a narcotic pain medication) three (3) times per day for pain (original order was written on 11/28/14). Continued review of Resident #7's Physician Orders, dated 03/08/15, revealed an order that stated the resident's medication could be held "until available on 03/07/15."</p> <p>Review of Resident #7's MAR, dated March 2015, revealed the resident missed four (4) doses of the scheduled Norco pain medication on 03/08/15 and 03/07/15.</p> <p>Interview on 03/11/15 at 11:59 AM with Licensed Practical Nurse (LPN) #4 revealed Resident #7 had a plan of care in place for the treatment of pain. She stated the care plan should have been followed and the resident should not have missed doses of the scheduled pain medication. The interview further revealed the order for Resident #7's prescription narcotic pain medication was faxed to the pharmacy on 03/04/15; however, the</p>	F 282	<p><u>receive this training prior to resuming a scheduled shift.</u></p> <p><u>On 4/13/15, licensed staff were in-serviced by the Assistant Director of Nursing on the new Admission/Readmission checklist to ensure all orders are implemented, including acquiring all medications before the next scheduled dose. Any licensed staff not available will be in-serviced prior to returning to resident care.</u></p> <p>4. <u>INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED.</u></p> <p><u>Nurse managers/charge nurses will audit all resident Medication Administration Records daily for errors of omission or commission for two weeks then once per week for four weeks and once per month for one month. Additionally, the Director of Nursing or Assistant Director of Nursing will audit 10 resident MARS compared to physician orders weekly for four weeks, every other week for four weeks, and once a week for one month. All audit results will be submitted to the monthly Quality Assurance Committee for review, analysis and further recommendations.</u></p> <p><u>Nurse Managers/charge nurses will audit 10 residents' care plans compared to physician orders, resident needs, and medical record documentation per unit per week for 4 weeks, every other week for four weeks, and one week per month for one month. The results of the audits will be documented on a log and forwarded to the DON/ADON for weekly review and will also be submitted to</u></p>		

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F 282	<p>Continued From page 130</p> <p>facility still had not received the medication on 03/08/15. The interview further revealed the physician wrote an order for the medication to be held until 03/07/15 when the medication would be available.</p> <p>Interview on 03/11/15 at 1:37 PM with Nurse Manager #1 revealed Resident #7's Plan of Care should have been followed and the resident should not have missed doses of his/her pain medication because the facility has an emergency pharmacy available after hours and on weekends to obtain medications.</p> <p>Interview on 03/09/15 at 10:15 AM and at 3:03 PM with the Director of Nursing (DON) revealed Resident #2's and Resident #7's care plans should have been followed. The DON stated the residents' pain medications should have been administered timely, and no doses of medication should have been missed. The interview further revealed the medications should have been obtained from the emergency pharmacy.</p> <p>Interview on 03/11/15 at 5:10 PM with the Administrator revealed Resident #2's and Resident #7's Plans of Care should have been followed. The Interview further revealed Resident #2's medication should have been obtained the day the order was written or at least the next day and Resident #7 should not have missed doses of the scheduled medication. The Interview revealed medications that were ordered on weekends, in the evening, or medications not available due to a delivery issue could be obtained from the emergency pharmacy. The Administrator stated he was not aware residents' medications were not being obtained and administered timely.</p>	F 282	<p><u>the monthly Quality Assurance Committee for further review, analysis and further recommendations.</u></p> <p><u>Each Admission/Readmission will be audited for medication order accuracy and availability as admissions/readmissions occur for four weeks, every other week for four weeks, and one week per month for one month. Audit results will be submitted to the monthly Quality Assurance Committee for further review, analysis and recommendations.</u></p>		

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F 309 SS-J	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>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 provide the necessary care and services for two (2) of twenty-four (24) sampled residents (Residents #1 and #2) to attain or maintain each of the resident's practicable physical, mental, and psychosocial well-being, in accordance with their comprehensive assessment and plan of care.</p> <p>The facility admitted Resident #1 on 02/19/09 with an advance directive, which was provided to the facility to ensure the resident's wishes were implemented regarding life-prolonging treatment and artificially provided nutrition and hydration if the resident no longer had decisional capacity. However, the facility failed to recognize and assist Resident #1 to implement his/her Advance Directive and failed to implement pertinent approaches to obtain and act on the resident's wishes to ensure the psychosocial needs of Resident #1 were met.</p> <p>On 12/11/14, the facility transferred Resident #1 to the hospital, but failed to ensure the resident's</p>	F 309	<p><u>1. ADDRESS WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.</u></p> <p>RESIDENT #1 <u>On 3/10/15, a transfer information in-service regarding the requirement to send with a resident a copy of all forms/documents contained in the "Advance Directives" section of Resident #1's medical record when transferred to another treatment facility was provided to on-shift licensed nursing staff by the Assistant Director of Nursing.</u></p> <p><u>On 3/11/15, a telephonic advance care plan conference was conducted between Resident #1's Health Care Surrogate and the Interdisciplinary Team consisting of the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Manager, Social Worker, MDS Coordinator, Clinical Dietician and Attending Physician. The Health Care Surrogate verified the Living Will in Resident #1's medical record reflects the resident's wishes and requested code status change to Do Not Resuscitate and cessation of IV fluids for Resident #1. The Attending Physician issued new orders reflecting these changes and nursing staff and MDS Coordinator updated medical records and care plan to reflect these changes.</u></p> <p>RESIDENT #2 <u>On 3/10/15, an audit of Resident #2's Medication Administration Record, cart medication inventory, and Physician Orders</u></p>	05/15/15	

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F 309	<p>Continued From page 132</p> <p>advance directive accompanied the resident. Subsequently, while hospitalized Resident #1 was intubated, placed on mechanical ventilation, and received hemodialysis, all of which specifically went against Resident #1's wishes as stated in the advance directive. Resident #1 was extubated on 12/13/14, and returned to the facility on 12/16/14. Additionally, from 02/17/15 through 03/11/15, the facility infused Resident #1 with artificial fluids via intravenous (IV) access, which again was in conflict with Resident #1's executed advance directive (refer to F155, F250, F279, and F490).</p> <p>In addition, the facility failed to ensure pain medications were available in a timely manner for the treatment of pain for Resident #2. The resident had a Physician's Order for pain medications; however, the facility failed to ensure pain medications were obtained and available for resident use. Resident #2 had a Physician's Order dated 01/30/15, for narcotic pain medication to be administered as needed for seven (7) days. The facility failed to obtain the medication from the pharmacy until four days (02/03/15) after the Physician's Order was written. Resident #2 experienced back pain on 02/02/15. Further, the facility failed to reassess Resident #2 for the continued need for pain medication and the resident's pain medication was discontinued on 03/10/15 (refer to F282 and F425).</p> <p>The facility's failure to have an effective system in place to ensure residents received care and services to maintain their highest level of practicable physical, mental, and psychosocial well-being was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy</p>	F 309	<p><u>was completed by the Director of Nursing with no discrepancies noted.</u></p> <p>2. <u>Address how the facility will identify other residents having the potential to be affected by the same deficient practice</u></p> <p><u>Beginning 3/11/15, all residents or their designated representative were contacted by the Director of Social Services, Social Worker, or other trained staff to confirm accuracy and validity of residents' Advance Directives and code status in their medical record. On 3/11/15, MDS Coordinators began formulating an Advance directive care plan for all residents that was consistent with residents'/legal representatives' expressed wishes.</u></p> <p><u>Upon admission, the Admissions Coordinator will confirm the Advance Directives of the resident or legal representative and the MDS Coordinator will create a Preliminary Advance Directive Care Plan as required.</u></p> <p><u>Beginning 3/11/15, audits of all residents' Medication Administration Record, cart medication inventory, and Physician Orders was completed by the Unit Managers with no discrepancies noted.</u></p> <p><u>On 4/1/15 for any new admission or readmission, ordered medications will be received from the primary contracted pharmacy by the admitting nurse on day of admission. Licensed staff will submit changes to ordered medications, to the emergency contracted pharmacy and a three day supply will be obtained.</u></p>	

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F 309	<p>Continued From page 133</p> <p>was determined to exist on 12/11/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.15 Quality of Life (F250), 42 CFR 483.20 Resident Assessment (F279), 42 CFR 483.25 Quality of Care (F309), and 42 CFR 483.75 Administration (F490). The facility was notified of the Immediate Jeopardy on 03/10/15.</p> <p>An acceptable Allegation of Compliance was received on 03/24/15, which alleged removal of the Immediate Jeopardy on 03/23/15. A partial extended survey was conducted on 03/23-24/15. The State Survey Agency determined the Immediate Jeopardy was removed on 03/23/15, which lowered the scope and severity to "E" at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.15 Quality of Life (F250), 42 CFR 483.20 Resident Assessment (F279), 42 CFR 483.75 Administration (F490); and, 42 CFR 483.25 Quality of Care (F309) Scope and Severity of a "D", while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Advance Directives," reviewed by the facility on July 24, 2012, revealed the facility would adhere to state and federal laws and regulations on advance directives. The policy also stated that facility staff would assist residents who elect to execute an advance directive.</p> <p>1. Review of Resident #1's medical record revealed the facility admitted the resident on 02/19/09. Review of a Resident's Rights/Advance Directives form dated 02/19/09, signed by Resident #1 and the facility's Social</p>	F 309	<p><u>3. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR.</u></p> <p><u>On 3/10/15 a procedure was put into place by the Director of Nursing to ensure the advance directives are sent with the resident to the hospital and/or transferred to the emergency department. A copy is also made of all documents that are sent with the resident and placed in the resident's medical record. On 3/10/15, the Assistant Director of Nursing in-serviced all licensed staff present of this procedure. Licensed nursing staff not available will be in-serviced prior to assuming floor shift care duties.</u></p> <p><u>On 3/15/15 the Director of Nursing revised the resident transfer form. Changes included expanding the options under the Advance Directive section to include all Advance Directive documents the resident has. Beginning on 3/15/15 all licensed staff and Ward Clerks were in-serviced on these revisions to the resident transfer form. Licensed staff not present will be in-serviced prior to providing resident care.</u></p> <p><u>On 3/11/15 the Director of Nursing revised the Night Stock Medication Policy to reflect increased par levels and added more medications to the night stock including narcotic medications. The medications were obtained from the pharmacy and added to the night stock on 3/13/15 by the Assistant Director of Nursing. On 3/13/15, the Assistant Director of Nursing in-serviced available licensed staff of revised night stock medication policy. Licensed staff not present</u></p>		

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F 309	<p>Continued From page 134</p> <p>Worker, revealed Resident #1 formulated advance directives. Further review of Resident #1's medical record revealed a Living Will directive and Health Care Surrogate Designation for Resident #1, which had been notarized and recorded on July 14, 2008. The Living Will specified that Resident #1 chose to have life-prolonging treatment withheld or withdrawn and be permitted to die naturally with only the administration of pain-alleviating medication or treatment. The Living Will also directed that Resident #1 authorized the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.</p> <p>Review of Resident #1's Admission Minimum Data Set (MDS) assessment dated 02/28/09, revealed the facility failed to recognize the resident's formulation of advance directives when the assessment was conducted indicating the resident did not formulate an Advance Directive. Review of Resident #1's Initial Comprehensive Care Plan dated 03/02/09, revealed the facility also failed to develop a care plan to address the resident's advance directive.</p> <p>Review of Resident #1's Quarterly MDS assessment dated 12/03/14, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of eight (8), which indicated the resident had moderate cognitive impairment. Review of a Significant Change MDS assessment dated 02/25/14, revealed the resident had a BIMS score of 99, and was severely cognitively impaired. Review of Resident #1's most recent Comprehensive Care Plan dated 02/25/14, revealed the resident's designated cardiopulmonary resuscitation status was care planned, but the facility failed to identify</p>	F 309	<p><u>will be in-serviced prior to providing resident care.</u></p> <p><u>On 4/11/15, an Admission/Readmission checklist was created by the Director of Nursing to ensure all orders are implemented including acquiring all medications before the next scheduled dose. On 4/11/15, the Assistant Director of Nursing in-serviced available licensed nursing staff on this new check list. Licensed nursing staff not available will be in-serviced on this checklist prior to performing resident care.</u></p> <p>4. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED</p> <p><u>Beginning 4/29/15, the Assistant Administrator and Administrative Branch Manager will audit resident medical records in comparing existing care instructions with resident wishes to change or continue those instructions. Audits will be conducted for 10 residents' medical records a week for 4 weeks and then 5 resident medical records a week for 4 weeks. Audit results will be reviewed by the monthly Quality Assurance Committee monthly.</u></p> <p><u>On 4/6/15, unit managers or charge nurses commenced audits of resident Medication Administration Record, applicable medication cart inventory, and current physician orders for accuracy and validity. These audits will be reported to the Director of Nursing, daily for four weeks, and three times a week thereafter.</u></p> <p><u>All audit results will be reported monthly to the Quality Assurance Committee.</u></p>		

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F 309	<p>Continued From page 135 or address Resident #1's Living Will directive and Health Care Surrogate designation.</p> <p>Review of Nursing Notes dated 12/11/14, at 4:55 AM, revealed the facility transferred Resident #1 to the hospital on 12/11/14, due to shortness of breath, audible wheezing in the lungs, labored respirations, and pitting edema.</p> <p>An interview was conducted on 03/09/15 at 3:40 PM with Registered Nurse (RN) #1, who transferred Resident #1 to the hospital on 12/11/14. RN #1 stated she completed a facility transfer form and sent it with Resident #1 to the hospital, along with the resident's medication list and resident information sheet. RN #1 stated she did not send a copy of Resident #1's Living Will to the hospital on 12/11/14, because she was unaware the resident had a Living Will, and the only documentation transferred to the hospital with a resident related to advance directives was the resident's designated Cardiopulmonary Resuscitation (CPR) status.</p> <p>Review of the Emergency Department medical record for Resident #1 dated 12/11/14, revealed Resident #1 presented to the Emergency Department on 12/11/14, at 5:10 AM via ambulance with the chief complaint being shortness of breath. The documentation further stated Resident #1's history was obtained from facility documentation, which accompanied the resident to the hospital, and included no advance directives.</p> <p>Interview with the facility's Administrator on 03/03/15, at 8:00 PM, revealed that it was the practice of the facility to send the resident's designated CPR status with them when they were</p>	F 309	<p><u>Audits for admission/readmission medication receipt timeliness and accuracy are being performed by the Assistant Director of Nursing weekly. Audits will be performed for every admission and readmission for four weeks, then every other week for four weeks, and then one week per month for one month. All audit results will be reported monthly to the Quality Assurance Committee.</u></p> <p><u>On 3/11/15, audits commenced of individual resident medical record evidence of advance directive documents sent with residents to external treatment facilities per facility policy by the Quality Assurance Nurse, Assistant Administrator, Unit Manager or Charge nurses. Audits will be performed for 100% resident transfers to external treatment facilities for four weeks, 50% of resident external transfers for four weeks, and 25% of resident external treatment transfers for two weeks. All audit results will be reported monthly to the Quality Assurance Committee.</u></p> <p><u>On 3/13/15, the night stock medication cart will be inventoried to ensure accuracy and sufficient quantity available of all stocked narcotic medications each shift by two licensed nursing staff. Inventory results will be reviewed by the Assistant Director of Nursing every business day for 30 days then every business day for 15 days. The Assistant Director of Nursing will perform independent audits of the night stock medication cart three times per week for four weeks and twice per week for four weeks. All inventories and audit sheets will be reported monthly to the Quality Assurance Committee.</u></p>		

