

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30901	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2022
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NAME OF PROVIDER OR SUPPLIER CRYSTAL RIVER HEALTH AND REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 136 NORTHEAST 12TH AVENUE CRYSTAL RIVER, FL 34429
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 000	INITIAL COMMENTS An unannounced re-licensure survey was conducted at Crystal River Health and Rehabilitation Center on _____ through _____. Deficient practice was identified at the time of the survey.	N 000		
N 054 SS=D	59A-4.107(5), FAC Follow Physician Orders All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure physician orders were followed as prescribed for 1 of 3 residents reviewed for _____ administration, Resident #8, in a total sample of 54 residents. Findings: Review of Resident #8's records revealed the resident was admitted on _____ with diagnoses to include _____ (a _____ that blocks airflow and makes it difficult to breathe), left sided _____ (_____ on one side of the body), _____ (high _____), and major _____. During an observation on _____ at 10:43 AM, Resident #8 was receiving _____ at 4 liters per minute via _____ concentrator, with the _____ humidification bottle on the floor. During an observation on _____ at 7:55 AM, Resident #8 was receiving _____ at 4 liters per minute via _____ concentrator, with the _____	N 054	In preparation, submission, and implementation of this plan of correction does not constitute an admission of agreement with the conclusions set forth on the survey report. Our plan of correction is prepared and executed to continuously improve the quality of care and comply with all applicable state and federal regulatory requirements. N054 The facility will continue to follow physician orders as prescribed. CRITERIA 1: Resident #8 _____ flow was set to the physician ordered two liters and a new humidification bottle obtained and placed in concentrator holder _____ by Licensed Nurse. CRITERIA 2: Remaining 19 residents on _____ were audited by Licensed Nurse, Staff Development Coordinator and D.O.N to	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Electronically Signed _____ /22

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N 054	Continued From page 1 humidification bottle on the floor. During an observation on _____ at 1:52 PM, Resident #8 was receiving _____ at 4 liters per minute via _____ concentrator, with the _____ humidification bottle on the floor. Review of the physician order dated _____ for Resident #8 revealed _____ at 2 liters per minute as needed for _____ During an interview on _____ at 2:12 PM, Staff G, Licensed Practical Nurse (LPN), stated, "The _____ is not supposed to be on 4 liters. She has doctor's orders for 2 liters. I'm not sure why she is on 4 liters. The humidification bottle should not be on the floor and needs to be changed right away." During an interview on _____ at 2:45 PM, the Director of Nursing (DON) stated, "_____ should be administered according to the doctor's orders. I can't believe that the humidification bottle was on the floor. It needs to be in the holder. I expect that the nurses are assessing every shift and making sure that it is being administered according to the doctor's orders." Class III	N 054	ensure _____ flow rates were per physician's orders and humidification bottles were in concentrator holder and not on floor. No other _____ was noted to be erroneous on _____ CRITERIA 3: Licensed Nurses re-educated on _____ administration by Staff Development Coordinator, completed CRITERIA 4: D.O.N/designee to audit three residents with _____ administration twice weekly x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added, as necessary.		
N 094 SS=F	59A-4.112(5), FAC Drug Labeling (5) Prescription drugs and biologicals used in the facility shall be labeled in accordance with currently accepted professional principles, Chapter 499, F.S. and Rules 64B16-28.108 and 64B16-28.502, F.A.C., as required by the Department of Health. This Statute or Rule is not met as evidenced by:	N 094			

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N 094	<p>Continued From page 2</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medications used in the facility were labeled in accordance with currently accepted professional principles in 5 of 6 medication carts reviewed.</p> <p>Findings:</p> <p>On at 9:25 AM, the surveyor observed Medication Cart #1 with Staff A, Licensed Practical Nurse (LPN), and found one opened with no opened or expiration dates, one opened Lispro with no opened or expiration dates, one opened bottle of with no opened or expiration dates, and one opened bottle of Ofloxacin with no opened or expiration dates.</p> <p>During an interview on at 9:25 AM, Staff A, LPN, stated, "All and should be labeled when they are opened. I'm not sure why they aren't. This is not my cart."</p> <p>On at 9:30 AM, the surveyor observed Medication Cart #2 with Staff B, Registered Nurse (RN), and found one opened with no opened or expiration dates, one opened with no opened or expiration dates, one opened bottle of with no opened or expiration dates, two opened bottles of tears with no resident identifiers and no opened or expiration dates, and one opened bottle of with no opened or expiration dates.</p> <p>During an interview on at 9:35 AM, Staff B, RN, stated, "All and should have the date opened and when they expire."</p> <p>On at 9:40 AM, the surveyor observed</p>	N 094	<p>N094 DRUGS AND BIOLOGICALS WILL BE LABELED IN ACCORDANCE WITH CURRENTLY ACCEPTED PROFESSIONAL PRINCIPLES.</p> <p>The facility will continue to label drugs and biologicals in accordance with currently accepted professional principles.</p> <p>CRITERIA 1: The one open one Lispro one bottle of one bottle of Ofloxacin from cart #1, and one one one bottle of tears, one bottle Refresh tear, one bottle of one bottle of one bottle of two bottles of tears, and one bottle of from cart #2, and one one one Aspart one bottle of one bottle of from cart #3, and two one bottle of tears, one bottle of Brimondine, one bottle of one bottle of from cart #4, and one bottle of Latanprost one bottle of Lumigan one bottle of Refresh and one bottle of from cart #5 were discarded and newly opened medication labeled and dated on by Licensed Nurses.</p> <p>CRITERIA 2: Remaining medication cart #6 audit</p>	
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N 094	<p>Continued From page 3</p> <p>Medication Cart #3 with Staff C, LPN, and found one opened _____ with no opened or expiration dates, one opened _____ with no opened or expiration dates, one opened Aspart _____ with no opened or expiration dates, one opened bottle of _____ with no opened or expiration dates, and one opened bottle of _____ with no opened or expiration dates.</p> <p>During an interview on _____ at 9:45 AM, Staff C, LPN, stated, "All _____ and _____ should be labeled when they are opened."</p> <p>On _____ at 9:50 AM, the surveyor observed Medication Cart #4 with Staff D, LPN, and found one opened _____ with no opened or expiration dates, one opened _____ with no opened or expiration dates, and one opened bottle of _____ 0.2% _____ with no opened or expiration dates.</p> <p>During an interview on _____ at 9:55 AM, Staff D, LPN, stated, "All _____ and _____ need to be labeled when they are opened and when they expire."</p> <p>On _____ at 10:05 AM, the surveyor observed Medication Cart #5 with Staff E, LPN, and found one opened bottle of _____ 0.005% _____ with no opened or expiration dates, one opened bottle of Lumigan 0.01% _____ with no opened or expiration dates, one opened bottle of Refresh _____ with no opened or expiration dates, and one opened bottle of _____ with no resident identifier and an opened date of _____.</p> <p>During an interview on _____ at 10:10 AM, Staff E, LPN, stated, "We should not have any</p>	N 094	<p>completed _____ by Licensed Nurse, no undated, unlabeled or expired medications observed.</p> <p>CRITERIA 3: Re-education of Licensed Nurses regarding medication storage and labeling completed by Staff Development Coordinator on _____.</p> <p>CRITERIA 4: D.O.N/designee to audit medication carts to ensure expired medication and/or biologicals are not present or unlabeled weekly x 3 months or until substantial compliance is achieved and results brought to QA monthly and any additional interventions added, as necessary.</p>	