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F 309	<p>Continued From page 136</p> <p>transferred to the hospital, but they did not send other advance directives including Living Wills. Additionally, the Administrator stated he was aware that Resident #1 had a Living Will on file in the facility that named a Health Care Surrogate, but was unaware the Living Will documented Resident #1's wishes regarding life-sustaining treatments and medications.</p> <p>Further review of Resident #1's hospital record revealed after obtaining initial treatment in the Emergency Department, Resident #1 was admitted to the medical unit on 12/11/14, at 12:01 PM for further management and treatment for exacerbation of Chronic Obstructive Pulmonary Disease. On 12/12/14, at 5:35 AM, Resident #1 had increased respiratory distress and decreased oxygen saturation, and was transferred to the Intensive Care Unit. At 6:18 AM on 12/12/14, Resident #1 was intubated and placed on mechanical ventilation. Resident #1 continued to receive mechanical ventilation, requiring bilateral wrist restraints to prevent self-extubation until 12/13/14, when Resident #1 was extubated.</p> <p>Further review of Resident #1's medical record revealed the facility readmitted Resident #1 on 12/18/14. Observations of Resident #1 on 03/02/15 at 1:43 PM, on 03/03/14 at 10:20 AM, 12:15 PM, and 3:06 PM, on 03/09/15 at 5:33 PM, and on 03/10/14 at 3:10 PM revealed the resident was in bed and unable to communicate effectively. Resident #1 was also observed to be receiving intravenous fluids during each of the observations.</p> <p>Physician's Orders for Resident #1 revealed intravenous fluids were initiated for Resident #1 on 02/17/15 due to the resident having abnormal</p>	F 309			

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F 309	<p>Continued From page 137</p> <p>laboratory test results. Further review of Resident #1's Physician's orders revealed the resident continued to receive the fluids until 03/11/15.</p> <p>Interview with Resident #1's Physician on 03/09/15, at 10:10 AM revealed she was unaware that Resident #1 had a Living Will, which directed the withholding of artificially provided fluids, prior to initiating the intravenous infusions on 02/17/15.</p> <p>Interview with Resident #1's Alternate Health Care Surrogate's daughter on 03/02/15, at 4:15 PM, revealed the Alternate Health Care Surrogate had not been consulted or contacted prior to the initiation of intravenous fluids for Resident #1 on 02/17/15, and would not have authorized the facility to implement the administration of fluids for Resident #1. Interviews with the Administrator on 03/03/15, at 12:05 PM and 6:00 PM revealed he was aware that Resident #1 had been ordered intravenous fluids, but had never contemplated or considered that the administration of the fluids were in conflict with the resident's Living Will.</p> <p>Interviews with the Administrator on 03/03/15 at 12:05 PM and on 03/09/15 at 10:53 AM revealed the facility did not have a specific policy related to "code status" or what steps were required to change a resident's cardiopulmonary resuscitation designation to "Do Not Resuscitate."</p> <p>Review of readmission Physician Orders dated 12/16/14, revealed after a hospitalization Resident #1 was readmitted to the facility with a notation in the margin of the orders stating "code change to DNR (Do Not Resuscitate)." Review of a State Emergency Medical Services Do Not Resuscitate (DNR) Order form dated 02/23/15</p>	F 309			

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F 308	<p>Continued From page 138</p> <p>revealed Resident #1's name was written on the designated signature line followed by "per living will."</p> <p>Interview with the Administrator on 03/03/15 at 6:00 PM, revealed he instructed Unit Manager (UM) #1 to fill out the form to change Resident #1's designation to DNR due to "finding out" that Resident #1 had a Living Will on file in the resident's medical record in the facility. However, review of the Living Will directive and Health Care Surrogate designation formulated by Resident #1 on 07/14/08, revealed the document did not indicate a designated choice for cardiopulmonary resuscitation.</p> <p>Interview with UM #1 on 03/03/15, at 5:30 PM revealed she filled out the DNR form for Resident #1 at the direction of the Administrator, and stated that she nor the nurse who signed that she "witnessed" the form had spoken to any member of Resident #1's family including the resident's designated Alternate Health Care Surrogate, prior to changing the resident's chosen cardiopulmonary resuscitation status to DNR.</p> <p>Interview with Resident #1's Alternate Health Care Surrogate and her daughter on 03/03/15 at 12:27 PM revealed that although they felt the Resident should be a DNR, the facility had never discussed changing Resident #1's code status with them on 02/23/15 or at any other time.</p> <p>2. Review of the facility's policy titled "Pain Assessment," revised 04/23/03, revealed the facility had a pain management program to assess the resident's pain level and provide optimal comfort through a pain control plan, which was mutually established with the resident, family,</p>	F 309			

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F 309	<p>Continued From page 139</p> <p>and members of the health care team. The policy further revealed assessment of the pain management program would occur daily and would focus on the effectiveness of the program and the comfort level of the resident. Continued review of the policy revealed pain should be assessed for onset and duration, location, severity, alleviating and aggravating factors, possible causes, and accompanying signs and symptoms. The policy revealed staff should determine the appropriate type of pain medication and administer the medication as ordered by the physician. If no pain medication was ordered, staff should notify the physician and obtain an order.</p> <p>Interview on 03/09/15 at 3:03 PM, with the Director of Nursing (DON) revealed residents were only placed on the pain management program if they were receiving scheduled pain medications.</p> <p>Review of the medical record for Resident #2 revealed the facility admitted the resident on 01/20/15 with diagnoses which included Malignant Neoplasm of the Larynx, Depression, Kidney Failure, and Osteoarthritis.</p> <p>Review of Resident #2's Admission Minimum Data Set (MDS) assessment, dated 01/27/15, revealed the facility assessed the resident to have severely impaired cognition. The assessment further revealed the resident had not received any pain medication in the previous five (5) days (was at the facility for those five days), and had not "had pain or been hurting at any time in the last five days."</p> <p>Review of Resident #2's Admission Pain</p>	F 309			

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F 309	<p>Continued From page 140</p> <p>Assessment dated 02/02/15, revealed the resident had not had pain in the five (5) days prior to the pain assessment being completed.</p> <p>Review of Resident #2's Plan of Care, initiated on 01/28/15, revealed the facility identified the resident was at risk for an alteration in comfort/pain with an intervention to administer pain medications as ordered.</p> <p>Interview on 03/03/15 at 1:55 PM with Resident #2's family member revealed the resident had been on narcotic pain medication prior to being admitted to the facility due to the resident's history of cancer, and the family member had requested the resident's pain medications be ordered at the facility. The family member stated he/she felt the resident was experiencing pain, which could possibly be the cause of the resident's decreased appetite.</p> <p>Review of Resident #2's Progress Notes dated 01/30/15, revealed the physician documented that the resident had refused his/her medication three (3) times and the physician was going to order pain medication because the resident "may be in pain" and because the resident had previously been on pain medication.</p> <p>Review of Resident #2's Physician Orders dated 01/30/15 (ten days after admission) at 11:45 AM, revealed an order for Hydrocodone (a narcotic pain medication) 5 mg (milligram)/325 mg to be administered by mouth three (3) times per day as needed for seven (7) days. The Physician's Order stated, "Start when available."</p> <p>Review of Resident #2's Medication Administration Record (MAR) dated February</p>	F 309			

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F 309	<p>Continued From page 141</p> <p>2015, revealed the resident's order for Hydrocodone was placed on the MAR for administration of the medication to begin on 02/03/15 (four days after the order for the medication was written by the resident's physician).</p> <p>Review of Resident #2's PRN (as needed) medication sheet dated 02/02/15 (one day before the narcotic pain medication was available), revealed the resident complained of back pain (no documentation of the rating of the resident's pain) and staff administered Tylenol (a non-narcotic pain medication). Continued review of the PRN medication sheet revealed the resident had no pain after administration of the Tylenol.</p> <p>Further review of Resident #2's MAR dated February 2015 revealed staff administered the narcotic pain medication to the resident five (5) times during the seven-day time period the medication was ordered and available (February 3, 4, 6, 7, and 9). Further review of Resident #2's PRN sheet revealed staff administered narcotic pain medication to Resident #2 on the following days and for the following complaints or symptoms: On 02/03/15 the resident complained of back pain, rated his/her pain a "4" on a scale of 1 to 10, and was observed to have facial grimacing; on 02/04/15 the resident complained of back pain with no documentation of the resident's rating of the pain; on 02/06/15 the resident complained of back pain and rated his/her pain a "4"; on 02/07/15 there was no documentation of the resident's pain rating or location of the pain; and, on 02/09/15 the resident was observed to have facial grimacing and rated the pain as a "4".</p>	F 309			

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F 309	<p>Continued From page 142</p> <p>Interview on 03/09/15 at 3:25 PM with Registered Nurse (RN) #4 revealed Resident #2's family requested that narcotic pain medication be ordered for the resident because the resident had been on the pain medication at home prior to admission to the facility. Further interview revealed an order was obtained from the resident's physician for narcotic pain medication to be given as needed three (3) times a day for seven (7) days. She stated the order was written on a Friday, and because the physician was aware that medications were not delivered to the facility on weekends, the physician wrote for the medication to be started when it was available because the resident did not appear to be having any pain. The interview revealed that all pain medications that were written "as needed" were ordered for a seven to fourteen-day period. Then, on the day the order for the medications ended, the order was taken off the resident's chart, placed on the Physician's "Problem List," and the Physician evaluated the need to continue the pain medication. The RN stated Resident #2 occasionally complained of pain or appeared to be in pain since the resident was admitted to the facility.</p> <p>Review of the Physician's Problem List (list of residents that the physician needs to see and the reason the resident needs to be seen), dated February 2015, revealed Resident #2 was not on the list to be seen by the Physician for the evaluation of the resident's continued need for narcotic pain medication.</p> <p>Review of the Physician Progress Notes dated February 2015, revealed no documented evidence Resident #2's comfort level or narcotic</p>	F 309			

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F 309	<p>Continued From page 143</p> <p>pain medication was addressed. Review of the Physician's Orders for February 2015 revealed Resident #2's narcotic pain medication was not reordered.</p> <p>Interview on 03/10/15 at 3:25 PM, with Licensed Practical Nurse (LPN) #3 revealed the LPN placed Resident #2's narcotic pain medication on the MAR when the medication was available for administration. She stated she should have ensured the resident's name was placed on the Physician's Problem List so the use of narcotic pain medication could be evaluated to be discontinued or to be continued. The LPN stated Resident #2 occasionally complained of or appeared to have back pain during the time the pain medication was not available, but did not appear to be in more pain than normal.</p> <p>Interview on 03/09/15 at 11:15 AM with Resident #2's Physician revealed Resident #2's family requested the resident's narcotic pain medications be ordered by the facility because the resident had been on narcotic pain medication at home. The interview further revealed the Physician wrote the medication to start when available because the order was written on a Friday and the Physician was aware that medications were not delivered on weekends and the medication would not be received by the facility until Monday or Tuesday. The Physician stated nursing staff reported the resident was not showing signs of pain or complaining of pain. The Physician further stated the resident's pain medication was not reordered because staff did not add the resident to the Physician's "Problem List" to evaluate the resident's pain medication.</p> <p>Interview on 03/03/15 at 3:43 PM and on</p>	F 309			

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F 309	<p>Continued From page 144</p> <p>03/10/15 at 4:25 PM, with Unit Manager (UM) #2 revealed medications needed on the weekends or the evenings should be obtained from the emergency pharmacy. The Nurse Manager stated Resident #2's pain medication was written to start when available because the resident had not complained of pain per reports of the nursing staff; however, medications should be started as soon as possible when ordered and the first doses should be obtained from the emergency pharmacy until the order for the medication was received by the regular pharmacy.</p> <p>The interview further revealed when medications were ordered "as needed" for seven days the order should be taken off the resident's chart and placed on the Physician's Problem List to be evaluated. The Nurse Manager revealed she had reviewed the Problem List for the month of February 2015 and Resident #2's pain medication had not been reevaluated by the Physician and the medication was discontinued because the resident's name was not added to the Physician's Problem List.</p> <p>Interview on 03/09/15 at 10:15 AM and 3:03 PM with the Director of Nursing (DON) revealed the DON talked to Resident #2's Physician and Nurse and was informed the Physician had not written a prescription so the medication could be obtained from the emergency pharmacy. The resident had not been complaining of or showed signs that he/she was experiencing pain and that the medication was ordered because the family requested the medication order. The interview further revealed the DON was not aware of the facility staff having problems obtaining medications. She stated that medications could be obtained from the emergency pharmacy, and</p>	F 309			

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F 309	<p>Continued From page 146</p> <p>Resident #1 and all other residents in the facility when they were transferred to any other facility including appointments and emergency care. This paperwork included Code Status, Living Will, POA, Guardianship papers, Healthcare Surrogate, Fiduciary, and any other legal documents in the Advance Directive section of the resident's medical record.</p> <p>2) On 03/10/15, the Director of Social Services, Nurse Manager, QA (Quality Assurance) Coordinator, and MDS (Minimum Data Set) Coordinator conducted an immediate review of Resident #1's medical record and confirmed that the resident's Living Will was in the chart and in the correct location.</p> <p>3) On 03/10/15, the MDS Coordinator immediately developed an Advance Directives Care Plan for Resident #1 after being notified of the Immediate Jeopardy.</p> <p>4) On 03/11/15, the Nurse Consultant in-serviced the MDS Coordinators on the process for developing an Advance Directive Care Plan. The Advance Directive Care Plan was reviewed by the Nurse Consultant for accuracy and determined to be correct. The Advance Directive Care Plan was then placed in Resident #1's chart.</p> <p>5) An emergency Interdisciplinary Care Team Conference was conducted by phone with Resident #1's Health Care Surrogate on 03/11/15 at 12:00 PM, and at this time, the Surrogate verified that she was indeed this person's Healthcare Surrogate and the Living Will the facility had on file reflected the resident's wishes.</p> <p>6) The Interdisciplinary Care Conference Team</p>	F 309			

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F 309	<p>Continued From page 147</p> <p>consisting of the Administrator, Assistant Administrator, DON (Director of Nursing), ADON (Assistant Director of Nursing), Nurse Manager, Social Worker, MDS Coordinator, Clinical Dietician, and Attending Physician reviewed the resident's care plan to confirm that all components of the Living Will were included.</p> <p>7) The Health Care Surrogate directed that Resident #1 be changed from "full code" (CPR) status to a "no code" (no CPR) status, which was witnessed by everyone present at the meeting. The Do Not Resuscitate form was completed and signed on 03/11/15 by the Nurse Manager and the Attending Physician. The Attending Physician wrote the new order and nursing staff updated the medical record to reflect the change.</p> <p>8) Resident #1's care plan was confirmed on 03/11/15 to reflect the no code status and was determined by the Nurse Consultant to be correct.</p> <p>9) On 03/11/15, the Attending Physician documented participating in the conference call on 03/11/15 with the Health Care Surrogate and discussed the current medical condition of the patient. Resident #1's intravenous (IV) fluids were discontinued on 03/11/15.</p> <p>10) On 03/10/15, the Director of Social Services, Nurse Manager, QA Coordinator, and MDS Coordinator conducted an immediate review of Resident #2's medical record and confirmed that it included a copy of a Durable Power of Attorney (DPOA) and it was located in the correct location of the medical record.</p> <p>11) On 03/11/15, an emergency interdisciplinary</p>	F 309			

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F 309	<p>Continued From page 148</p> <p>Care team that included the Administrator, Assistant Administrator, DON, ADON, Nurse unit Manager Social Worker, MDS coordinator, Clinical Dietician and Physician, conducted a meeting via telephone conference with Resident #2's Durable Power of Attorney (DPOA) and confirmed that the information the DPOA provided on admission on 01/20/15 was in fact correct in reflecting the current wishes of the resident.</p> <p>12) On 03/10/15, the MDS Coordinator immediately developed an Advance Directives Care Plan for Resident #2 after being notified of the Immediate Jeopardy.</p> <p>13) On 03/11/15, the Nurse Consultant in-serviced the MDS Coordinators on the process for developing an Advance Directive Care Plan. The Advance Directive Care Plans were reviewed by the Nurse Consultant for accuracy and determined to be correct. The Advance Directive Care Plan was then placed in Resident #2's chart.</p> <p>14) As of 03/15/15, all current residents' charts have been reviewed by the Director of Social Services or Social Worker to ensure all Advance Directives, which include: DPOA, POA (Power of Attorney), Healthcare Surrogate, Guardianship, and Living Wills were in the chart and in the proper place.</p> <p>15) All residents that are their own responsible party were interviewed by Social Services beginning on 03/11/15 to determine their cognitive status, and those with impaired cognition had a legal representative. The residents were also asked about their code status and if they wanted any changes to their Advance Directives at that</p>	F 309			

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F 309	<p>Continued From page 149</p> <p>time. No residents, who were their own responsible party, were found to have changes in their cognitive status.</p> <p>16) All residents or their designated representatives, except two (2), were called by Social Services, to confirm that their Advance Directive was current and up to date; and the Code Status that the facility had on file was correct. Social Services and the Assistant Administrator will continue to contact the legal representatives to confirm that the information the facility has on file is current.</p> <p>17) On 03/15/15, through individual chart reviews, the Assistant Administrator verified that the Social Worker's Progress Notes confirmed the accuracy of the Advance Directives currently on file. The Assistant Administrator documented this in a monitoring log.</p> <p>18) During this process two (2) residents had code status changes from CPR only to Full Code Status. The Full Code Status form was signed and placed in the resident's chart. The MDS Coordinators then updated the care plans on 03/14/15 and the face sheets were updated.</p> <p>19) On 03/14/15, the Full Code Status Form was revised by the DON. Options of CPR only and Chemical Code were removed from the Full Code Status Form. The ADON and Charge Nurses (beginning on 03/15/15) completed training on this form change.</p> <p>20) The MDS Coordinators were trained on 03/11/15 by the Nurse Consultant to ensure proper understanding of Advance Directive Care Plans and what should be included in them. This</p>	F 309			

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F 309	<p>Continued From page 150</p> <p>training included assessing whether the resident had an Advance Directive, Durable Power of Attorney for Healthcare, or a Living Will.</p> <p>21) Care plans will also include the resident's expressed wishes regarding care and treatment goals as outlined by the Advance Directives. Social Services staff was trained as of 03/11/15 by the MDS Coordinators on how to develop the Advance Directive Care Plan.</p> <p>22) All resident care plans were reviewed and revised relating to Advance Directives and Code Status by the MDS Coordinators, and was completed by 03/14/15</p> <p>23) The MDS Coordinators will initiate the Advance Directives care plan upon admission. The Social Services Department will be responsible for maintaining and updating the Advance Directive Care Plans now and forward on all residents.</p> <p>24) Beginning on 03/15/15, the Quality Assurance Nurse and Assistant Administrator began monitoring Social Services' care plans daily, to ensure that the residents' wishes related to advance directives were accurately reflected on their care plan and any changes in their Advance Directives had been addressed. This was accomplished by comparing the Social Services' Notes, the Advance Directive, and care plan following any reported changes to the resident's Advance Directives. In conjunction with the care plan audit, they were also monitoring whether the Advance Directives were current and in the Advance Directives section of the resident's chart.</p>	F 309			

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F 309	<p>Continued From page 151</p> <p>25) On 03/10/15, the Administrator, Assistant Administrator, DON, and ADON, discussed what immediate action needed to be taken. At that time, the ADON began informing Charge Nurses, Licensed Staff, and Ward Clerks on duty, of the proper paperwork that is to accompany all residents being transferred to any other facility including emergency care. This information included documents such as code status, Living Wills, POA, Guardianship, Healthcare Surrogate, Fiduciary, and any other legal documents in the Advance Directive Section of the resident's chart.</p> <p>26) On 03/13/15 the Executive Director provided training on the State and Federal requirements. This training was provided to the Admissions Coordinator, Assistant Administrator, Assistant Director of Nursing, Social Worker and Licensed Practical Nurse (LPN) Coordinator and competency was demonstrated by a posttest on 03/13/15. Beginning on 03/13/15, the ADON provided the same training to the Administrator, DON, Director of Social Services, and Charge Nurses, and competency was demonstrated by a posttest.</p> <p>27) The ADON began training the Administrator, Assistant Administrator, DON, Charge Nurses, Licensed Staff, and Ward Clerks on 03/13/15 regarding additional measures needed to be taken to ensure that all resident's information in the Resident Transfer Packet, which included Advance Directives were being sent to the receiving facility. This training gave direction that all residents' information was sent with him or her when they were transferred out of the facility and will also be faxed to the receiving facility, copied and placed in the miscellaneous section of the chart with the fax transmission confirmation.</p>	F 309			

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F 309	<p>Continued From page 152</p> <p>During this time, staff was also instructed to compare the documents included in the Advance Directive Section to those listed on the resident's Face Sheet, which is generated from Point Click Care, to ensure all current documents were present.</p> <p>28) Beginning on 03/11/15 the QA Nurse, Unit Manager, or the Assistant Administrator, started monitoring to ensure that all Advance Directives for a resident that was being transferred out of the facility were accurate and sent. This was accomplished by reviewing the resident's transfer packet that was copied, faxed, and placed in the miscellaneous section of the resident's chart. This process is being documented daily on a monitoring log; no problems have been identified at this time.</p> <p>29) The facility initiated daily monitoring on 03/13/15 of staff training regarding resident transfer processes, faxing Advance Directives, the State and Federal requirements, Advance Directive Definitions, Sending Advance Directives during transfer, and the Advance Directives policy. The ADON or Charge Nurse was performing the monitoring through interviews with a minimum of three (3) staff per day that were previously trained. All shifts were included in this monitoring, and all shifts were being monitored within a 2-day period.</p> <p>30) Beginning on 03/13/15, Social Services, MDS Coordinators, Admissions Coordinator, QA Coordinator, Licensed Staff, Ward Clerks, and Finance, were trained by the ADON, DON, or Charge Nurse on the advance directive definitions and the State and Federal requirements; competency was demonstrated by</p>	F 309			

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F 309	<p>Continued From page 153 posttest.</p> <p>31) As of 03/13/15, the Administrator and Assistant Administrator reviewed and revised the Advance Directive Policy to reflect that upon admission the Admission Coordinator would provide a copy of this policy and would discuss and confirm the Advance Directive status with the resident and or responsible party and would document in the individual medical record with the Resident Rights/Advance Directives form upon admission whether the resident had an Advance Directive. The resident and/or legal representative, DPOA, POA, or Guardian would date and sign a statement attesting that the Advance Directive and facility policy had been explained upon admission.</p> <p>32) The Admissions Coordinator will provide copies of Advance Directive Information obtained on the day of admission to Finance, LPN Supervisor, and Unit Manager or Ward Clerk.</p> <p>33) LPN Supervisor/Data Entry Specialist entered all orders into the Point Click Care to include code status and advance directives on the day of admission. This information was then generated to the resident's face sheet, which was sent to the resident's nursing unit, and then placed on the resident's chart by the ward clerk, on the day of admission.</p> <p>34) On 03/14/15, the Assistant Administrator trained the Admissions Coordinator, ADON, and Social Services on the revisions to the Advance Directive Policy, responsibilities, and processes that were in place to ensure that residents' advance directives were executed per the resident's wishes, and competency was</p>	F 309			

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F 309	<p>Continued From page 154 demonstrated by a posttest.</p> <p>35) Together the Asselstant Administrator and ADON trained the DON, QA Coordinator, MDS Coordinators, Charge Nurses, Finance, and Unit Managers regarding the Advance Directive Policy and Procedure revision and competency was demonstrated by a post test.</p> <p>36) Beginning 03/20/15, licensed staff and the ward clerks were trained on the changes to the Advance Directive Policy by the DON, ADON, or Charge Nurse and showed competency by test. All above-mentioned staff was trained as of 03/22/15 on this policy except eight (8) licensed staff and one ward clerk, who will be trained prior to returning to direct resident care.</p> <p>37) Beginning on 03/13/15 the initial admissions portion of the Advance Directive procedure as outlined in the Advance Directive Policy was being monitored daily by the Assistant Administrator with each new admission. This will accomplished by reviewing the admissions' paperwork and confirming that any advance directives received during the admission process were in fact listed on the Resident's Rights/Advance Directive Sheet. The findings were then reported on a daily monitoring log with each new admission. No problems were identified at the time.</p> <p>38) Starting on 03/11/15, the QA Coordinator or the Assistant Administrator checked resident charts daily to confirm that the Advance Directive section of the chart still contained all of the resident's Advance Directives. This was accomplished by comparing the Advance Directives located in the chart to their daily</p>	F 309			

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F 309	Continued From page 155 monitoring log. 39) The Administrator and Assistant Administrator revised the Social Services Policy on 03/21/15 to include the procedure for invoking a health care agent or legal representative after the resident was determined not to have decision-making capacity. This policy stated, "The assigned social worker will determine if the resident is self-responsible or if they have a POA, DPOA, or legal guardian in place. The social worker would contact them to let them know the resident has had a mental status change and can no longer make their own decisions. If the legal representative accepts responsibility, they will begin making decisions for the resident. If the resident does not have a POA, DPOA or legal guardian then social services would contact any family members who may be willing to be the responsible party for the resident. If the family members are not willing, then social services will contact Adult Protective Services (APS) and request the process for obtaining a guardian to be started." 40) Social Services was trained on 03/22/15 by the Assistant Administrator regarding the revised Social Services Policy. 41) During the admission process, the Admissions Coordinator would determine the resident's legal representative based on information provided by the resident at the time of admission. 42) Upon admission, the resident's mental status was assessed by the Licensed Staff assigned to the resident on their unit through the nursing admission assessment form, and by the MDS	F 309			

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F 309	<p>Continued From page 158</p> <p>Coordinators through the Brief Interview Mental Status (BIMS), which is done within seven (7) days of admission and also done quarterly with scheduled care plan meetings and with any significant change. Should any of these assessments indicate the resident was not capable of being their own decision maker, Social Services would be informed by the nursing staff during the daily morning management administrative meeting of any mental status changes that may require further assessment.</p> <p>43) If a mental status change and further assessment of a resident indicated the need for a legal representative, then at that point Social Services would seek to invoke the health care agent or legal representative as outlined in the Social Services Policy.</p> <p>44) The Assistant Administrator checked to ensure that any issues relating to Social Services have been followed-up on during the daily Social Services meeting. This was documented on the Daily Social Services Meeting Minutes.</p> <p>45) Upon admission, the resident's assigned Social Worker would confirm Advance Directives. Furthermore, the Social Worker would review the advance directive status when requested by the resident or responsible party, upon any re-admission, quarterly with care plan meetings and after any significant change.</p> <p>46) The Social Worker would assist the resident in developing a living will within twenty-four (24) hours of being requested. The Assistant Administrator would monitor this by comparing the Advance Directives to what was stated on the Resident's Rights/Advance Directive Sheet and</p>	F 309			

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F 309	<p>Continued From page 157 documented in the Social Services Progress Note.</p> <p>47) As of 03/13/15, the Assistant Administrator initiated daily meetings with the Social Worker and Director of Social Services to discuss any residents that were sent out of the facility, returned to facility, or had received any new documents concerning Advance Directives.</p> <p>48) All Advance Directive care plans will be reviewed immediately upon admission or re-admission by the Social Worker and documentation of the review will be placed in the Social Worker Notes. These would also be reviewed by the MDS Coordinator and Social Worker and the rest of the interdisciplinary care plan team during scheduled care plan meetings, and then documented in the Social Services section of the clinical record as well as the interdisciplinary Care Plan Sheets.</p> <p>49) If the resident and/ or their representative were present during this care plan meeting, the Advance Directive and Code Status would be discussed to confirm that the directive continues to reflect the resident's wishes. If there was no representative present, Social Services would contact the legal representative to confirm the Advance Directive was still current. This will be completed with the Quarterly MDS review, and any change in status.</p> <p>50) The Quality Assurance (QA) Nurse and Assistant Administrator were monitoring care plans relating to advance directives daily to ensure the residents' wishes expressed on the Advance Directives were outlined in the care plans as of 03/15/15.</p>	F 309			

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F 309	Continued From page 158 51) Beginning on 03/20/15, Licensed Staff and Ward Clerks were given re-enforcement training by the ADON, related to information to be included on the shift-to-shift report, and competency was proven by a post test. 52) On 03/16/15, the Administrator instructed the Nurse Managers and DON to begin reporting any mental status changes reported on the shift-to-shift report during the Morning Administrative Management Meeting. At that time, the team would discuss necessary changes that needed to be addressed, if any. As of 03/22/15, no change in any resident's mental status had been reported. This was documented daily on the Daily Morning Administrative Management Meeting Notes. 53) When a significant change, quarterly or annually assessment is conducted and a brief interview of mental status (BIMS) will be completed on each resident to determine their decision making ability by the MDS Coordinator. This will be reported to the resident's assigned Social Worker, to determine if any changes in legal representative needs to be made. 54) When a resident is admitted, readmitted, or had verbalized their desire to change their code status, the nurse will contact the Doctor and obtain a Doctor's order. At that time, a DNR or full code status form would be completed with two (2) caregiver signatures. If the code status was obtained by telephone, the same process will apply. The nurse will document the code status change in the Nurse's Notes and place the change on the shift-to-shift report.	F 309			

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F 309	<p>Continued From page 159</p> <p>55) Beginning on 03/20/15, licensed staff and ward clerks were trained on the changes to the Advance Directive Policy by the DON, ADON, or Charge Nurse and showed competency by a post test. The Advance Directive Policy included the process for contacting the legal representative with any changes in the Advance Directives. All above-mentioned staff was trained as of 03/22/15 on this policy, except for eight (8) licensed staff and one ward clerk, who will be trained prior to returning to direct resident care.</p> <p>56) Per the revised Advance Directives Policy, Social Services or designated others will assist the residents who elect to execute an Advance Directive. Social Services will ensure all documents that belong in the Advance Directive Section are placed in the medical chart.</p> <p>57) Social Services was trained on the changes to the Advance Directive Policy on 03/14/15 by the ADON; and competency was demonstrated by a post test.</p> <p>58) A copy of the Code Status order will be given to the LPN Supervisor, who will input the order into the "Point Click Care System" and the Admission Record will be generated from this information. The Admission Record (Face Sheet) will be sent to the resident's nursing unit and placed in front of the chart by the ward clerk, on the day of the change in code status.</p> <p>59) On 03/15/15, the Assistant Director of Nursing implemented and trained all Licensed staff and Ward Clerks on the modified existing transfer form to provide an expanded checklist that specifically listed Living Wills, Power of Attorney, Health Care Surrogate or Guardianship</p>	F 309			

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F 309	<p>Continued From page 160 documents.</p> <p>60) As of 03/11/15, compliance with the policies and processes were being verified daily by the facility's Administrative team which consists of the Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. Any notice of non-compliance will be reported to the Administrator and a plan of action will be developed to prevent reoccurrence.</p> <p>61) The Executive Adviser and the Nurse Consultant will review the minutes of the management meetings and will attend meetings at least weekly to ensure the Allegation of Compliance is being implemented and that any adjustments to the process are identified, discussed and steps implemented to correct.</p> <p>62) The Executive Adviser and Nurse Consultant are in daily consultation with the Administrator since 03/11/15. They are reviewing documentation, interviews and training staff to ensure the plan is being carried out as alleged.</p> <p>***The SSA validated the Immediate Jeopardy was removed as follows:</p> <p>1) Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:56 PM revealed they were knowledgeable regarding what paper work was to be transferred with residents when sent out of the facility including all Advance Directives formulated by the resident.</p>	F 309			

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F 309	<p>Continued From page 181</p> <p>2) Review of Resident #1's chart on 03/24/15 revealed the resident's Living Will was in the chart and in the correct location.</p> <p>3) Review of Resident #1's chart on 03/24/15 at 1:50 PM revealed an Advance Directive Care Plan was present in the medical record.</p> <p>4) Interviews with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed the Nurse Consultant had trained her on developing an Advance Directive care plan. Interview with the Nurse Consultant on 03/24/15 at 2:00 PM, revealed she had confirmed the accuracy of Resident #1's Advance Directive Care Plan.</p> <p>5) Review of the Progress Notes dated 03/11/15, and Interview with Resident #1's Health Care Surrogate on 03/13/15 at 3:00 PM revealed a care plan conference was conducted via telephone to discuss Resident #1. During the interview, the Health Care Surrogate stated she was making health care decisions for Resident #1.</p> <p>6) Interviews on 03/24/15, at 4:44 PM with the Administrator; at 3:32 PM with the Assistant Administrator; and, at 4:37 PM with the DON (Director of Nursing) revealed they had all reviewed Resident #1's care plan and confirmed it contained all the Advance Directives that were included in Resident #1's Living Will.</p> <p>7) Interview with Resident #1's Health Care Surrogate on 03/13/15 at 3:00 PM revealed she confirmed with the facility that Resident #1 was to be a DNR. Review of Resident #1's medical record on 03/24/15 at 1:50 PM revealed the DNR form was signed on 03/11/15. Resident #1's</p>	F 309			