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N 094	Continued From page 4 expired meds on the cart." Review of the facility policy number 5.3 titled "Storage and Expiration of Medications, Biologicals, Syringes and Needles" with the last revision date of _____, reads, "Procedure: ... 4. Facility should ensure that medications and biologicals: 4.1 Have an expiration date on the label; 4.2 Have not been retained longer than recommended by manufacturer or supplier guidelines ... 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. 5.1 Facility staff may record the _____ expiration date based on date opened on the medication container." Class III	N 094		
N 915 SS=F	400.147(7), FS Adverse Incident (7) The nursing home facility shall initiate an investigation within 1 business day after the risk manager or his or her designee has received a report pursuant to paragraph (1)(d). The facility must complete the investigation and submit a report to the agency within 15 calendar days after the adverse incident occurred. The agency shall develop a form for the report which must include the name of the risk manager, information regarding the identity of the affected resident, the type of adverse incident, the initiation of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a potential risk to any other	N 915		

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N 915	<p>Continued From page 5</p> <p>resident. The report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each report and determine whether it potentially involved conduct by the health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a report of adverse incidents to the Agency for Health Care Administration for 3 of 3 residents reviewed for facility response to allegations, Residents #10, #59, and #69.</p> <p>Findings:</p> <p>Review of the facility grievances report dated revealed Resident #10 had voiced an allegation of that a Certified Nursing Assistant had called him a name.</p> <p>Review of the facility grievances report dated revealed Resident #69 had voiced an allegation that he was told to urinate in his brief, and he was not getting water.</p> <p>Review of the facility grievances report dated revealed Resident #59's daughter had voiced an allegation that Resident #59 had been locked in the shower and was screaming.</p> <p>During an interview on at 9:27 AM, the</p>	N 915	<p>N915 The facility will continue to report adverse incidents.</p> <p>CRITERIA 1: Grievance reports for residents #10, #69, and #59 were investigated and reported to required agencies such as DCF, AHCA and law enforcement on</p> <p>CRITERIA 2: Remaining grievance reports for last 6 months reviewed to ensure that allegations were not missed for reporting by Director of Nursing on No further grievances were noted as allegations.</p> <p>CRITERIA 3: Re-education provided to staff on reporting requirements of allegations by Staff Development Coordinator. Completed by</p> <p>CRITERIA 4:</p>	