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F 309	<p>Continued From page 182</p> <p>medical record also contained a signed Physician's Order for the DNR status.</p> <p>8) Review of Resident #1's chart on 03/24/15 at 1:50 PM revealed the resident's care plan reflected the DNR status.</p> <p>9) Review of Physician Note, dated 03/11/15 revealed the physician documented participating in the conference call on 03/11/15 with the Health Care Surrogate and discussed the current medical condition of the resident. Review of Resident #1's medical record revealed intravenous (IV) fluids were discontinued for Resident #1 on 03/11/15. Observation of Resident #1 on 03/24/15 at 3:08 PM revealed the resident was not receiving IV fluids.</p> <p>10) Review of Resident #2's medical record on 03/24/15 at 2:20 PM revealed it contained a copy of the resident's Durable Power of Attorney (DPOA) and it was located in the correct section of the medical record.</p> <p>11) Review of the Progress Notes dated 03/11/15, and interview with Resident #2's DPOA on 03/13/15 at 3:00 PM revealed the facility confirmed the information in Resident #2's DPOA was correct and reflected the wishes of Resident #2.</p> <p>12) Review of Resident #2's medical record on 03/24/15 at 2:20 PM revealed it contained an Advance Directive Care Plan for Resident #2.</p> <p>13) Interview with MDS Coordinator #2 on 03/24/15 at 3:08 PM revealed the Nurse Consultant trained her on developing an Advance Directive care plan. Interview with the Nurse</p>	F 309			

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F 309	<p>Continued From page 163</p> <p>Consultant on 03/24/15 at 2:00 PM, revealed she confirmed the accuracy of Resident #2's Advance Directive Care Plan.</p> <p>14) Review of a Resident Disposition form dated 03/15/15, and interview on 03/24/15 at 4:05 PM with the Director of Social Services revealed that all charts had been reviewed to ensure Advance Directives were on the chart under the designated tab.</p> <p>15) Interviews on 03/24/15 at 3:15 PM with Resident #3 and at 3:22 PM with Resident #4 revealed they had been interviewed by the DSS and had not made changes in their code status designations. Review of Social Service Notes for Residents #20 and #23 revealed entries dated 03/11/15, indicating they had a responsible party named, and no changes in their cognitive status had been identified.</p> <p>16) Review of a facility Resident Roster revealed that all residents or their designated representatives except one had been interviewed to ensure Advance Directives and Code Status were correct for each resident. Review of a copy of a certified letter revealed the facility had attempted to contact the remaining responsible party.</p> <p>17) Interview with the Assistant Administrator on 03/24/15 at 3:32 PM, and review of the Advance Directive Monitoring Log revealed the Assistant Administrator had reviewed the Social Worker's Progress Notes to ensure they were accurate when compared with the Advance Directive on file for each resident.</p> <p>18) Review of Residents #9 and #14's medical</p>	F 309			

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F 309	<p>Continued From page 184</p> <p>record revealed their code status designation had been changed to Full Code Status. The medical record revealed a Code Status form was signed and in the medical records. Review of resident's care plans also revealed the update was on the care plans.</p> <p>19) Review of the facility's Code Status form revealed it had been updated on 03/14/15. Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM, and RN #2 on 03/24/15 at 2:56 PM revealed they had been trained on the form changes.</p> <p>20) Interview with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed she had been trained by the Nurse Consultant related to Advance Directive care plans and was able to verbalize the different types of Advance Directives.</p> <p>21) Review of Residents #1, #2 and #4's Care Plans revealed they included the resident's expressed wishes that were contained in their Advance Directives. Interview with the DSS on 03/24/15, at 4:05 PM revealed he was trained on how to develop an Advance Directive care plan.</p> <p>22) Review of Residents #1, #2 and #4's Care Plans revealed they had been revised and included Advance Directives and Code Status.</p> <p>23) Interview with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed she was knowledgeable that she would be responsible for maintaining and updating the Advance Directive Care Plans after initial development by the DSS.</p> <p>24) Review of a Care Plan Monitoring Log and</p>	F 309			

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F 309	<p>Continued From page 185</p> <p>Interviews on 03/24/15 at 1:48 PM and 3:32 PM with the Quality Assurance Nurse and Assistant Administrator revealed the Social Service care plans related to Advance Directives were being reviewed daily to ensure the resident's wishes relating to advance directives were accurately reflected on their care plan and included any changes.</p> <p>25) Interview with the DON on 03/24/15 at 4:37 PM revealed she initiated training on 03/10/15 with staff related to sending all Advance Directives with a resident when they were transferred out of the facility.</p> <p>26) Interviews on 03/24/15 at 2:11 PM with the Admissions Coordinator, at 3:32 PM with the Assistant Administrator, and at 4:05 PM with the DSS; and review of an In-service Sign In Sheet dated 03/13/15, revealed the Executive Director had provided training on the State and Federal requirements. Review of competency testing revealed each of the staff had also completed a competency test.</p> <p>27) Review of a facility In-service Sign In Sheet dated 03/13/15, revealed the ADON trained the Administrator, Assistant Administrator, DON, Charge Nurses, Licensed Staff, and Ward Clerks regarding ensuring that all resident information related to Advance Directives was being sent to the receiving facility and faxed. Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM, RN #2 on 03/24/15 at 2:58 PM, and Ward Clerk #1 at 3:14 PM, revealed they were knowledgeable regarding the process for sending Advance Directive information with residents when transferred out of the facility.</p>	F 309			

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F 309	<p>Continued From page 166</p> <p>28) Review of a Transfer Monitoring Log and Interviews on 03/24/15 at 1:48 PM with the QA nurse and at 3:54 PM with Unit Manager #1, revealed all resident transfers were being monitored to ensure all Advance Directives for each resident transferred out of our facility had been sent and were accurate.</p> <p>29) Review of daily questionnaires and interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:58 PM revealed staff was being asked questions to ensure competency on the State and Federal requirements daily by the ADON or a Charge Nurse.</p> <p>30) Review of In-service Sign In Sheets and Interviews on 03/24/15, at 4:05 PM with the DSS, at 3:06 PM with MDS Coordinator #2, at 2:11 PM with the Admissions Coordinator revealed they were trained on Advance Directive definitions and the State and Federal requirements. They completed a competency test.</p> <p>31) Interviews conducted on 03/24/15 at 4:44 PM with the Administrator and at 3:32 PM with the Assistant Administrator and review of the Advance Directive Policy revealed the Advance Directive Policy had been revised to include the following: upon admission the Admission's Coordinator will provide a copy of this policy and will discuss and confirm the advance directive status with the resident and or responsible party and upon admission, will document in the Individual medical record using the Resident Rights/Advance Directives Form whether the resident had an Advance Directive. The resident and/or legal representative will date and sign a statement attesting that the Advance Directive</p>	F 309			

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F 309	<p>Continued From page 167 and the facility's policy had been explained upon admission.</p> <p>32) Interview with the Admissions Coordinator on 03/24/15 at 2:11 PM, revealed she it is her responsible to provide copies of the Advance Directive Information related to each new admission to the Finance Department, the LPN Supervisor, and the Unit Manager or Ward Clerk.</p> <p>33) Interviews on 03/24/15 at 4:30 PM with the LPN Supervisor/Data Entry Specialist revealed she was knowledgeable on the process to enter code status and advance directive information for residents when they were admitted. Review of a Face Sheet for a resident admitted to the facility on 03/20/15, revealed the resident's Face Sheet contained the appropriate information related to Code Status and Advance Directives.</p> <p>34) Review of an In-service Sign In Sheet dated 03/14/15, and interviews on 03/24/15 at 2:11 PM with the Admissions Coordinator, and at 4:05 PM with the DSS revealed the Assistant Administrator trained them on the revisions to the Advance Directive Policy and Procedures.</p> <p>35) Review of an In-service Sign In Sheet dated 03/14/15, revealed the Assistant Administrator and ADON trained the DON, QA Coordinator, MDS Coordinators, Charge Nurses, Finance Staff, and the Unit Managers on the Advance Directive Policy and Procedure revision and staff completed a competency test.</p> <p>36) Review of a facility In-service Sign In sheet dated 03/20/15, and interviews on 03/24/15, with LPN #2 at 2:28 PM, with LPN #1 at 3:23 PM, and with RN #2 at 2:58 PM, revealed they were</p>	F 309			

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F 309	<p>Continued From page 188</p> <p>trained on the changes to the Advance Directive Policy, and completed a competency test.</p> <p>37) Review of the Advance Directive Monitoring Log and interview with the Assistant Administrator revealed he conducted daily monitoring of the admission process related to Advance Directives for each new admission. The Assistant Administrator stated he reviewed the admissions paperwork and confirmed that any advance directive received during the admission process was listed on the Resident Rights/Advance Directive sheet.</p> <p>38) Interviews on 03/24/15 at 1:48 PM with the QA Coordinator and at 3:32 PM with the Assistant Administrator revealed they were checking resident charts daily to ensure all Advance Directives were on the chart in the appropriate section.</p> <p>39) Review of the Social Services Policy and Interview on 03/24/15 at 4:44 PM with the Administrator, and, at 3:32 PM with the Assistant Administrator revealed they revised the Social Services Policy on 03/21/15 to include the procedure for invoking a health care agent or legal representative after the resident was determined not to have decision-making capacity.</p> <p>40) Review of an In-service Sign In Sheet and interview with the DSS on 03/24/15 at 4:05 PM revealed the DSS was trained by the Assistant Administrator on the revised Social Services Policy on 03/22/15.</p> <p>41) Interview on 03/24/15 at 2:11 PM with the Admissions Coordinator revealed she was knowledgeable regarding determining a resident's</p>	F 309			

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F 309	<p>Continued From page 189</p> <p>responsible party, if applicable, at the time of admission.</p> <p>42) Interviews conducted on 03/24/15 at 4:00 PM with Charge Nurse #1 and at 3:54 PM with Unit Manager #1 revealed they were knowledgeable regarding the procedure for assessing a resident's mental status upon admission. The staff stated if these assessments indicated the resident was unable to make competent decisions, the DSS would be informed.</p> <p>43) Interview with the DSS on 03/24/15 at 4:05 PM revealed that if a resident was assessed to have a mental status change and further assessment indicated a need for a responsible party to be identified for decision making the DSS would then attempt to identify a responsible party or involve State Adult Protective Services if indicated.</p> <p>44) Interview with the Assistant Administrator on 03/24/15 at 3:32 PM revealed he was responsible to ensure any issues relating to Social Services have been addressed during the facility's morning meeting. Any issues identified would be documented in the Social Services meeting minutes.</p> <p>45) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services would confirm the resident's Advance Directives on admission, when requested by a resident or family, or during any MDS assessment.</p> <p>46) Interview with the DSS on 03/24/15 at 4:05 PM and review of a Living Will formulated on 03/12/15, revealed residents would be assisted within twenty-four hours by the Social Worker in</p>	F 309			

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F 309	<p>Continued From page 170</p> <p>developing an Advance Directive. Interview with the Assistant Administrator on 03/24/15 at 3:32 PM revealed the Assistant Administrator would monitor this by comparing the formulated Advance Directive to what was stated on the Resident Rights/Advance Directive sheet and documented in the Social Services Progress Note.</p> <p>47) Interviews on 03/24/15 at 3:32 PM with the Assistant Administrator and at 4:05 PM with the DSS, revealed the Assistant Administrator and Social Services were meeting daily to discuss the status of any resident transferring or returning to the facility to review the status of their Advance Directives.</p> <p>48) Interviews on 03/24/15 at 4:05 PM with the DSS revealed Advance Directive care plans would be reviewed when a resident was re-admitted to the facility, and noted in the Social Services Notes. Interview with MDS Coordinator #2 on 03/24/15, at 2:11 PM revealed the Advance Directive would also be reviewed during scheduled care plan meetings, and documented in the Social Services section of the clinical record as well as the resident's care plan.</p> <p>49) Interview with MDS Coordinator #2 on 03/24/15, at 2:11 PM revealed if the resident and/or their representative were present during a care plan meeting, the Advance Directive and Code Status would be discussed to confirm the directive continued to reflect the resident's wishes. If the resident or their representative were not present, Social Services would contact the legal representative and confirm the Advance Directive was still current.</p>	F 309			

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F 309	<p>Continued From page 171</p> <p>50) Interviews on 03/24/15 at 1:48 PM with the Quality Assurance Nurse and at 3:32 PM with Assistant Administrator revealed they monitored care plans related to advance directives daily to ensure the resident's wishes expressed on the Advance Directives were included in the resident's plan of care.</p> <p>51) Interviews on 03/24/15 at 2:44 PM with Ward Clerk #3 and at 3:14 PM with Ward Clerk #1, and review of In-service Sign In Sheets revealed they were trained by the ADON on 03/20/15 related to the shift-to-shift report and completed a competency test.</p> <p>52) Review of the daily administrative meeting documentation and interview on 03/24/15 at 3:54 PM with Unit Manger #1 revealed the Administrator instructed her on 03/18/15 to record any mental status changes of a resident on the shift-to-shift report. The report would be reviewed at the morning administrative meeting where any necessary changes would be discussed.</p> <p>53) Interview with MDS Coordinator #2 at 3:06 PM on 03/24/15, revealed when an MDS assessment was completed which included a Brief Interview of Mental Status (BIMS) score, it would be reported to the resident's assigned Social Worker, to determine if any changes in legal representative needed to be made.</p> <p>54) Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:58 PM, revealed they were knowledgeable regarding the steps to be taken to change a resident's code status.</p> <p>55) Review of In-service Sign In Sheets dated</p>	F 309			

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F 309	<p>Continued From page 172</p> <p>03/20/15, revealed licensed staff and Ward Clerks were trained on the changes to the Advance Directive Policy and completed competency testing.</p> <p>56) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services or a staff they designated would be responsible to assist residents who wished to execute an Advance Directive. Social Services would also ensure Advance Directive documents were placed in the resident's chart.</p> <p>57) Review of an In-service Sign In Sheet dated 03/14/15, revealed Social Services staff was trained on the changes to the Advance Directive Policy by the ADON, and completed a competency test.</p> <p>58) Interview with LPN #2 at 2:28 PM on 03/24/15, revealed Code Status orders would be entered into the Point Click Care System and then the Admission Record would be generated and sent to the resident's nursing unit. Interview with Ward Clerk #3 at 2:44 PM on 03/24/15 revealed the record would then be placed in the resident's chart.</p> <p>59) Review of a Resident Transfer Form dated 03/15/15 revealed it had been modified to include a checklist that specifically listed Living Wills, Powers of Attorney, Health Care Surrogate or Guardianship documents which were to be included when a resident was transferred. Review of In-Service sign In Sheets initiated on 03/15/15, revealed licensed staff and Ward Clerks were trained on the revision.</p> <p>60) Review of daily QA Meeting Minutes revealed</p>	F 309			

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F 309	Continued From page 173 the Advance Directive Policies and procedures were being reviewed and verified daily by the facility's Administrative team consisting of the Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. Interview with the Administrator on 03/24/15 at 4:44 PM revealed any non-compliance was to be reported to him and a plan of action would be developed to prevent reoccurrence. 81) Interviews on 03/24/15 at 2:00 PM with the Executive Adviser and the Nurse Consultant revealed they would review the minutes of the management meetings and attend meetings at least weekly to ensure the Allegation of Compliance was being implemented and any needed adjustments to the process were being identified and addressed. 82) Interviews on 03/24/15 at 2:00 PM with the Executive Adviser and Nurse Consultant revealed they were in daily consultation with the Administrator since 03/11/15 to ensure the plan was being carried out as alleged.	F 309			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services	F 425	1. <u>ADDRESS WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE</u> <u>On 2/3/15 the narcotic pain medications were obtained for Resident #2 and administered as ordered. On 3/10/15 the Quality Assurance Coordinator compared the resident's MARS to the physician orders and</u>	05/15/15	