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N 915	<p>Continued From page 6</p> <p>Social Worker verified that the facility had not reported the allegations of involving Resident #10, Resident #69, and Resident #59.</p> <p>During an interview on _____ at 10:22 AM, the Administrator acknowledged the requirement for the incidents involving Resident #10, Resident #69, and Resident #59 to have been reported.</p> <p>During an interview on _____ at 11:42 AM, the Social Worker stated Resident #10 had voiced the allegation on _____, Resident #69 had voiced the allegation on _____, and Resident #59's daughter had voiced the allegation on _____.</p> <p>During an interview on _____ at 8:30 AM, the Administrator stated he knew that the incidents involving Resident #10, Resident #59, and Resident #69 had occurred and he had signed off on them. He stated, "After I reviewed these, we really should have reported them. I'm aware we have an _____ to report. These seemed so subtle, we just didn't realize. But we really should have identified them after the second occurrence and come up with a plan."</p> <p>Review of the facility policy titled "_____, Neglect, Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, _____" reviewed on _____, read, "Purpose: This Policy (the "Policy") is concerned with all incidents and accidents involving resident/guest(s). The facility will investigate and document all incidents and accidents involving resident/guest(s). Certain incidents and accidents involving residents/guests must also be reported to the appropriate agencies. All of our resident/guest(s) have the right to be free from _____, neglect, _____, and misappropriation</p>	N 915	<p>NHA/designee to audit grievance logs weekly to ensure allegations are not missed for reporting x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added as necessary.</p>	
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N 915	<p>Continued From page 7</p> <p>of resident/guest property. This includes but is not limited to freedom from corporal punishment, involuntary _____, and physical or chemical _____ not required to treat the resident/guest(s) medical symptoms ... This policy addresses the acts and occurrences that constitute _____ neglect, _____ and misappropriation of resident/guest property and suspicious injuries of unknown source; this includes but is not limited to: freedom from corporal punishment, involuntary _____, and physical or chemical _____ not required to treat the resident/guest(s) medical symptoms of any type, by anyone; when such acts and occurrences transpire, it must be reported to agencies and officials outside of the facility; the proper reporting procedures to be used in such instances; training of employees regarding such acts and occurrences and reporting procedures; and the investigation of such acts and occurrences and reporting procedures. The policy also addresses the proper investigation and documentation of incidents and accidents involving resident/guest(s) that are not caused by _____ and misappropriation of resident/guest property. For purpose of this Policy, the following terms shall have the following meanings: A. _____. The definition of _____ encompasses a broad scope of behavior. _____ is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, _____, or mental anguish. In addition, _____ includes depriving the resident/guest of goods and/or services that are necessary to attain or maintain physical, mental, and _____ well-being irrespective of any mental or physical condition. Any act considered _____ towards an alert and oriented resident/guest should also be considered _____ to the _____ or _____</p>	N 915		
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N 915	<p>Continued From page 8</p> <p>Willful means the individual must have acted deliberately (not inadvertently or accidentally), not that the individual must have intended to inflict injury or harm. A resident/guest that intentionally hits another resident/guest, may be considered The following are definitions of specific types of 1. Verbal- is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory terms to resident/guest(s) or their families/representatives, or within their hearing distance, regardless of their ages, abilities to comprehend, or the nature of their Examples of could include, but are not limited to: threatening to hurt and saying things to frighten a resident/guest, such as telling a resident/guest that: he/she will never be able to see his/her family again, will take to shower room and leave for hours, will leave a bed all day to soil yourself, if you don't eat fast enough food will be taken away, isolating a resident/guest from social interaction or activities. Using profanity to a resident/guest, blaming the resident/guest for their condition and employee altercations in front of a resident/guest, mocking, insulting, or ridiculing the resident/guest are also examples that could be VI. Investigations and Facility Response to Incidents or Accidents: a) The facility will report all instances of alleged or suspected including verbal and mental neglect, suspicious injuries of unknown origin, and misappropriation of resident/guest property in the following manner, b) Investigation and Reporting Steps: - Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately. - The Administrator/Designee will report to the State Agency and all other required agencies, per regulations. All allegations of and</p>	N 915		
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N 915	Continued From page 9 instances that result in serious bodily injury must be reported within 2 hours." Class III	N 915		

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

PRINTED: 04/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2022
NAME OF PROVIDER OR SUPPLIER CRYSTAL RIVER HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 136 NORTHEAST 12TH AVENUE CRYSTAL RIVER, FL 34429		
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F 000	INITIAL COMMENTS An unannounced recertification survey was conducted on _____ through _____ at Crystal River Health and Rehabilitation Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities. Substandard quality of care was identified at F609- Reporting of Alleged Violations. An extended survey was conducted on _____	F 000			
F 609 SS=F	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of neglect, _____, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving _____, neglect, _____ or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve _____ or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve _____ and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609			

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

TITLE

(X6) DATE

Electronically Signed

/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 609	<p>Continued From page 1</p> <p>designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the allegations of were reported to the State Survey Agency and other officials for 3 of 3 residents reviewed for facility response to allegations, Residents #10, #59, and #69.</p> <p>Findings:</p> <p>Review of the facility grievances report dated revealed Resident #10 had voiced an allegation of that a Certified Nursing Assistant had called him a name.</p> <p>Review of the facility grievances report dated revealed Resident #69 had voiced an allegation that he was told to urinate in his brief, and he was not getting water.</p> <p>Review of the facility grievances report dated revealed Resident #59's daughter had voiced an allegation that Resident #59 had been locked in the shower and was screaming.</p> <p>During an interview on at 9:27 AM, the Social Worker verified that the facility had not reported the allegations of involving Resident #10, Resident #69, and Resident #59.</p> <p>During an interview on at 10:22 AM, the</p>	F 609	<p>In preparation, submission, and implementation of this plan of correction does not constitute an admission of agreement with the conclusions set forth on the survey report. Our plan of correction is prepared and executed to continuously improve the quality of care and comply with all applicable state and federal regulatory requirements.</p> <p>F609 RESIDENTS WILL HAVE ALLEGED VIOLATIONS REPORTED.</p> <p>The facility will continue to report alleged violations.</p> <p>CRITERIA 1: Grievance reports for residents #10, #69, and #59 were reported to required agencies on</p> <p>CRITERIA 2: Remaining grievance reports for last 6 months reviewed to ensure that allegations were not missed for reporting by Director of Nursing on No further grievances were noted as allegations.</p> <p>CRITERIA 3: Re-education provided to staff on</p>		

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

PRINTED: 04/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2022
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F 609	<p>Continued From page 2</p> <p>Administrator acknowledged the requirement for the incidents involving Resident #10, Resident #69, and Resident #59 to have been reported.</p> <p>During an interview on _____ at 11:42 AM, the Social Worker stated Resident #10 had voiced the allegation on _____, Resident #69 had voiced the allegation on _____, and Resident #59's daughter had voiced the allegation on _____.</p> <p>During an interview on _____ at 8:30 AM, the Administrator stated he knew that the incidents involving Resident #10, Resident #59, and Resident #69 had occurred and he had signed off on them. He stated, "After I reviewed these, we really should have reported them. I'm aware we have an _____ to report. These seemed so subtle, we just didn't realize. But we really should have identified them after the second occurrence and come up with a plan."</p> <p>Review of the facility policy titled " _____, Neglect, Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, _____," reviewed on _____, read, "Purpose: This Policy (the "Policy") is concerned with all incidents and accidents involving resident/guest(s). The facility will investigate and document all incidents and accidents involving resident/guest(s). Certain incidents and accidents involving residents/guests must also be reported to the appropriate agencies. All of our resident/guest(s) have the right to be free from _____, neglect, _____, and misappropriation of resident/guest property. This includes but is not limited to freedom from corporal punishment, involuntary _____, and physical or chemical _____ not required to treat the</p>	F 609	<p>reporting requirements of allegations by Staff Development Coordinator. Completed by</p> <p>CRITERIA 4: NHA/designee to audit grievance logs weekly to ensure allegations are not missed for reporting x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added as necessary.</p>		