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F 425	<p>Continued From page 174</p> <p>(including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interviews, record review, review of the facility's narcotic logbook, and review of the facility's policies, it was determined the facility failed to provide pharmaceutical services to meet the needs of two (2) of twenty-four (24) sampled residents (Resident #2 and Resident #7).</p> <p>The facility failed to have a system to ensure narcotic medications were available for residents; and, failed to ensure that narcotics ordered after 3:30 PM on Thursday, Friday, Saturday, or Sunday were available at the facility before Monday.</p> <p>Resident #2 had a Physician's Order dated 01/30/15 (Friday) for narcotic pain medication to be administered when the medication was available. Resident #2's medication was not available for administration to the resident until 02/03/15 (Tuesday), four (4) days after the order was written.</p> <p>Resident #7 had a Physician's Order, dated March 2015, for a narcotic pain medication to be</p>	F 425	<p><u>confirmed that all medications were available in sufficient quantity to meet Resident #2's needs. On 3/13/15 additional narcotic pain medications were added to the night stock to ensure the narcotic pain medications were available 24 hours a day 7 days a week.</u></p> <p><u>On 3/7/15 the narcotic pain medications were obtained for Resident #7 and administered as ordered. On 3/10/15 the Quality Assurance Coordinator compared the resident's MARS to the physician orders and confirmed that all medications were available in sufficient quantity to meet Resident #7's needs. On 3/13/15 additional narcotic pain medications were added to the night stock to ensure narcotic pain medications were available 24 hours a day 7 days a week.</u></p> <p>2. ADDRESS HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE.</p> <p><u>All current residents and new admissions have the potential to be affected by the deficient practice.</u></p> <p><u>As of 3/11/15 all current resident's MARS were compared with the physician's orders and the medications in the cart, by the nurse manager, to ensure medications have been refilled as ordered and available for administration with no discrepancies noted.</u></p> <p><u>Any new admissions or re-admissions who have new medication orders will have a three day supply obtained from the emergency</u></p>		

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F 425	<p>Continued From page 175</p> <p>administered three (3) times per day for pain. Resident #7's pain medication was not available and the resident missed four (4) doses of the pain medication on 03/06/15 and 03/07/15. (Refer to F282 and F309)</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Receiving of Resident Medication From Outsource Pharmacies," with a revision date of February 2006, revealed Physician Orders should be faxed to the outsource pharmacy, the emergency pharmacy, or Hospice on admission or when new orders were obtained. Further review of the policy revealed medications were shipped to the facility (if obtained from the outsource pharmacy); the facility's security staff picked them up (if obtained from the emergency pharmacy) and delivered them to the facility; or, they were delivered by a Hospice courier each day as needed.</p> <p>Review of the facility's policy titled "Back-Up Pharmacy," dated February 2002, revealed when medications were needed, the Physician's Orders, current Medication Administration Record (MAR), and a list of the resident's allergies were required to be faxed to the emergency pharmacy. The policy further revealed the Charge Nurse or facility staff was required to take the Physician's Order to the emergency pharmacy when picking up the medications.</p> <p>Review of the Master Agreement for Emergency Medications, dated 07/01/12, revealed the local Medical Center's pharmacy would provide emergency medications for the residents of the facility. The pharmacy agreed to provide</p>	F 425	<p><u>contract pharmacy prior to the next scheduled dose.</u></p> <p>3. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <p><u>On 3/13/15, pain medications were physically added to the emergency medication stock to be used as a back-up supply.</u></p> <p><u>On 3/13/15, the Assistant Director of Nursing and Director of Nursing in-serviced all available licensed staff on the additional medications added to the night stock supply. Licensed nursing staff not otherwise available for this in-service will be in-serviced by the Assistant Director of Nursing prior to performing resident care.</u></p> <p><u>On 4/6/15 the facility implemented a MAR/Cart/Physician Order/Daily Pain audit tool. The audit tool consists of checking the medication cart, medications available, and physician orders to ensure the medications have been obtained timely and accurately.</u></p> <p>On 4/10/15 the Director of Nursing provided the Medical Director with a list of the medications available in the night stock. The Medical Director provided a list of the medications in the night stock to the Attending Physicians.</p> <p>4. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED.</p>		

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F 425	<p>Continued From page 178</p> <p>medications to the facility when the contract pharmacy was unable to provide medications in a timely manner.</p> <p>Review of the Master Agreement for Pharmacy Services, dated 04/01/12, revealed the outside pharmacy should provide pharmacy services with a clinically based drug formulary specifically tailored for the special needs of the long-term care population, developed in concert with the facility.</p> <p>1. Review of Resident #2's medical record revealed the facility admitted the resident on 01/20/15 with diagnoses which included Malignant Neoplasm of the Larynx (tumor), Depression, Kidney Failure, and Osteoarthritis.</p> <p>Review of Resident #2's Physician Orders, dated 01/30/15 at 11:45 AM, revealed an order for Hydrocodone (a narcotic pain medication) 5 mg (milligram)/325 mg by mouth three (3) times per day as needed for seven (7) days, to "start when available."</p> <p>Review of Resident #2's Medication Administration Record (MAR) dated February 2015, revealed the resident's order for Hydrocodone was placed on the MAR for administration of the medication to begin on 02/03/15 (four days after the medication was written by the resident's physician).</p> <p>Review of the facility's Narcotic Prescription Logbook revealed Resident #2 had a prescription dated 01/30/15, for Hydrocodone 5 mg/325 mg three (3) times per day for seven (7) days documented on the Logbook. Continued review of the Narcotic Logbook revealed Resident #2's</p>	F 425	<p><u>The MAR/Chart/Physician Order/Daily Pain audit tool will be completed daily for four weeks by the nurse manager or charge nurse. Then audits will be completed three times weekly by the nurse managers or charge nurse. The Director of Nursing or Assistant Director of Nursing will perform an audit by reviewing 10 residents per week for six weeks. The findings of the audits will be presented during the monthly QA Committee Meetings.</u></p> <p><u>Licensed Nursing staff reconcile the narcotic medications in the night stock every shift. If discrepancies are identified licensed staff will immediately conduct an investigation and notify the Director of Nursing. The Assistant Director of Nursing or Director of Nursing reconciles the medications in the night stock 5 days a week for four weeks then three days a week for four weeks. The results will be reported to the Quality Assurance Committee monthly for further review.</u></p>		

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F 425	<p>Continued From page 177</p> <p>prescription was not faxed to the facility's contract pharmacy until 02/01/15; and the medication was not received by the facility until 02/03/15.</p> <p>Interview on 03/09/15 at 3:25 PM with Registered Nurse (RN) #4 revealed medication orders had to be faxed to the pharmacy Monday through Thursday before 3:30 PM to ensure medications were delivered to the facility the next day. The interview further revealed orders faxed to the pharmacy after 3:30 PM would possibly take two (2) days before they were delivered to the facility. Orders faxed to the pharmacy on Friday or on the weekend would be delivered to the facility on Monday or Tuesday. The RN stated the facility could obtain prescriptions from the emergency pharmacy; however, prescriptions for narcotic medications had to be written on a different prescription pad than was normally used by the facility, so the physician wrote an order to hold the medication until it was available because the resident was not currently experiencing any pain. The interview revealed an order and prescription (on the contract facility's prescription pad) was written by the resident's physician for narcotic pain medication to be given to Resident #2 as needed three (3) times per day for seven (7) days on a Friday; knowing the medication would not be available for several days, the physician wrote for the medication to be started when the medication was available. The interview further revealed since the order for Resident #2's pain medication was obtained on a Friday, the medication was not delivered to the facility by the pharmacy until Monday or Tuesday.</p> <p>Interview on 03/03/15 at 3:43 PM, and on 03/10/15 at 4:25 PM with Unit Manager #2 revealed medications needed on the weekends or</p>	F 425			

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F 425	<p>Continued From page 178</p> <p>the evenings could be obtained from the emergency pharmacy; however, narcotic medications had to be written on a different prescription pad than was usually used by the facility's physicians. Continued interview revealed medications should be started as soon as possible when ordered and the first doses should be obtained from the emergency pharmacy until the order for the medication was received by the contract pharmacy.</p> <p>2. Review of the medical record of Resident #7 revealed the facility readmitted the resident on 11/08/13 with diagnoses which included Cardiomyopathy, Anxiety, Emphysema, and Generalized Pain Disorder.</p> <p>Review of Resident #7's Physician Orders dated March 2015, revealed an order for Norco (Hydrocodone 10 mg/acetaminophen 325 mg - a narcotic pain medication) to be administered to the resident three (3) times per day for pain (original order was written on 11/28/14). Continued review of Resident #7's Physician Orders dated 03/06/15, revealed an order that stated the narcotic pain medication could be held "until it was available on 03/07/15."</p> <p>Review of the Narcotic Prescription Logbook revealed Resident #7 had a prescription dated 03/04/15, for Norco 10 mg/325 mg three (3) times per day for seven (7) days. Continued review of the Narcotic Logbook revealed Resident #7's prescription was faxed to the facility's contract pharmacy on 03/04/15; however, the medication had not been received by the facility on 03/06/15.</p> <p>Review of Resident #7's MAR dated March 2015, revealed from 03/06/15 to 03/07/15, the resident</p>	F 425			

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F 425	<p>Continued From page 179</p> <p>missed four (4) doses of the scheduled pain medication.</p> <p>Interview on 03/11/15 at 11:59 AM with Licensed Practical Nurse #4 revealed the order for Resident #7's prescription for narcotic pain medication was faxed to the pharmacy on 03/04/15 (Wednesday). When the facility had not received the medication as of 03/06/15, the resident's physician wrote a prescription for the narcotic pain medication to be filled at the emergency pharmacy if the resident's medications were not delivered that day (03/06/15) due to inclement weather. The Physician also wrote an order to hold the medication until the medication was available on 03/07/15. The LPN stated the facility staff obtained Resident #7's prescription from the emergency pharmacy on 03/07/15, when the resident's medications were not delivered from the contract pharmacy.</p> <p>Interview on 03/11/15 at 1:37 PM with Unit Manager #1 revealed the medication orders should not be written to be started when available. The interview further revealed that when medications could not be obtained from the emergency medication supply, they should be obtained from the emergency pharmacy. Continued interview revealed narcotic medication prescriptions that were to be obtained from the emergency pharmacy had to be written on a different prescription pad than used by the facility for the contract pharmacy.</p> <p>Interview on 03/09/15 at 11:53 AM with the Associate Director of Pharmacy (Outsource Pharmacy) revealed prescriptions received by the pharmacy by 3:30 PM Monday through Thursday</p>	F 425			

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F 425	<p>Continued From page 180</p> <p>were processed the same day and delivered to the facility the following day. The interview further revealed orders received on Friday, Saturday, or Sunday were delivered to the facility on Monday or Tuesday. Continued interview revealed the only time medications were not shipped to the facility timely was because at times the facility took a long time to get order clarifications.</p> <p>Interview on 03/09/16 at 12:09 PM with the Pharmacy Director of the emergency pharmacy revealed the facility was able to get medications from the Medical Center's retail pharmacy Monday through Saturday during business hours and was able to get emergency medications after hours from the Medical Center's In-patient Pharmacy. Continued interview revealed the Pharmacy Director was not aware of any problems obtaining medications from the emergency pharmacy.</p> <p>Interview on 03/11/15 at 3:03 PM with the Director of Nursing (DON) revealed Resident #2's pain medication should have been obtained from the emergency pharmacy so the medication could be started timely. She stated Resident #7 should not have missed his/her scheduled doses of pain medications due to the pharmacy not delivering the medications. The interview further revealed that narcotic pain medications could be obtained from the emergency pharmacy; however, the prescription had to be written on a different prescription pad.</p> <p>Interview on 03/11/15 at 5:10 PM with the Administrator revealed the facility had services available to obtain medications after hours and on weekends. He stated that the services should be used to ensure medications were administered</p>	F 425			

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F 425	Continued From page 181 timely and to ensure residents did not miss doses of medications. The Administrator was not aware there was a problem with getting physician prescribed medications for the residents.	F 425			
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedures it was determined the facility's Administration failed to ensure its resources, including policies related to Advance Directives were used effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being. The facility transferred Resident #1 to the hospital on 12/11/14. The facility failed to provide the hospital with a copy of the resident's Living Will. The resident was intubated, placed on a ventilator, and received dialysis while at the hospital, which was not in accordance with the resident's Living Will. On 02/23/15, when the daughter of Resident #1's Alternate Health Care Surrogate learned the resident had a Living Will and that her Mother was listed as the Alternate Health Care Surrogate, she contacted the facility's	F 490	1. <u>ADDRESS WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.</u> RESIDENT #1 <u>On 3/11/15, an emergency Interdisciplinary Care Conference was conducted by phone with Resident #1's Health Care Surrogate. The Interdisciplinary Care Conference Team consisting of the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Manager, Social Worker, MDS Coordinator, Clinical Dietician and Attending Physician reviewed all components of the Living Will with the Health Care Surrogate to ensure it included resident #1's wishes. Changes to resident #1's living will as directed by the Health Care Surrogate during this call were noted, orders received by the Attending Physician, and care plan and medical record were updated with these changes.</u> RESIDENT #2 <u>On 3/11/15 an emergency Interdisciplinary Care team that included the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Manager, Social Worker, MDS Coordinator, Clinical Dietician and Attending Physician conducted a meeting via telephone with Resident #2's Durable Power of Attorney. The</u>	05/15/15	

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F 490	<p>Continued From page 182</p> <p>Administrator regarding the facility's failure to ensure the resident's Living Will was provided to the hospital and wishes were honored. However, the Administrator failed to take any action to address the daughter's concern (refer to F155, F250, F279, and F309).</p> <p>The facility's failure to have an effective system in place to ensure the facility was administered effectively was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was determined to exist on 12/11/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.15 Quality of Life (F250), 42 CFR 483.20 Resident Assessment (F279), 42 CFR 483.25 Quality of Care (F309); and, 42 CFR 483.75 Administration (F490). The facility was notified of the Immediate Jeopardy on 03/10/15.</p> <p>An acceptable Allegation of Compliance was received on 03/24/15 which, alleged removal of the Immediate Jeopardy on 03/23/15. A partial extended survey was conducted on 03/23-24/15. The State Survey Agency determined the Immediate Jeopardy was removed on 03/23/15, which lowered the Scope and Severity to "E" at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.15 Quality of Life (F250), 42 CFR 483.20 Resident Assessment (F279), 42 CFR 483.75 Administration (F490); and, 42 CFR 483.25 Quality of Care (F309) at a Scope and Severity of "D" while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's Advance Directive Policy outlined in the Admission Agreement revised</p>	F 490	<p><u>DPOA confirmed the information in the DPOA document provided on admission on 1/20/15 was correct and reflected the current wishes of the resident. The care plan team informed DPOA that the resident has the right to refuse treatment and would not be discharged from the facility.</u></p> <p>RESIDENT #4 <u>Resident #4 has transferred to the hospital on the following dates: 3/13/15, 4/10/15 and 4/20/15 and all Advance Directives accompanied Resident #4. This was confirmed and documented on the Status Report form by the Administrator during the QA management meetings held on 3/13/15, 4/10/15 and 4/20/15.</u></p> <p>RESIDENT # 5 <u>On 3/13/15 Resident #5's wife/guardian provided a copy of Guardianship papers. Resident #5's guardian has been assigned to make healthcare decisions on behalf of the resident. The guardianship papers were placed in Resident # 5's medical record in the Advance Directives Section. This was done by the social worker on 3/13/15; confirmed by the Assistant Administrator through chart review on 3/13/15 and reported to the Administrator during the QA management meeting on 3/13/15.</u></p> <p>RESIDENT #6 <u>On 3/13/15 the social worker obtained a copy of Resident #6's Advance Directive from his financial file. A copy of Resident #6's Advance Directive was placed in his Medical record by the social worker on 3/13/15. This was confirmed by the Assistant Administrator via chart review and was reported to the</u></p>		

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F 490	<p>Continued From page 183</p> <p>11/20/14, revealed the facility had an Advance Directive Committee which consisted of several of the facility's Department Heads including the Administrator. The policy stated any person may bring a situation of concern to any member of the Advance Directive Committee, and that member would be responsible for calling a committee meeting. The policy stated the Advance Directive Committee would meet on an "as required basis."</p> <p>Review of the "Position Description" for the facility administrator revealed the administrator was responsible to ensure the protection of patients rights and for the oversight of the development of all departments policies and procedures to assure they are kept current and were followed according to State and Federal Regulations.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 02/18/08. According to admission documentation, the resident provided a copy of his/her Living Will to the facility. Review of the Living Will Directive and Health Care Surrogate Designation for Resident #1, which had been notarized and recorded on 07/14/08, revealed Resident #1 chose to have life-prolonging treatment withheld or withdrawn and be permitted to die naturally with only the administration of pain-alleviating medication or treatment.</p> <p>Review of Resident #1's medical record and hospital record revealed on 12/11/14, the facility transferred Resident #1 to the hospital; however, the facility failed to ensure the resident's Living Will was provided to the hospital. Because of this failure, Resident #1 received life-sustaining treatment including intubation (placement of a flexible plastic tube into the trachea to maintain</p>	F 490	<p><u>Administrator at the QA Management Meeting on 3/13/15.</u></p> <p><u>2. ADDRESS HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE DEFICIENT PRACTICE.</u></p> <p><u>On 03/18/15 the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Managers, Admissions Coordinator, Social Services, Nurse Consultant and Staff Advisor conducted a system review to determine causative factors and to determine how the facility will identify other residents who have the potential to be affected by the deficient practice. This review resulted in implementation of policy revisions, staff trainings, creating audit forms and revising meeting agendas to assure the needs of our residents are identified and met.</u></p> <p><u>As of 3/16/15, daily business day meetings with facility Department heads and Managers contain the following areas for discussion to assure we identify potential residents at risk: residents out of the facility, planned admissions and discharges, issues/grievances/problems, residents to review/change in mental status, and absent personnel. Minutes of these meetings are maintained by the Administrative Assistant or Administrator in a binder in the front office. On weekends the Administrator, Assistant Administrator and Director of Nursing are on call for any issues that arise to provide direction.</u></p>		

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F 490	<p>Continued From page 184</p> <p>an open airway), mechanical ventilation (technique through which air is moved to and from the lungs through an external device), and hemodialysis (a medical procedure to remove fluid and waste products from the blood) during the resident's hospitalization from 12/11/14 through 12/16/14.</p> <p>In addition, the Administrator failed to ensure that the rights of Residents #2, #4, #5 and #8 to execute and implement advance directives related to life-sustaining treatment were protected and promoted. The Administrator failed to ensure staff was knowledgeable of their roles related to executing, care planning and implementing advance directives. He also failed to ensure staff was aware of which residents had advance directives and failed to ensure the resident's advance directives were sent with them when they were transferred to the hospital.</p> <p>Interview with the Administrator on 03/03/15 at 8:00 PM revealed he received a telephone call from Resident #1's Alternate Health Care Surrogate's daughter on 02/23/15. The Administrator stated the Surrogate's Daughter was upset, because she had just learned that Resident #1 had a Living Will on file in the facility, which had not been sent with Resident #1 to the hospital on 12/11/14, and subsequently Resident #1 had been intubated and placed on mechanical ventilation.</p> <p>Continued interview with the Administrator on 03/03/15 at 8:00 PM, revealed that although he was made aware of the Alternate Health Care Surrogate's Daughter's concern on 02/23/15, he failed to conduct an inquiry into the concern, or arrange an Advance Directive Committee</p>	F 490	<p><u>Beginning on 3/11/15 Administrator implemented a QA Management Meeting to be held each evening to discuss issues of the day, trainings occurring and changes in residents' status or health. Minutes of these meetings are maintained by the QA Coordinator and kept in a binder in the QA Coordinators Office. This meeting will be held daily until 4/24/15, thereafter, it will be held once per week.</u></p> <p><u>On 3/23/15 the Dietetic Administrator at the direction of the Administrator, reviewed all dietary assessments of the active charts for the last 15 months to ensure all residents had been assessed on a quarterly basis to ensure nutritional needs of residents' were addressed and updated to include specifically NPO status, need for mechanically altered diets and/or enteral feeding regimens, among other nutrition related needs. This was to ensure that no other such related issues needed to be addressed. No issues were found.</u></p> <p><u>On 4/3/15 the Dietetic Administrator, at the direction of the Administrator performed a review of all residents receiving enteral feedings over the last 18 months was completed. Charts were checked to determine if any residents had an enteral tube feeding placed against their wishes and if all issues of NPO, waiver appropriateness or advanced directives were addressed and carried out appropriately. No issues were found.</u></p> <p><u>On 4/10/15 the Clinical Dietitian completed a review of residents who received thickened liquids, pureed diets and/or had an NPO</u></p>		

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F 490	<p>Continued From page 185</p> <p>meeting to address the Allamate Health Care Surrogate's Daughter's concern. According to the Administrator, the facility was not under any obligation to send Living Wills with a resident when transferred to the hospital stating, "We don't do that, have never done that; it is not in our policy."</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 03/24/15. The facility implemented the following actions to remove the immediate Jeopardy:</p> <p>1) On 03/10/15, licensed nursing staff that was on duty at that time was informed immediately, by the ADON of actions to be taken, and on the proper paperwork that was to accompany Resident #1 and all other residents in the facility when they were transferred to any other facility including appointments and emergency care. This paperwork included Code Status, Living Will, POA, Guardianship papers, Healthcare Surrogate, Fiduciary, and any other legal documents in the Advance Directive section of the resident's medical record.</p> <p>2) On 03/10/15, the Director of Social Services, Nurse Manager, QA (Quality Assurance) Coordinator, and MDS (Minimum Data Set) Coordinator conducted an immediate review of Resident #1's medical record and confirmed that the resident's Living Will was in the chart and in the correct location.</p> <p>3) On 03/10/15, the MDS Coordinator immediately developed an Advance Directives Care Plan for Resident #1 after being notified of the immediate Jeopardy.</p>	F 490	<p><u>recommendation that had expressed the desire to have foods not compliant with those orders. Additional waivers were completed and signed per policy and added to the respective residents' medical record to indicate the residents'/responsible party/POA/Healthcare Surrogates' wishes.</u></p> <p>3. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR.</p> <p><u>As of 4/14/2015 the Advance Directive Policy has been reviewed by the Administrator and was revised regarding creation of a preliminary advance care plan relative to any advance directive decisions expressed by the resident or legal representative, scope of documents in the Advance Directive section of the medical record, resident-specific care plan is created and updated reflecting resident's advance directive wishes, and medical record documentation of advance directive decisions and establishment of legal representatives as appropriate.</u></p> <p><u>The Advance Directive Committee will be chaired by the Assistant Administrator, Director of Social Services or the Administrator. The Advance Directive Committee will meet monthly to review any changes made in Advance Directives. Minutes will be taken by the Administrative Assistant and provided to QA committee. The Advance Directive Committee shall be convened at anytime, with the approval of the EKVC Administrator or Assistant Administrator, to discuss issues of concern that have been raised with respect to</u></p>		

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F 490	<p>Continued From page 188</p> <p>4) On 03/11/15, the Nurse Consultant in-serviced the MDS Coordinators on the process for developing an Advance Directive Care Plan. The Advance Directive Care Plan was reviewed by the Nurse Consultant for accuracy and determined to be correct. The Advance Directive Care Plan was then placed in Resident #1's chart.</p> <p>5) An emergency Interdisciplinary Care Team Conference was conducted by phone with Resident #1's Health Care Surrogate on 03/11/15 at 12:00 PM, and at this time, the Surrogate verified that she was indeed this person's Healthcare Surrogate and the Living Will the facility had on file reflected the resident's wishes.</p> <p>6) The Interdisciplinary Care Conference Team consisting of the Administrator, Assistant Administrator, DON (Director of Nursing), ADON (Assistant Director of Nursing), Nurse Manager, Social Worker, MDS Coordinator, Clinical Dietician, and Attending Physician reviewed the resident's care plan to confirm that all components of the Living Will were included.</p> <p>7) The Health Care Surrogate directed that Resident #1 be changed from "full code" (CPR) status to a "no code" (no CPR) status, which was witnessed by everyone present at the meeting. The Do Not Resuscitate form was completed and signed on 03/11/15 by the Nurse Manager and the Attending Physician. The Attending Physician wrote the new order and nursing staff updated the medical record to reflect the change.</p> <p>8) Resident #1's care plan was confirmed on 03/11/15 to reflect the no code status and was determined by the Nurse Consultant to be correct.</p>	F 490	<p><u>Advanced Directives. Issues will be addressed immediately following the meeting.</u></p> <p><u>On 3/10/15, the Assistant Director of Nursing conducted in-service with Charge Nurses, Licensed Staff and Word Clerks on duty, regarding the proper paperwork that is to accompany all residents being transferred to any other external treatment facility and where to place copies of documents sent in the resident's medical record in the facility. Any employee not available and working one of these three job descriptions will be trained by the Assistant Director of Nursing prior to returning to resident care.</u></p> <p><u>On 3/15/15, the Assistant Director of Nursing began in-service of changes to the Resident Transfer Form to the Director of Social Services, Social Services, Admissions Coordinator, Charge nurses, all licensed staff and word clerks. The revised Resident Transfer Form identifies all documents that are to be forwarded with a resident to an external treatment facility. Any required staff member not available for this training will receive this in-service from the Assistant Director of Nursing prior to resuming resident care duties.</u></p> <p><u>On 3/11/15 KDVA Nurse Consultant trained MDS coordinators on the proper understanding of the components to be included in an Advance Directive Care Plan including resident wishes regarding care and treatment. MDS Coordinators then trained the DSS and Social workers on 3/11/15.</u></p> <p><u>On 3/17/15 the Administrator reviewed and directed the Dietetic Administrator to revise</u></p>		

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F 490	Continued From page 187 9) On 03/11/15, the Attending Physician documented participating in the conference call on 03/11/15 with the Health Care Surrogate and discussed the current medical condition of the patient. Resident #1's intravenous (IV) fluids were discontinued on 03/11/15. 10) On 03/10/15, the Director of Social Services, Nurse Manager, QA Coordinator, and MDS Coordinator conducted an Immediate review of Resident #2's medical record and confirmed that it included a copy of a Durable Power of Attorney (DPOA) and it was located in the correct location of the medical record. 11) On 03/11/15, an emergency Interdisciplinary Care team that included the Administrator, Assistant Administrator, DON, ADON, Nurse unit Manager Social Worker, MDS coordinator, Clinical Dietician and Physician, conducted a meeting via telephone conference with Resident #2's Durable Power of Attorney (DPOA) and confirmed that the information the DPOA provided on admission on 01/20/15 was in fact correct in reflecting the current wishes of the resident. 12) On 03/10/15, the MDS Coordinator immediately developed an Advance Directives Care Plan for Resident #2 after being notified of the Immediate Jeopardy. 13) On 03/11/15, the Nurse Consultant in-serviced the MDS Coordinators on the process for developing an Advance Directives Care Plan. The Advance Directives Care Plans were reviewed by the Nurse Consultant for accuracy and determined to be correct. The Advance Directives	F 490	<u><i>the Dysphagia Protocol Policy and Procedure to allow any resident and/or responsible party/POA/Healthcare Surrogate to refuse physician ordered altered diets and/or NPO status. On 3/17/15, the Dietetic Administrator in-serviced the Clinical Dietitian on the changes to the Dysphagia Protocol Policy and Procedure and the Dysphagia Waiver. On 3/22/15 the Clinical Dietitian began in-servicing all licensed staff on the revised Policy and Procedure and waiver.</i></u> <u><i>On 4/10/15, the Director of Social Services, the Social Worker, the Assistant Administrator or the Administrative Branch Manager conducted in-services for all staff to reflect changes in the Advance Directives Policy and Resident Bill of Rights Policy which clearly establishes a path for staff to relay questions or obtain answers regarding Advance Directives. Any staff member not available for this in-service will receive same prior to assuming assigned duties by the Director of Social Services, the Social Worker, the Assistant Administrator, or the Administrative Branch</i></u> The Administrator and Assistant Administrator revised the Social Services policy # 4.00.1 on 3/21/15 to include the procedure for invoking a health care agent or legal representative after the resident is determined to no longer have decision making capacity. This policy states, "The assigned social worker will determine if the resident is self responsible or if they have a POA or DPOA or legal guardian in place." The social worker will contact the responsible party and inform them the resident has had mental status changes and		

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F 490	<p>Continued From page 188 Care Plan was then placed in Resident #2's chart.</p> <p>14) As of 03/15/15, all current residents' charts have been reviewed by the Director of Social Services or Social Worker to ensure all Advance Directives, which include: DPOA, POA (Power of Attorney), Healthcare Surrogate, Guardianship, and Living Wills were in the chart and in the proper place.</p> <p>15) All residents that are their own responsible party were interviewed by Social Services beginning on 03/11/15 to determine their cognitive status, and those with impaired cognition had a legal representative. The residents were also asked about their code status and if they wanted any changes to their Advance Directives at that time. No residents, who were their own responsible party, were found to have changes in their cognitive status.</p> <p>16) All residents or their designated representatives, except two (2), were called by Social Services, to confirm that their Advance Directive was current and up to date; and the Code Status that the facility had on file was correct. Social Services and the Assistant Administrator will continue to contact the legal representatives to confirm that the information the facility has on file is current.</p> <p>17) On 03/15/15, through individual chart reviews, the Assistant Administrator verified that the Social Worker's Progress Notes confirmed the accuracy of the Advance Directives currently on file. The Assistant Administrator documented this in a monitoring log.</p> <p>18) During this process two (2) residents had</p>	F 490	<p>can no longer make their own decisions. If the legal representative accepts responsibility they will begin making health care decisions for the resident. If the resident does not have a POA, DPOA or legal guardian the social services will contact any family members, as directed in KRS 311. If there is no family member willing to be the responsible party the facility will contact Adult Protective Services and request the process for obtaining a guardian. As of 3/22/15 the Social Workers were trained by the Assistant Administrator on the revision of Social Services Policy 4.00.1.</p> <p><u>4. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED.</u></p> <p><u>On 3/11/15, audits commenced of individual resident medical record evidence of advance directive documents sent with residents to external treatment facilities per facility policy by the Quality Assurance Nurse, Assistant Administrator, Unit Manager or Charge nurses. Audits will be performed for 100% resident transfers to external treatment facilities for four weeks, 50% of resident external transfers for four weeks, and 25% of resident external treatment transfers for two weeks. All audit results will be reported monthly to the Quality Assurance Committee</u></p> <p><u>Beginning 3/13/15, Assistant Director of Nursing and Charge nurses performed interviews with a minimum of three trained staff daily. These interviews have covered questions on transfer packets, review of form changes, Advance Directives, or a change in Advance Directives. Interviews will be</u></p>		

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F 490	<p>Continued From page 189</p> <p>code status changes from CPR only to Full Code Status. The Full Code Status form was signed and placed in the resident's chart. The MDS Coordinators then updated the care plans on 03/14/15 and the face sheets were updated.</p> <p>19) On 03/14/15, the Full Code Status Form was revised by the DON. Options of CPR only and Chemical Code were removed from the Full Code Status Form. The ADON and Charge Nurses (beginning on 03/15/15) completed training on this form change.</p> <p>20) The MDS Coordinators were trained on 03/11/15 by the Nurse Consultant to ensure proper understanding of Advance Directive Care Plans and what should be included in them. This training included assessing whether the resident had an Advance Directive, Durable Power of Attorney for Healthcare, or a Living Will.</p> <p>21) Care plans will also include the resident's expressed wishes regarding care and treatment goals as outlined by the Advance Directives. Social Services staff was trained as of 03/11/15 by the MDS Coordinators on how to develop the Advance Directive Care Plan.</p> <p>22) All resident care plans were reviewed and revised relating to Advance Directives and Code Status by the MDS Coordinators, and was completed by 03/14/15</p> <p>23) The MDS Coordinators will initiate the Advance Directives care plan upon admission. The Social Services Department will be responsible for maintaining and updating the Advance Directive Care Plans now and forward on all residents.</p>	F 490	<p><u>reduced to a random sample of 10 staff per month after 4/29/15 for two months. Summary of interviews taken will be submitted monthly to the Quality Assurance Committee.</u></p> <p><u>On 3/31/15 the initial admission portion of the Advance Directive procedure as outlined in the Advance Directive policy 6.14.1 is being monitored with each new admission by the Finance Manager. The Admissions Coordinator will provide copies of obtained information on day of admission to: Finance, LPN Supervisor, and Unit Manager or Ward Clerk. The Finance Manager on the same day of the resident admission confirms that each person the Administrative Branch Manager provided copies to, has received the obtained information by also having them sign a form, and confirm that the obtained information is filed in the Advance Directive section of the chart. The signed forms confirming receipt of information are filed and kept by the Administrator.</u></p> <p>On 3/11/15 the QA Coordinator and Assistant Administrator were reviewing each resident chart daily to confirm the Advance Directive section of the medical record contains the entire resident's Advance Directives. This is accomplished by comparing the Advance Directives in the medical record with the daily monitoring log. As a result of these audits the monitoring will be decreased to bi-weekly. <u>As of 4/29/15 the DSS and Social Worker began performing the Advance Directive Bi-Weekly log to assure that residents Advance Directives are correct and in the chart. As of 4/29/2015 the Assistant Administrator and</u></p>		