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

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F 609	Continued From page 3 resident/guest(s) medical symptoms ... This policy addresses the acts and occurrences that constitute ..., neglect, ... and misappropriation of resident/guest property and suspicious injuries of unknown source; this includes but is not limited to: freedom from corporal punishment, involuntary ..., and physical or chemical ... not required to treat the resident/guest(s) medical symptoms of any type, by anyone; when such acts and occurrences transpire, it must be reported to agencies and officials outside of the facility; the proper reporting procedures to be used in such instances; training of employees regarding such acts and occurrences and reporting procedures; and the investigation of such acts and occurrences and reporting procedures. The policy also addresses the proper investigation and documentation of incidents and accidents involving resident/guest(s) that are not caused by ... and misappropriation of resident/guest property. For purpose of this Policy, the following terms shall have the following meanings: A. ... The definition of ... encompasses a broad scope of behavior. ... is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, , or mental anguish. In addition, ... includes depriving the resident/guest of goods and/or services that are necessary to attain or maintain physical, mental, and , well-being irrespective of any mental or physical condition. Any act considered ... towards an alert and oriented resident/guest should also be considered ... to the ... or Willful means the individual must have acted deliberately (not inadvertently or accidentally), not that the individual must have	F 609			

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

PRINTED: 04/06/2022
FORM APPROVED
OMB NO. 0938-0391

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F 609	Continued From page 4 intended to inflict injury or harm. A resident/guest that intentionally hits another resident/guest, may be considered . The following are definitions of specific types of : 1. Verbal- is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory terms to resident/guest(s) or their families/representatives, or within their hearing distance, regardless of their ages, abilities to comprehend, or the nature of their . Examples of could include, but are not limited to: threatening to hurt and saying things to frighten a resident/guest, such as telling a resident/guest that: he/she will never be able to see his/her family again, will take to shower room and leave for hours, will leave a bed all day to soil yourself, if you don't eat fast enough food will be taken away, isolating a resident/guest from social interaction or activities. Using profanity to a resident/guest, blaming the resident/guest for their condition and employee altercations in front of a resident/guest, mocking, insulting, or ridiculing the resident/guest are also examples that could be . VI. Investigations and Facility Response to Incidents or Accidents: a) The facility will report all instances of alleged or suspected , including verbal and mental , neglect, suspicious injuries of unknown origin, and misappropriation of resident/guest property in the following manner, b) Investigation and Reporting Steps: - Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately. - The Administrator/Designee will report to the State Agency and all other required agencies, per regulations. All allegations of and instances that result in serious bodily injury must be reported within 2 hours."	F 609			

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

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F 695 SS=D	<p>Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) care, including care and suctioning. The facility must ensure that a resident who needs care, including care and suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who needed care services received such care consistent with professional standards of practice for 1 of 3 residents reviewed for administration, Resident #8, in a total sample of 54 residents.</p> <p>Findings:</p> <p>Review of Resident #8's records revealed the resident was admitted on with diagnoses to include (a) that blocks airflow and makes it difficult to breathe), left sided (, on one side of the body), (high), and major</p> <p>During an observation on at 10:43 AM, Resident #8 was receiving at 4 liters per minute via concentrator, with the humidification bottle on the floor.</p> <p>During an observation on at 7:55 AM, Resident #8 was receiving at 4 liters per</p>	F 695	<p>F695 RESIDENTS WILL HAVE CARE CONSISTENT WITH PROFESSIONAL STANDARDS OF PRACTICE.</p> <p>The facility will continue to provide care consistent with professional standards.</p> <p>CRITERIA 1: Resident #8 flow was set to the physician ordered two liters and a new humidification bottle obtained and placed in concentrator holder by Licensed Nurse.</p> <p>CRITERIA 2: Remaining 19 residents on were audited by Licensed Nurse, Staff Development Coordinator and D.O.N to ensure flow rates were per physician's orders and humidification bottles were in concentrator holder and not on floor. No other was noted to be erroneous on</p>		

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

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F 695	<p>Continued From page 6</p> <p>minute via _____ concentrator, with the _____ humidification bottle on the floor.</p> <p>During an observation on _____ at 1:52 PM, Resident #8 was receiving _____ at 4 liters per minute via _____ concentrator, with the _____ humidification bottle on the floor.</p> <p>Review of the physician order dated _____ for Resident #8 revealed _____ at 2 liters per minute as needed for _____.</p> <p>During an interview on _____ at 2:12 PM, Staff G, Licensed Practical Nurse (LPN), stated, "The _____ is not supposed to be on 4 liters. She has doctor's orders for 2 liters. I'm not sure why she is on 4 liters. The humidification bottle should not be on the floor and needs to be changed right away."</p> <p>During an interview on _____ at 2:45 PM, the Director of Nursing (DON) stated, " _____ should be administered according to the doctor's orders. I can't believe that the humidification bottle was on the floor. It needs to be in the holder. I expect that the nurses are assessing every shift and making sure that it is being administered according to the doctor's orders."</p>	F 695	<p>CRITERIA 3: Licensed Nurses re-educated on _____ administration by Staff Development Coordinator, completed _____.</p> <p>CRITERIA 4: D.O.N/designee to audit three residents with _____ administration twice weekly x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added, as necessary.</p>		
F 761 SS=F	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p>	F 761			