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F 490	Continued From page 190 24) Beginning on 03/15/15, the Quality Assurance Nurse and Assistant Administrator began monitoring Social Services' care plans daily, to ensure that the residents' wishes related to advance directives were accurately reflected on their care plan and any changes in their Advance Directives had been addressed. This was accomplished by comparing the Social Services' Notes, the Advance Directive, and care plan following any reported changes to the resident's Advance Directives. In conjunction with the care plan audit, they were also monitoring whether the Advance Directives were current and in the Advance Directives section of the resident's chart. 25) On 03/10/15, the Administrator, Assistant Administrator, DON, and ADON, discussed what immediate action needed to be taken. At that time, the ADON began informing Charge Nurses, Licensed Staff, and Ward Clerks on duty, of the proper paperwork that is to accompany all residents being transferred to any other facility including emergency care. This information included documents such as code status, Living Wills, POA, Guardianship, Healthcare Surrogate, Fiduciary, and any other legal documents in the Advance Directive Section of the resident's chart. 26) On 03/13/15 the Executive Director provided training on the State and Federal requirements. This training was provided to the Admissions Coordinator, Assistant Administrator, Assistant Director of Nursing, Social Worker and Licensed Practical Nurse (LPN) Coordinator and competency was demonstrated by a posttest on 03/13/15. Beginning on 03/13/15, the ADON provided the same training to the Administrator,	F 490	<u><i>the Administrative Branch Manager are checking 10 charts per week for 6 weeks using the Advance Directive CQI audit tool. Findings are recorded on a log and presented to the QA committee monthly for review.</i></u> <u><i>As of 3/11/15 compliance with policies and processes are being verified daily by the facility's Administrative team consisting of Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. This meeting will be reduced to weekly effective 4/24/2015. The results of these meetings will be reported and incorporated into the facility's monthly QA Committee Meeting as of 4/29/2015.</i></u> <u><i>As of 4/29/15 the facility developed and approved in the monthly QA meeting, an Advance Directives CQI Audit Tool to audit that the Advance Directives are in the chart, care plans clearly states the residents wishes, and that the checklist is utilized when transferring a resident. The Assistant Administrator or the Administrative Branch Manager will perform weekly chart audits of 10 charts a week for one month, and then five charts a week for one month. Results of review will be reported each month at the QA Committee meeting.</i></u>		

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F 490	<p>Continued From page 191</p> <p>DON, Director of Social Services, and Charge Nurses, and competency was demonstrated by a posttest.</p> <p>27) The ADON began training the Administrator, Assistant Administrator, DON, Charge Nurses, Licensed Staff, and Ward Clerks on 03/13/15 regarding additional measures needed to be taken to ensure that all resident's information in the Resident Transfer Packet, which included Advance Directives were being sent to the receiving facility. This training gave direction that all residents' information was sent with him or her when they were transferred out of the facility and will also be faxed to the receiving facility, copied and placed in the miscellaneous section of the chart with the fax transmission confirmation. During this time, staff was also instructed to compare the documents included in the Advance Directive Section to those listed on the resident's Face Sheet, which is generated from Point Click Care, to ensure all current documents were present.</p> <p>28) Beginning on 03/11/15 the QA Nurse, Unit Manager, or the Assistant Administrator, started monitoring to ensure that all Advance Directives for a resident that was being transferred out of the facility were accurate and sent. This was accomplished by reviewing the resident's transfer packet that was copied, faxed, and placed in the miscellaneous section of the resident's chart. This process is being documented daily on a monitoring log; no problems have been identified at this time.</p> <p>29) The facility initiated daily monitoring on 03/13/15 of staff training regarding resident transfer processes, faxing Advance Directives,</p>	F 490			

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F 490	<p>Continued From page 192</p> <p>the State and Federal requirements, Advance Directive Definitions, Sending Advance Directives during transfer, and the Advance Directives policy. The ADON or Charge Nurse was performing the monitoring through interviews with a minimum of three (3) staff per day that were previously trained. All shifts were included in this monitoring, and all shifts were being monitored within a 2-day period.</p> <p>30) Beginning on 03/13/15, Social Services, MDS Coordinators, Admissions Coordinator, QA Coordinator, Licensed Staff, Ward Clerks, and Finance, were trained by the ADON, DON, or Charge Nurse on the advance directive definitions and the State and Federal requirements; competency was demonstrated by posttest.</p> <p>31) As of 03/13/15, the Administrator and Assistant Administrator reviewed and revised the Advance Directive Policy to reflect that upon admission the Admission Coordinator would provide a copy of this policy and would discuss and confirm the Advance Directive status with the resident and or responsible party and would document in the individual medical record with the Resident Rights/Advance Directives form upon admission whether the resident had an Advance Directive. The resident and/or legal representative, DPOA, POA, or Guardian would date and sign a statement attesting that the Advance Directive and facility policy had been explained upon admission.</p> <p>32) The Admissions Coordinator will provide copies of Advance Directive information obtained on the day of admission to Finance, LPN Supervisor, and Unit Manager or Ward Clerk.</p>	F 490			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 480	Continued From page 193 33) LPN Supervisor/Data Entry Specialist entered all orders into the Point Click Care to include code status and advance directives on the day of admission. This information was then generated to the resident's face sheet, which was sent to the resident's nursing unit, and then placed on the resident's chart by the ward clerk, on the day of admission. 34) On 03/14/15, the Assistant Administrator trained the Admissions Coordinator, ADON, and Social Services on the revisions to the Advance Directive Policy, responsibilities, and processes that were in place to ensure that residents' advance directives were executed per the resident's wishes, and competency was demonstrated by a posttest. 35) Together the Assistant Administrator and ADON trained the DON, QA Coordinator, MDS Coordinators, Charge Nurses, Finance, and Unit Managers regarding the Advance Directive Policy and Procedure revision and competency was demonstrated by a post test. 36) Beginning 03/20/15, licensed staff and the ward clerks were trained on the changes to the Advance Directive Policy by the DON, ADON, or Charge Nurse and showed competency by test. All above-mentioned staff was trained as of 03/22/15 on this policy except eight (8) licensed staff and one ward clerk, who will be trained prior to returning to direct resident care. 37) Beginning on 03/13/15 the initial admissions portion of the Advance Directive procedure as outlined in the Advance Directive Policy was being monitored daily by the Assistant	F 490			

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F 490	<p>Continued From page 194</p> <p>Administrator with each new admission. This will accomplished by reviewing the admissions' paperwork and confirming that any advance directives received during the admission process were in fact listed on the Resident's Rights/Advance Directive Sheet. The findings were then reported on a daily monitoring log with each new admission. No problems were identified at the time.</p> <p>38) Starting on 03/11/15, the QA Coordinator or the Assistant Administrator checked resident charts daily to confirm that the Advance Directive section of the chart still contained all of the resident's Advance Directives. This was accomplished by comparing the Advance Directives located in the chart to their daily monitoring log.</p> <p>39) The Administrator and Assistant Administrator revised the Social Services Policy on 03/21/15 to include the procedure for invoking a health care agent or legal representative after the resident was determined not to have decision-making capacity. This policy stated, "The assigned social worker will determine if the resident is self-responsible or if they have a POA, DPOA, or legal guardian in place. The social worker would contact them to let them know the resident has had a mental status change and can no longer make their own decisions. If the legal representative accepts responsibility, they will begin making decisions for the resident. If the resident does not have a POA, DPOA or legal guardian then social services would contact any family members who may be willing to be the responsible party for the resident. If the family members are not willing, then social services will contact Adult Protective Services (APS) and</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 288 VETERANS DRIVE HAZARD, KY 41701		
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F 490	<p>Continued From page 185 request the process for obtaining a guardian to be started."</p> <p>40) Social Services was trained on 03/22/15 by the Assistant Administrator regarding the revised Social Services Policy.</p> <p>41) During the admission process, the Admissions Coordinator would determine the resident's legal representative based on information provided by the resident at the time of admission.</p> <p>42) Upon admission, the resident's mental status was assessed by the Licensed Staff assigned to the resident on their unit through the nursing admission assessment form, and by the MDS Coordinators through the Brief Interview Mental Status (BIMS), which is done within seven (7) days of admission and also done quarterly with scheduled care plan meetings and with any significant change. Should any of these assessments indicate the resident was not capable of being their own decision maker, Social Services would be informed by the nursing staff during the daily morning management administrative meeting of any mental status changes that may require further assessment.</p> <p>43) If a mental status change and further assessment of a resident indicated the need for a legal representative, then at that point Social Services would seek to invoke the health care agent or legal representative as outlined in the Social Services Policy.</p> <p>44) The Assistant Administrator checked to ensure that any issues relating to Social Services have been followed-up on during the daily Social</p>	F 490			

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F 490	<p>Continued From page 198</p> <p>Services meeting. This was documented on the Daily Social Services Meeting Minutes.</p> <p>45) Upon admission, the resident's assigned Social Worker would confirm Advance Directives. Furthermore, the Social Worker would review the advance directive status when requested by the resident or responsible party, upon any re-admission, quarterly with care plan meetings and after any significant change.</p> <p>46) The Social Worker would assist the resident in developing a living will within twenty-four (24) hours of being requested. The Assistant Administrator would monitor this by comparing the Advance Directives to what was stated on the Resident's Rights/Advance Directive Sheet and documented in the Social Services Progress Note.</p> <p>47) As of 03/13/15, the Assistant Administrator initiated daily meetings with the Social Worker and Director of Social Services to discuss any residents that were sent out of the facility, returned to facility, or had received any new documents concerning Advance Directives.</p> <p>48) All Advance Directive care plans will be reviewed immediately upon admission or re-admission by the Social Worker and documentation of the review will be placed in the Social Worker Notes. These would also be reviewed by the MDS Coordinator and Social Worker and the rest of the interdisciplinary care plan team during scheduled care plan meetings, and then documented in the Social Services section of the clinical record as well as the Interdisciplinary Care Plan Sheets.</p>	F 490			

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F 490	<p>Continued From page 197</p> <p>49) If the resident and/ or their representative were present during this care plan meeting, the Advance Directive and Code Status would be discussed to confirm that the directive continues to reflect the resident's wishes. If there was no representative present, Social Services would contact the legal representative to confirm the Advance Directive was still current. This will be completed with the Quarterly MDS review, and any change in status.</p> <p>50) The Quality Assurance (QA) Nurse and Assistant Administrator were monitoring care plans relating to advance directives daily to ensure the residents' wishes expressed on the Advance Directives were outlined in the care plans as of 03/15/15.</p> <p>51) Beginning on 03/20/15, Licensed Staff and Ward Clerks were given re-enforcement training by the ADON, related to information to be included on the shift-to-shift report, and competency was proven by a post test.</p> <p>52) On 03/18/15, the Administrator instructed the Nurse Managers and DON to begin reporting any mental status changes reported on the shift-to-shift report during the Morning Administrative Management Meeting. At that time, the team would discuss necessary changes that needed to be addressed, if any. As of 03/22/15, no change in any resident's mental status had been reported. This was documented daily on the Daily Morning Administrative Management Meeting Notes.</p> <p>53) When a significant change, quarterly or annually assessment is conducted and a brief interview of mental status (BIMS) will be</p>	F 490			

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F 490	<p>Continued From page 198</p> <p>completed on each resident to determine their decision making ability by the MDS Coordinator. This will be reported to the resident's assigned Social Worker, to determine if any changes in legal representative needs to be made.</p> <p>54) When a resident is admitted, readmitted, or had verbalized their desire to change their code status, the nurse will contact the Doctor and obtain a Doctor's order. At that time, a DNR or full code status form would be completed with two (2) caregiver signatures. If the code status was obtained by telephone, the same process will apply. The nurse will document the code status change in the Nurse's Notes and place the change on the shift-to-shift report.</p> <p>55) Beginning on 03/20/15, licensed staff and ward clerks were trained on the changes to the Advance Directive Policy by the DON, ADON, or Charge Nurse and showed competency by a post test. The Advance Directive Policy included the process for contacting the legal representative with any changes in the Advance Directives. All above-mentioned staff was trained as of 03/22/15 on this policy, except for eight (8) licensed staff and one ward clerk, who will be trained prior to returning to direct resident care.</p> <p>56) Per the revised Advance Directives Policy, Social Services or designated others will assist the residents who elect to execute an Advance Directive. Social Services will ensure all documents that belong in the Advance Directive Section are placed in the medical chart.</p> <p>57) Social Services was trained on the changes to the Advance Directive Policy on 03/14/15 by the ADON; and competency was demonstrated</p>	F 490			

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F 490	<p>Continued From page 199 by a post test.</p> <p>58) A copy of the Code Status order will be given to the LPN Supervisor, who will input the order into the "Point Click Care System" and the Admission Record will be generated from this information. The Admission Record (Face Sheet) will be sent to the resident's nursing unit and placed in front of the chart by the ward clerk, on the day of the change in code status.</p> <p>59) On 03/15/15, the Assistant Director of Nursing implemented and trained all Licensed staff and Ward Clerks on the modified existing transfer form to provide an expanded checklist that specifically listed Living Wills, Power of Attorney, Health Care Surrogate or Guardianship documents.</p> <p>60) As of 03/11/15, compliance with the policies and processes were being verified daily by the facility's Administrative team which consists of the Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. Any notice of non-compliance will be reported to the Administrator and a plan of action will be developed to prevent reoccurrence.</p> <p>61) The Executive Adviser and the Nurse Consultant will review the minutes of the management meetings and will attend meetings at least weekly to ensure the Allegation of Compliance is being implemented and that any adjustments to the process are identified, discussed and steps implemented to correct.</p> <p>62) The Executive Adviser and Nurse Consultant are in daily consultation with the Administrator</p>	F 490			

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F 490	<p>Continued From page 200</p> <p>since 03/11/15. They are reviewing documentation, interviews and training staff to ensure the plan is being carried out as alleged.</p> <p>***The SSA validated the Immediate Jeopardy was removed as follows:</p> <p>1) Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:58 PM revealed they were knowledgeable regarding what paper work was to be transferred with residents when sent out of the facility including all Advance Directives formulated by the resident.</p> <p>2) Review of Resident #1's chart on 03/24/15 revealed the resident's Living Will was in the chart and in the correct location.</p> <p>3) Review of Resident #1's chart on 03/24/15 at 1:50 PM revealed an Advance Directive Care Plan was present in the medical record.</p> <p>4) Interviews with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed the Nurse Consultant had trained her on developing an Advance Directive care plan. Interview with the Nurse Consultant on 03/24/15 at 2:00 PM, revealed she had confirmed the accuracy of Resident #1's Advance Directive Care Plan.</p> <p>5) Review of the Progress Notes dated 03/11/15, and interview with Resident #1's Health Care Surrogate on 03/13/15 at 3:00 PM revealed a care plan conference was conducted via telephone to discuss Resident #1. During the interview, the Health Care Surrogate stated she</p>	F 490			

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F 490	<p>Continued From page 201</p> <p>was making health care decisions for Resident #1.</p> <p>6) Interviews on 03/24/15, at 4:44 PM with the Administrator; at 3:32 PM with the Assistant Administrator; and, at 4:37 PM with the DON (Director of Nursing) revealed they had all reviewed Resident #1's care plan and confirmed it contained all the Advance Directives that were included in Resident #1's Living Will.</p> <p>7) Interview with Resident #1's Health Care Surrogate on 03/13/15 at 3:00 PM revealed she confirmed with the facility that Resident #1 was to be a DNR. Review of Resident #1's medical record on 03/24/15 at 1:50 PM revealed the DNR form was signed on 03/11/15. Resident #1's medical record also contained a signed Physician's Order for the DNR status.</p> <p>8) Review of Resident #1's chart on 03/24/15 at 1:50 PM revealed the resident's care plan reflected the DNR status.</p> <p>9) Review of Physician Note, dated 03/11/15 revealed the physician documented participating in the conference call on 03/11/15 with the Health Care Surrogate and discussed the current medical condition of the resident. Review of Resident #1's medical record revealed intravenous (IV) fluids were discontinued for Resident #1 on 03/11/15. Observation of Resident #1 on 03/24/15 at 3:09 PM revealed the resident was not receiving IV fluids.</p> <p>10) Review of Resident #2's medical record on 03/24/15 at 2:20 PM revealed It contained a copy of the resident's Durable Power of Attorney (DPOA) and It was located in the correct section</p>	F 490			

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F 490	<p>Continued From page 202 of the medical record.</p> <p>11) Review of the Progress Notes dated 03/11/15, and Interview with Resident #2's DPOA on 03/13/15 at 3:00 PM revealed the facility confirmed the information in Resident #2's DPOA was correct and reflected the wishes of Resident #2.</p> <p>12) Review of Resident #2's medical record on 03/24/15 at 2:20 PM revealed it contained an Advance Directive Care Plan for Resident #2.</p> <p>13) Interview with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed the Nurse Consultant trained her on developing an Advance Directive care plan. Interview with the Nurse Consultant on 03/24/15 at 2:00 PM, revealed she confirmed the accuracy of Resident #2's Advance Directive Care Plan.</p> <p>14) Review of a Resident Disposition form dated 03/15/15, and interview on 03/24/15 at 4:05 PM with the Director of Social Services revealed that all charts had been reviewed to ensure Advance Directives were on the chart under the designated tab.</p> <p>15) Interviews on 03/24/15 at 3:15 PM with Resident #3 and at 3:22 PM with Resident #4 revealed they had been interviewed by the DSS and had not made changes in their code status designations. Review of Social Service Notes for Residents #20 and #23 revealed entries dated 03/11/15, indicating they had a responsible party named, and no changes in their cognitive status had been identified.</p> <p>16) Review of a facility Resident Roster revealed</p>	F 490			

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F 490	<p>Continued From page 203</p> <p>that all residents or their designated representatives except one had been interviewed to ensure Advance Directives and Code Status were correct for each resident. Review of a copy of a certified letter revealed the facility had attempted to contact the remaining responsible party.</p> <p>17) Interview with the Assistant Administrator on 03/24/15 at 3:32 PM, and review of the Advance Directive Monitoring Log revealed the Assistant Administrator had reviewed the Social Worker's Progress Notes to ensure they were accurate when compared with the Advance Directive on file for each resident.</p> <p>18) Review of Residents #9 and #14's medical record revealed their code status designation had been changed to Full Code Status. The medical record revealed a Code Status form was signed and in the medical records. Review of resident's care plans also revealed the update was on the care plans.</p> <p>19) Review of the facility's Code Status form revealed it had been updated on 03/14/15. Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM, and RN #2 on 03/24/15 at 2:56 PM revealed they had been trained on the form changes.</p> <p>20) Interview with MDS Coordinator #2 on 03/24/15 at 3:06 PM revealed she had been trained by the Nurse Consultant related to Advance Directive care plans and was able to verbalize the different types of Advance Directives.</p> <p>21) Review of Residents #1, #2 and #4's Care</p>	F 490			

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F 490	<p>Continued From page 204</p> <p>Plans revealed they included the resident's expressed wishes that were contained in their Advance Directives. Interview with the DSS on 03/24/15, at 4:05 PM revealed he was trained on how to develop an Advance Directive care plan.</p> <p>22) Review of Residents #1, #2 and #4's Care Plans revealed they had been revised and included Advance Directives and Code Status.</p> <p>23) Interview with MDS Coordinator #2 on 03/24/15 at 3:08 PM revealed she was knowledgeable that she would be responsible for maintaining and updating the Advance Directive Care Plans after initial development by the DSS.</p> <p>24) Review of a Care Plan Monitoring Log and interviews on 03/24/15 at 1:48 PM and 3:32 PM with the Quality Assurance Nurse and Assistant Administrator revealed the Social Service care plans related to Advance Directives were being reviewed daily to ensure the resident's wishes relating to advance directives were accurately reflected on their care plan and included any changes.</p> <p>25) Interview with the DON on 03/24/15 at 4:37 PM revealed she initiated training on 03/10/15 with staff related to sending all Advance Directives with a resident when they were transferred out of the facility.</p> <p>26) Interviews on 03/24/15 at 2:11 PM with the Admissions Coordinator, at 3:32 PM with the Assistant Administrator, and at 4:05 PM with the DSS; and review of an In-service Sign In Sheet dated 03/13/15, revealed the Executive Director had provided training on the State and Federal requirements. Review of competency testing</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 490	<p>Continued From page 205</p> <p>revealed each of the staff had also completed a competency test.</p> <p>27) Review of a facility In-service Sign In Sheet dated 03/13/15, revealed the ADON trained the Administrator, Assistant Administrator, DON, Charge Nurses, Licensed Staff, and Ward Clerks regarding ensuring that all resident information related to Advance Directives was being sent to the receiving facility and faxed. Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM, RN #2 on 03/24/15 at 2:58 PM, and Ward Clerk #1 at 3:14 PM, revealed they were knowledgeable regarding the process for sending Advance Directive information with residents when transferred out of the facility.</p> <p>28) Review of a Transfer Monitoring Log and interviews on 03/24/15 at 1:48 PM with the QA nurse and at 3:54 PM with Unit Manager #1, revealed all resident transfers were being monitored to ensure all Advance Directives for each resident transferred out of our facility had been sent and were accurate.</p> <p>29) Review of daily questionnaires and interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:58 PM revealed staff was being asked questions to ensure competency on the State and Federal requirements daily by the ADON or a Charge Nurse.</p> <p>30) Review of In-service Sign In Sheets and interviews on 03/24/15, at 4:05 PM with the DSS, at 3:06 PM with MDS Coordinator #2, at 2:11 PM with the Admissions Coordinator revealed they were trained on Advance Directive definitions and the State and Federal requirements. They</p>	F 490			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 183471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 490	Continued From page 208 completed a competency test. 31) Interviews conducted on 03/24/15 at 4:44 PM with the Administrator and at 3:32 PM with the Assistant Administrator and review of the Advance Directive Policy revealed the Advance Directive Policy had been revised to include the following: upon admission the Admission's Coordinator will provide a copy of this policy and will discuss and confirm the advance directive status with the resident and or responsible party and upon admission, will document in the Individual medical record using the Resident Rights/Advance Directives Form whether the resident had an Advance Directive. The resident and/or legal representative will date and sign a statement attesting that the Advance Directive and the facility's policy had been explained upon admission. 32) Interview with the Admissions Coordinator on 03/24/15 at 2:11 PM, revealed she it is her responsible to provide copies of the Advance Directive information related to each new admission to the Finance Department, the LPN Supervisor, and the Unit Manager or Ward Clerk. 33) Interviews on 03/24/15 at 4:30 PM with the LPN Supervisor/Data Entry Specialist revealed she was knowledgeable on the process to enter code status and advance directive information for residents when they were admitted. Review of a Face Sheet for a resident admitted to the facility on 03/20/15, revealed the resident's Face Sheet contained the appropriate information related to Code Status and Advance Directives. 34) Review of an In-service Sign In Sheet dated 03/14/15, and interviews on 03/24/15 at 2:11 PM	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 490	<p>Continued From page 207</p> <p>with the Admissions Coordinator, and at 4:05 PM with the DSS revealed the Assistant Administrator trained them on the revisions to the Advance Directive Policy and Procedures.</p> <p>35) Review of an In-service Sign In Sheet dated 03/14/15, revealed the Assistant Administrator and ADON trained the DON, QA Coordinator, MDS Coordinators, Charge Nurses, Finance Staff, and the Unit Managers on the Advance Directive Policy and Procedure revision and staff completed a competency test.</p> <p>36) Review of a facility In-service Sign in sheet dated 03/20/15, and interviews on 03/24/15, with LPN #2 at 2:28 PM, with LPN #1 at 3:23 PM, and with RN #2 at 2:58 PM, revealed they were trained on the changes to the Advance Directive Policy, and completed a competency test.</p> <p>37) Review of the Advance Directive Monitoring Log and interview with the Assistant Administrator revealed he conducted daily monitoring of the admission process related to Advance Directives for each new admission. The Assistant Administrator stated he reviewed the admissions paperwork and confirmed that any advance directive received during the admission process was listed on the Resident Rights/Advance Directive sheet.</p> <p>38) Interviews on 03/24/15 at 1:48 PM with the QA Coordinator and at 3:32 PM with the Assistant Administrator revealed they were checking resident charts daily to ensure all Advance Directives were on the chart in the appropriate section.</p> <p>39) Review of the Social Services Policy and</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 490	<p>Continued From page 208</p> <p>Interview on 03/24/15 at 4:44 PM with the Administrator; and, at 3:32 PM with the Assistant Administrator revealed they revised the Social Services Policy on 03/21/15 to include the procedure for invoking a health care agent or legal representative after the resident was determined not to have decision-making capacity.</p> <p>40) Review of an In-service Sign In Sheet and Interview with the DSS on 03/24/15 at 4:05 PM revealed the DSS was trained by the Assistant Administrator on the revised Social Services Policy on 03/22/15.</p> <p>41) Interview on 03/24/15 at 2:11 PM with the Admissions Coordinator revealed she was knowledgeable regarding determining a resident's responsible party, if applicable, at the time of admission.</p> <p>42) Interviews conducted on 03/24/15 at 4:00 PM with Charge Nurse #1 and at 3:54 PM with Unit Manager #1 revealed they were knowledgeable regarding the procedure for assessing a resident's mental status upon admission. The staff stated if these assessments indicated the resident was unable to make competent decisions, the DSS would be informed.</p> <p>43) Interview with the DSS on 03/24/15 at 4:05 PM revealed that if a resident was assessed to have a mental status change and further assessment indicated a need for a responsible party to be identified for decision making the DSS would then attempt to identify a responsible party or involve State Adult Protective Services if indicated.</p> <p>44) Interview with the Assistant Administrator on</p>	F 490			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 490	<p>Continued From page 209</p> <p>03/24/15 at 3:32 PM revealed he was responsible to ensure any issues relating to Social Services have been addressed during the facility's morning meeting. Any issues identified would be documented in the Social Services meeting minutes.</p> <p>45) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services would confirm the resident's Advance Directives on admission, when requested by a resident or family, or during any MDS assessment.</p> <p>46) Interview with the DSS on 03/24/15 at 4:05 PM and review of a Living Will formulated on 03/12/15, revealed residents would be assisted within twenty-four hours by the Social Worker in developing an Advance Directive. Interview with the Assistant Administrator on 03/24/15 at 3:32 PM revealed the Assistant Administrator would monitor this by comparing the formulated Advance Directive to what was stated on the Resident Rights/Advance Directive sheet and documented in the Social Services Progress Note.</p> <p>47) Interviews on 03/24/15 at 3:32 PM with the Assistant Administrator and at 4:05 PM with the DSS, revealed the Assistant Administrator and Social Services were meeting daily to discuss the status of any resident transferring or returning to the facility to review the status of their Advance Directives.</p> <p>48) Interviews on 03/24/15 at 4:05 PM with the DSS revealed Advance Directive care plans would be reviewed when a resident was re-admitted to the facility, and noted in the Social Services Notes. Interview with MDS Coordinator</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 480	<p>Continued From page 210</p> <p>#2 on 03/24/15, at 2:11 PM revealed the Advance Directive would also be reviewed during scheduled care plan meetings, and documented in the Social Services section of the clinical record as well as the resident's care plan.</p> <p>49) Interview with MDS Coordinator #2 on 03/24/15, at 2:11 PM revealed if the resident and/or their representative were present during a care plan meeting, the Advance Directive and Code Status would be discussed to confirm the directive continued to reflect the resident's wishes. If the resident or their representative were not present, Social Services would contact the legal representative and confirm the Advance Directive was still current.</p> <p>50) Interviews on 03/24/15 at 1:48 PM with the Quality Assurance Nurse and at 3:32 PM with Assistant Administrator revealed they monitored care plans related to advance directives daily to ensure the resident's wishes expressed on the Advance Directives were included in the resident's plan of care.</p> <p>51) Interviews on 03/24/15 at 2:44 PM with Ward Clerk #3 and at 3:14 PM with Ward Clerk #1, and review of In-service Sign in Sheets revealed they were trained by the ADON on 03/20/15 related to the shift-to-shift report and completed a competency test.</p> <p>52) Review of the daily administrative meeting documentation and interview on 03/24/15 at 3:54 PM with Unit Manger #1 revealed the Administrator instructed her on 03/18/15 to record any mental status changes of a resident on the shift-to-shift report. The report would be reviewed at the morning administrative meeting where any</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 490	<p>Continued From page 211 necessary changes would be discussed.</p> <p>53) Interview with MDS Coordinator #2 at 3:06 PM on 03/24/15, revealed when an MDS assessment was completed which included a Brief Interview of Mental Status (BIMS) score, it would be reported to the resident's assigned Social Worker, to determine if any changes in legal representative needed to be made.</p> <p>54) Interviews with LPN #2 on 03/24/15 at 2:28 PM, LPN #1 on 03/24/15 at 3:23 PM and RN #2 on 03/24/15 at 2:56 PM, revealed they were knowledgeable regarding the steps to be taken to change a resident's code status.</p> <p>55) Review of In-service Sign In Sheets dated 03/20/15, revealed licensed staff and Ward Clerks were trained on the changes to the Advance Directive Policy and completed competency testing.</p> <p>56) Interview with the DSS on 03/24/15 at 4:05 PM revealed Social Services or a staff they designated would be responsible to assist residents who wished to execute an Advance Directive. Social Services would also ensure Advance Directive documents were placed in the resident's chart.</p> <p>57) Review of an In-service Sign In Sheet dated 03/14/15, revealed Social Services staff was trained on the changes to the Advance Directive Policy by the ADON, and completed a competency test.</p> <p>58) Interview with LPN #2 at 2:28 PM on 03/24/15, revealed Code Status orders would be entered into the Point Click Care System and</p>	F 490			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185471	(DC7) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(DC3) DATE SURVEY COMPLETED C 03/24/2015
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 299 VETERANS DRIVE HAZARD, KY 41701		
(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)	(DC5) COMPLETION DATE	
F 490	<p>Continued From page 212</p> <p>then the Admission Record would be generated and sent to the resident's nursing unit. Interview with Ward Clerk #3 at 2:44 PM on 03/24/15 revealed the record would then be placed in the resident's chart.</p> <p>59) Review of a Resident Transfer Form dated 03/15/15 revealed it had been modified to include a checklist that specifically listed Living Wills, Powers of Attorney, Health Care Surrogate or Guardianship documents which were to be included when a resident was transferred. Review of In-Service sign In Sheets Initiated on 03/15/15, revealed licensed staff and Ward Clerks were trained on the revision.</p> <p>60) Review of daily QA Meeting Minutes revealed the Advance Directive Policies and procedures were being reviewed and verified daily by the facility's Administrative team consisting of the Administrator, Assistant Administrator, Director of Nursing, and Assistant Director of Nursing or QA Coordinator and reviewed daily during the QA Daily meeting. Interview with the Administrator on 03/24/15 at 4:44 PM revealed any non-compliance was to be reported to him and a plan of action would be developed to prevent reoccurrence.</p> <p>61) Interviews on 03/24/15 at 2:00 PM with the Executive Adviser and the Nurse Consultant revealed they would review the minutes of the management meetings and attend meetings at least weekly to ensure the Allegation of Compliance was being implemented and any needed adjustments to the process were being identified and addressed.</p> <p>62) Interviews on 03/24/15 at 2:00 PM with the</p>	F 490			

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F 490	Continued From page 213 Executive Adviser and Nurse Consultant revealed they were in daily consultation with the Administrator since 03/11/15 to ensure the plan was being carried out as alleged.	F 490			