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

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F 761	<p>Continued From page 7</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medications used in the facility were labeled and stored in accordance with currently accepted professional principles and included the expiration date when applicable in 5 of 6 medication carts reviewed.</p> <p>Findings:</p> <p>On _____ at 9:25 AM, the surveyor observed Medication Cart #1 with Staff A, Licensed Practical Nurse (LPN), and found one opened _____ with no opened or expiration dates, one opened Lispro _____ with no opened or expiration dates, one opened bottle of _____ with no opened or expiration dates, and one opened bottle of Ofloxacin _____ with no opened or expiration dates.</p>	F 761	<p>F761</p> <p>DRUGS AND BIOLOGICALS WILL BE LABELED IN ACCORDANCE WITH CURRENTLY ACCEPTED PROFESSIONAL PRINCIPLES.</p> <p>The facility will continue to label drugs and biologicals in accordance with currently accepted professional principles.</p> <p>CRITERIA 1: The one open _____, one Lispro _____, one bottle of _____, one bottle of Ofloxacin _____ from cart #1, and one _____, one bottle _____, one bottle Refresh tear, one bottle of _____, one bottle of _____, one bottle of _____, two bottles of _____</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 761	<p>Continued From page 8</p> <p>During an interview on _____ at 9:25 AM, Staff A, LPN, stated, "All _____ and _____ should be labeled when they are opened. I'm not sure why they aren't. This is not my cart."</p> <p>On _____ at 9:30 AM, the surveyor observed Medication Cart #2 with Staff B, Registered Nurse (RN), and found one opened _____ with no opened or expiration dates, one opened _____ with no opened or expiration dates, one opened bottle of _____ tears with an expiration date of _____, one opened bottle of Refresh _____ tears with an opened date of _____, one opened bottle of _____ with an expiration date of _____, one opened bottle of _____ with an opened date of _____ and pharmacy instructions to discard after 42 days, one opened bottle of _____ with no opened or expiration dates, two opened bottles of _____ tears with no resident identifiers and no opened or expiration dates, and one opened bottle of _____ with no opened or expiration dates.</p> <p>During an interview on _____ at 9:35 AM, Staff B, RN, stated, "I'm not sure why the expired medications are still on the cart. They should be thrown out. All _____ and _____ should have the date opened and when they expire."</p> <p>On _____ at 9:40 AM, the surveyor observed Medication Cart #3 with Staff C, LPN, and found one opened _____ with no opened or expiration dates, one opened _____ with no opened or expiration dates, one _____ with an expiration date of _____, one opened Aspart _____ with no opened or expiration dates, one opened bottle of</p>	F 761	<p>_____ tears, and one bottle of _____ from cart #2, and one _____, one _____, one _____, one _____, one bottle of _____, one bottle of _____, one bottle of _____ from cart #3, and two _____, one bottle of _____ tears, one bottle of Brimondine, one bottle of _____, one bottle of _____ from cart #4, and one bottle of Latanprost _____, one bottle of Lumigan _____, one bottle of Refresh _____ and one bottle of _____ from cart #5 were discarded and newly opened medication dated on _____ by Licensed Nurses.</p> <p>CRITERIA 2: Remaining medication cart #6 audit completed _____ by Licensed Nurse, no undated or expired medications observed.</p> <p>CRITERIA 3: Re-education of Licensed Nurses regarding medication storage and labeling completed by Staff Development Coordinator on _____.</p> <p>CRITERIA 4: D.O.N/designee to audit medication carts to ensure expired medication and/or biologicals are not present weekly and medication is labeled x 3 months or until substantial compliance is achieved and results brought to QA monthly and any additional interventions added, as necessary.</p>	

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

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F 761	<p>Continued From page 9</p> <p>..... with no opened or expiration dates, one opened bottle of with an expiration date of, and one opened bottle of with no opened or expiration dates.</p> <p>During an interview on at 9:45 AM, Staff C, LPN, stated, "The and the are expired, and they should not be on the cart. They should have been removed. All and should be labeled when they are opened."</p> <p>On at 9:50 AM, the surveyor observed Medication Cart #4 with Staff D, LPN, and found one opened with no opened or expiration dates, one opened bottle of with an expiration date of one opened with no opened or expiration dates, one opened bottle of tears with an expiration date of, one opened bottle of 0.2% with no opened or expiration dates, one opened bottle of with an expiration date of, and one opened bottle of with an expiration date of and one opened bottle of with an opened date of and pharmacy instructions to discard after 42 days.</p> <p>During an interview on at 9:55 AM, Staff D, LPN, stated, "That and those are expired, and we should have discarded them and gotten new ones. All and need to be labeled when they are opened and when they expire."</p> <p>On at 10:05 AM, the surveyor observed Medication Cart #5 with Staff E, LPN, and found one opened bottle of 0.005% with no opened or expiration dates, one</p>	F 761			

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F 761	Continued From page 10 opened bottle of Lumigan 0.01% with no opened or expiration dates, one opened bottle of Refresh with no opened or expiration dates, and one opened bottle of with no resident identifier and an opened date of During an interview on at 10:10 AM, Staff E, LPN, stated, "We should not have any expired meds on the cart." Review of the facility policy number 5.3 titled "Storage and Expiration of Medications, Biologicals, Syringes and Needles" with the last revision date of , reads, "Procedure: ... 4. Facility should ensure that medications and biologicals: 4.1 Have an expiration date on the label; 4.2 Have not been retained longer than recommended by manufacturer or supplier guidelines ... 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. 5.1 Facility staff may record the expiration date based on date opened on the medication container."	F 761		
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. 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 well-being of each resident.	F 835		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 835	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility administration failed to ensure the facility was administered in a manner to maintain the highest practicable physical, mental, and well-being for 3 of 3 residents reviewed for facility response to allegations, Residents #10, #59, and #69.</p> <p>Findings:</p> <p>Review of the job description for the Administrator with an effective date of _____ and review date of _____ reads, "General Purpose: To direct the day-to-day functions of the facility in accordance with current Federal, State and local standards governing long-term care facilities to ensure that the highest practicable level of care is provided to the residents."</p> <p>Review of the job description for the Director of Nursing with an effective date of _____ and review date of _____ reads, "General Purpose: Under the direction of the Administrator, plans, organizes, develops and directs the overall operation of the Nursing Services Department in accordance with current federal, state and local standards governing the facility. Ensure that the highest practicable level of quality of care is maintained at all times."</p> <p>Review of the facility grievances report dated _____ revealed Resident #10 had voiced an allegation of _____ that a Certified Nursing Assistant had called him a name.</p> <p>Review of the facility grievances report dated _____</p>	F 835	<p>F835</p> <p>Residents will have facility administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain their highest practicable physical, mental, and well-being.</p> <p>The facility will continue to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain their highest practicable physical, mental, and well-being.</p> <p>CRITERIA 1: Grievance reports for residents #10, #69, and #59 were reported to required agencies, such as DCF, AHCA and law enforcement on _____ D.O.N, NHA and Social Service Director re-educated on policy for allegations and requirements for reporting on _____.</p> <p>CRITERIA 2: Remaining grievance reports for last 6 months reviewed to ensure that allegations were not missed for reporting by Director of Nursing on _____. No further grievances were noted as allegations.</p> <p>CRITERIA 3: Re-education provided to NHA, DON and Social Service Director on reporting requirements of allegations by corporate</p>	

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

PRINTED: 04/06/2022
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F 835	<p>Continued From page 12</p> <p>..... revealed Resident #69 had voiced an allegation that he was told to urinate in his brief, and he was not getting water.</p> <p>Review of the facility grievances report dated revealed Resident #59's daughter had voiced an allegation that Resident #59 had been locked in the shower and was screaming.</p> <p>During an interview on at 9:27 AM, the Social Worker verified that the facility had not reported the allegations of involving Resident #10, Resident #69, and Resident #59.</p> <p>During an interview on at 10:22 AM, the Administrator acknowledged the requirement for the incidents involving Resident #10, Resident #69, and Resident #59 to have been reported.</p> <p>During an interview on at 11:42 AM, the Social Worker stated Resident #10 had voiced the allegation on, Resident #69 had voiced the allegation on, and Resident #59's daughter had voiced the allegation on</p> <p>During interview on at 1:14 PM, the Director of Nursing confirmed the/neglect allegations of 3 residents (Resident #10, Resident #69, Resident #59) were not reported because "no one stated they were abused, no one stated they were hit, and someone stated they were called a name."</p> <p>During an interview on at 8:30 AM, the Administrator stated he knew that the incidents involving Resident #10, Resident #59, and Resident #69 had occurred and he had signed off</p>	F 835	<p>regional nurse. Completed</p> <p>CRITERIA 4: Regional nurse consultant/designee to audit grievance logs weekly to ensure allegations are not missed for reporting x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added as necessary.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 835	<p>Continued From page 13</p> <p>on them. He stated, "After I reviewed these, we really should have reported them. I'm aware we have an _____ to report. These seemed so subtle, we just didn't realize. But we really should have identified them after the second occurrence and come up with a plan."</p> <p>Review of the facility policy titled " _____, Neglect, Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, _____ " reviewed on _____, read, "Purpose: This Policy (the "Policy") is concerned with all incidents and accidents involving resident/guest(s). The facility will investigate and document all incidents and accidents involving resident/guest(s). Certain incidents and accidents involving residents/guests must also be reported to the appropriate agencies. All of our resident/guest(s) have the right to be free from _____, neglect, _____, and misappropriation of resident/guest property. This includes but is not limited to freedom from corporal punishment, involuntary _____, and physical or chemical _____ not required to treat the resident/guest(s) medical symptoms ... This policy addresses the acts and occurrences that constitute _____, neglect, _____ and misappropriation of resident/guest property and suspicious injuries of unknown source; this includes but is not limited to: freedom from corporal punishment, involuntary _____, and physical or chemical _____ not required to treat the resident/guest(s) medical symptoms of any type, by anyone; when such acts and occurrences transpire, it must be reported to agencies and officials outside of the facility; the proper reporting procedures to be used in such instances; training of employees regarding such acts and occurrences and reporting procedures;</p>	F 835			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 835	Continued From page 14 and the investigation of such acts and occurrences and reporting procedures. The policy also addresses the proper investigation and documentation of incidents and accidents involving resident/guest(s) that are not caused by _____ and misappropriation of resident/guest property. For purpose of this Policy, the following terms shall have the following meanings: A. The definition of _____ encompasses a broad scope of behavior. is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, , , , or mental anguish. In addition, _____ includes depriving the resident/guest of goods and/or services that are necessary to attain or maintain physical, mental, and , , , well-being irrespective of any mental or physical condition. Any act considered _____ towards an alert and oriented resident/guest should also be considered _____ to the _____ or _____ . Willful means the individual must have acted deliberately (not inadvertently or accidentally), not that the individual must have intended to inflict injury or harm. A _____ resident/guest that intentionally hits another resident/guest, may be considered _____. The following are definitions of specific types of _____: 1. Verbal- _____ is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory terms to resident/guest(s) or their families/representatives, or within their hearing distance, regardless of their ages, abilities to comprehend, or the nature of their _____. Examples of _____ could include, but are not limited to: threatening to hurt and saying things to frighten a resident/guest, such as telling a resident/guest that: he/she will never be able to	F 835			

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

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F 835	Continued From page 15 see his/her family again, will take to shower room and leave for hours, will leave a bed all day to soil yourself, if you don't eat fast enough food will be taken away, isolating a resident/guest from social interaction or activities. Using profanity to a resident/guest, blaming the resident/guest for their condition and employee altercations in front of a resident/guest, mocking, insulting, or ridiculing the resident/guest are also examples that could be . . . VI. Investigations and Facility Response to Incidents or Accidents: a) The facility will report all instances of alleged or suspected . . . , including verbal and mental , neglect, suspicious injuries of unknown origin, . . . and misappropriation of resident/guest property in the following manner, b) Investigation and Reporting Steps: - Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately. - The Administrator/Designee will report to the State Agency and all other required agencies, per regulations. All allegations of and instances that result in serious bodily injury must be reported within 2 hours."	F 835			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records.	F 842			

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F 842	<p>Continued From page 16</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>() Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>() For public health activities, reporting of neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches</p>	F 842			

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F 842	<p>Continued From page 17 legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; () The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, _____, and other diagnostic services reports as required under §483.50. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to maintain accurately documented medical records for 2 of 4 residents reviewed for Preadmission Screening and Resident Review (PASRR), Residents #126 and #127, in a total sample of 54 residents.</p> <p>Findings:</p> <p>Review of Resident #127's admission records revealed the resident was admitted on _____ with diagnoses to include _____ (a group of symptoms affecting memory, thinking, and social abilities severe enough to interfere with daily life), _____ (a mental _____ characterized by a disconnection from reality), and major _____ (a mental health _____ characterized by persistently depressed _____ or loss of interest in activities, causing significant _____ in daily life).</p> <p>Review of Resident #127's Medical Certification for Medicaid Long-Term Care Services and</p>	F 842	<p>F842 RESIDENTS WILL CONTINUE TO HAVE THEIR MEDICAL RECORDS CONTAIN RESULTS OF ANY PREADMISSION SCREENING AND RESIDENT REVIEW EVALUATIONS AND DETERMINATIONS CONDUCTED BY STATE.</p> <p>The facility will continue to have medical records contain results of any preadmission screening and resident review evaluations and determinations conducted by staff.</p> <p>CRITERIA 1: Resident #127 level 1 preadmission screening review redone _____ by D.O.N. Resident #126 was a short term rehabilitation resident and discharged home</p> <p>CRITERIA 2: Remaining 130 level 1 preadmission</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 18</p> <p>Patient Transfer Form dated reads, "E. Medical Condition. Primary Diagnosis: .."</p> <p>Review of Resident #127's Preadmission Screening and Resident Review (PASRR) completed on revealed was not selected under Section I: PASRR Screen Decision-Making, Subsection A. [Mental Illness] or suspected .., and the question for primary diagnosis of was answered as "No" in Section II: Other Indications for PASRR Screen Decision-Making, Subsection 5.</p> <p>During an interview on at 9:45 AM, the Director of Nursing (DON) stated Resident #127's PASRR was not correct and the answer to the question in Section II-5 should have been checked as "Yes."</p> <p>Review of Resident #126's admission records revealed the resident was admitted on with diagnoses to include (general changes in function such as, memory loss, disorientation, defects in judgment or thought, unusual or strange behavior, poor regulation of emotions, and disruptions in perception) and (false perceptions of hearing sounds without any real sensory stimuli).</p> <p>Review of Resident #126's Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form dated reads, "E. Medical Condition. Primary Diagnosis: Acute .."</p> <p>Review of Resident #126's hospital records dated revealed the resident was brought to</p>	F 842	<p>screenings for residents audit completed by Social Service Director resulting in two level 1 screens had to be redone and four level 2 screens completed by</p> <p>CRITERIA 3: Re-education on preadmission screening criteria completed with Social Service Director, D.O.N and A.D.O.N on completed by Staff Development Coordinator.</p> <p>CRITERIA 4: Social Service Director/designee will audit all new admissions for preadmission screenings for accuracy and report findings to QA x 3 months and add any additional interventions, as necessary.</p>		

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F 842	<p>Continued From page 19</p> <p>the emergency room after the apartment and having The resident was evaluated by telemetry, who recommended the resident be admitted for observation under a and evaluated by and for acute (disturbed function, or perception usually developed over a short period of time).</p> <p>Review of Resident #126's hospital discharge instructions dated revealed discharge diagnosis of acute and (a condition causing a person to experience unreasonable euphoria, very intense moods, .., and ..).</p> <p>Review of Resident #126's PASRR completed on revealed that in Section I: PASRR Screen Decision-Making, "Documented History" is selected under "Finding is based on," and in Section II: Other Indications for PASRR Screen Decision-Making, Subsection 3: Is there an indication that the individual has received recent treatment for a mental illness with an indication that the individual has experienced at least one of the following, "No" was selected for both A: treatment more intensive than outpatient care (e.g., partial hospitalization or inpatient hospitalization), and B: Due to the mental illness, the individual has experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.</p> <p>During an interview on at 11:45 AM, the</p>	F 842			

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F 842	Continued From page 20 DON stated, "I usually only have the resident's name and maybe a medication list at the time the PASRR is filled out. I don't know why I checked based on documentation. I usually select the one for individual or family report. The form is filled out prior to admission, usually before I have any information." Review of the facility policy number SS.III-2 titled "Pre-Admission Screening for Mental [MR] and Mental Illness []" with an effective date of _____ and last review date of _____ reads, "Purpose: To ensure that individuals with mental _____ or mental illness receive the care and services they need, in the most appropriate setting and have medical needs that outweigh their mental needs... Process: - Level I Determinations must be signed and dated by an RN at the admitting nursing facility on or before the date of admission. - The nursing facility is responsible for ensuring that a Level I screening is completed, submitted and has a Level I Determination and/or a Level II if indicated, on or before nursing home admission and regardless of payment source. - Residents identified through the PASRR process as having an _____ or MR diagnosis must be assessed by the nursing facility on an ongoing process to identify any significant changes. Those residents identified as having a significant change must have an updated Level I screening within 14 days of the significant change. - The original documents for the Level I and/or Level II determinations will be retained in the medical chart behind the Social Services tab."	F 842			
F 865 SS=F	QAP/ Prgm/Plan, Disclosure/Good Faith Attmp/ CFR(s): 483.75(a)(2)(h)(i)	F 865			

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F 865	<p>Continued From page 21</p> <p>§483.75(a) Quality assurance and performance improvement (QAPI) program.</p> <p>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;</p> <p>§483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility quality assurance and performance improvement committee failed to identify and implement a performance improvement plan related to the failure to report allegations of as required for 3 of 3 residents reviewed for facility response to allegations, Residents #10, #59, and #69.</p> <p>Findings:</p> <p>Review of the facility grievances report dated revealed Resident #10 had voiced an allegation of that a Certified Nursing Assistant had called him a name.</p> <p>Review of the facility grievances report dated revealed Resident #69 had voiced</p>	F 865	<p>F865 QAPI PROGRAM/PLAN, DISCLOSURE/GOOD FAITH ATTEMPT</p> <p>The facility will continue to identify and implement a plan related to reporting of allegations.</p> <p>CRITERIA 1: Grievance reports for residents #10, #69, and #59 were reported to required agencies on and brought to emergency QAPI</p> <p>CRITERIA 2: Remaining grievance reports for last 6 months reviewed to ensure that allegations were not missed for reporting</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 865	<p>Continued From page 22</p> <p>an allegation that he was told to urinate in his brief, and he was not getting water.</p> <p>Review of the facility grievances report dated _____ revealed Resident #59's daughter had voiced an allegation that Resident #59 had been locked in the shower and was screaming.</p> <p>During an interview on _____ at 9:27 AM, the Social Worker verified that the facility had not reported the allegations of _____ involving Resident #10, Resident #69, and Resident #59.</p> <p>During an interview on _____ at 10:22 AM, the Administrator acknowledged the requirement for the incidents involving Resident #10, Resident #69, and Resident #59 to have been reported.</p> <p>During an interview on _____ at 11:42 AM, the Social Worker stated Resident #10 had voiced the allegation on _____, Resident #69 had voiced the allegation on _____, and Resident #59's daughter had voiced the allegation on _____.</p> <p>During interview on _____ at 1:14 PM, the Director of Nursing confirmed the _____/neglect allegations of 3 residents (Resident #10, Resident #69, Resident #59) were not reported because "no one stated they were abused, no one stated they were hit, and someone stated they were called a name."</p> <p>During interview on _____ at 8:23 AM, the Director of Nursing stated the facility quality assurance committee had not identified and implemented a performance improvement plan related to facility failure to submit a federal report</p>	F 865	<p>by Director of Nursing on _____. No further grievances were noted as allegations.</p> <p>CRITERIA 3: Re-education provided to staff on reporting requirements of allegations by Staff Development Coordinator. Completed by _____.</p> <p>CRITERIA 4: NHA/designee to audit grievance logs weekly to ensure allegations are not missed for reporting x 3 months or until substantial compliance is achieved and results brought to monthly QA meeting and any additional interventions added as necessary.</p>		

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

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F 865	<p>Continued From page 23</p> <p>related to allegations of staff /neglect of residents.</p> <p>During an interview on at 8:30 AM, the Administrator stated he knew that the incidents involving Resident #10, Resident #59, and Resident #69 had occurred and he had signed off on them. He stated, "After I reviewed these, we really should have reported them. I'm aware we have an to report. These seemed so subtle, we just didn't realize. But we really should have identified them after the second occurrence and come up with a plan."</p> <p>Review of the facility policy titled "..... Neglect, Misappropriation of Resident/Guest Property, Suspicious Injuries of Unknown Source, reviewed on read, "Purpose: This Policy (the "Policy") is concerned with all incidents and accidents involving resident/guest(s). The facility will investigate and document all incidents and accidents involving resident/guest(s). Certain incidents and accidents involving residents/guests must also be reported to the appropriate agencies. All of our resident/guest(s) have the right to be free from neglect,, and misappropriation of resident/guest property. This includes but is not limited to freedom from corporal punishment, involuntary, and physical or chemical not required to treat the resident/guest(s) medical symptoms ... This policy addresses the acts and occurrences that constitute, neglect,, and misappropriation of resident/guest property and suspicious injuries of unknown source; this includes but is not limited to: freedom from corporal punishment, involuntary, and physical or chemical not required to</p>	F 865			

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F 865	Continued From page 24 treat the resident/guest(s) medical symptoms of any type, by anyone; when such acts and occurrences transpire, it must be reported to agencies and officials outside of the facility; the proper reporting procedures to be used in such instances; training of employees regarding such acts and occurrences and reporting procedures; and the investigation of such acts and occurrences and reporting procedures. The policy also addresses the proper investigation and documentation of incidents and accidents involving resident/guest(s) that are not caused by _____ and misappropriation of resident/guest property. For purpose of this Policy, the following terms shall have the following meanings: A. _____ . The definition of _____ encompasses a broad scope of behavior. _____ is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, _____, or mental anguish. In addition, _____ includes depriving the resident/guest of goods and/or services that are necessary to attain or maintain physical, mental, and _____ well-being irrespective of any mental or physical condition. Any act considered _____ towards an alert and oriented resident/guest should also be considered _____ to the _____ or _____ . Willful means the individual must have acted deliberately (not inadvertently or accidentally), not that the individual must have intended to inflict injury or harm. A _____ resident/guest that intentionally hits another resident/guest, may be considered _____ . The following are definitions of specific types of _____ : 1. Verbal- _____ is the use of oral, written or gestured communication or sounds that includes disparaging and derogatory terms to resident/guest(s) or their	F 865			

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F 865	Continued From page 25 families/representatives, or within their hearing distance, regardless of their ages, abilities to comprehend, or the nature of their Examples of could include, but are not limited to: threatening to hurt and saying things to frighten a resident/guest, such as telling a resident/guest that: he/she will never be able to see his/her family again, will take to shower room and leave for hours, will leave a bed all day to soil yourself, if you don't eat fast enough food will be taken away, isolating a resident/guest from social interaction or activities. Using profanity to a resident/guest, blaming the resident/guest for their condition and employee altercations in front of a resident/guest, mocking, insulting, or ridiculing the resident/guest are also examples that could be VI. Investigations and Facility Response to Incidents or Accidents: a) The facility will report all instances of alleged or suspected, including verbal and mental, neglect, suspicious injuries of unknown origin, and misappropriation of resident/guest property in the following manner, b) Investigation and Reporting Steps: - Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately. - The Administrator/Designee will report to the State Agency and all other required agencies, per regulations. All allegations of and instances that result in serious bodily injury must be reported within 2 hours."	F 865			