

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>55290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER SUNCOAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705</b>
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An off-hours re-licensure survey was conducted at Westminster Suncoast on Sunday, _____ through _____, in conjunction with a complaint survey for complaint numbers 2021002007, 2021001618, 2021015903, 2021015998, 2021015163, 2021013300, 2021009412, 2021005772, and 2021002987. The facility had deficiencies at the time of the visit.</p> <p>Complaint number 2021013300 and 2021009412 had a deficiency cited at N110.</p>	N 000		
N 054 SS=D	<p>59A-4.107(5), FAC Follow Physician Orders</p> <p>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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician orders related to not obtaining, and verifying, laboratory results for a physician ordered _____ (U/A) for one (Resident #6) of two residents sampled for _____.</p> <p>Findings included:</p> <p>A policy review of "Provision of Physician Ordered Services," dated _____, revealed "The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality..."</p> <p>1. Facility will maintain a schedule of diagnostic tests (laboratory and _____) in accordance with the physician's orders. No diagnostic test or</p>	N 054	<p>For Resident #6, the physician was contacted and informed that the lab was missed and that the resident was _____. The physician discontinued the order for the lab test. All residents with lab orders have the potential to be affected by missed lab draws. The ADON/designee will monitor the new lab orders daily and track on the lab log that the results were received, or other action taken, including reporting to the physician if needed. Licensed nurses will be educated on the Provision of Physician Ordered Services and Laboratory Services and Reporting policies. The DON will report trends in completion of lab orders to the QAPI Committee. The QAPI Committee will determine if additional actions are needed.</p>	

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X8) DATE

/22

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N 054	Continued From page 1  consultation request will be performed without specific physician, physician assistant, nurse practitioner or clinical nurse _____'s orders in accordance with state law, including scope of practice laws...  3. Qualified nursing personnel will receive and review the diagnostic test reports or consults and communicate the results to the ordering Physician, physician assistant, nurse practitioner or clinical nurse _____ within 24 hours of receipt unless they report outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. Ordering provider will be notified of results upon receipt if deemed critical and or require immediate attention.  4. Documentation of consultations, diagnostic tests, the results, and date/time of Physician notification will be maintained in the residence clinical record."  A policy review of "Laboratory Services and Reporting," dated _____, revealed "the facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse _____ in accordance with state law...  1. The facility must provide or obtain laboratory services to meet the needs of its residents.  2. The facility is responsible for the timeliness of the services...  6. All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed in the resident's clinical record.	N 054	Responsible Person: Director of Nursing	

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N 054	<p>Continued From page 2</p> <p>7. Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse _____ of laboratory results that outside the clinical reference range."</p> <p>Resident #6's minimum data set (MDS), dated _____, revealed the resident was severely _____, required _____ for toilet use, and had occasional _____.</p> <p>A review of Resident #6's "Department Notes," dated _____ at 12:36 p.m. revealed "CNA [certified nursing assistant] reports resident weeps upon _____ ARNP [advanced registered nurse practitioner] visited and order received for UA, C&amp;S [ _____ ]; straight cath [ _____ ] if needed."</p> <p>A review of Resident #6's electronic Medication Administration Record (e-MAR), dated _____, revealed under description, an order for "UA C&amp;S MAY STRAIGHT CATH IF NEEDED." Further review revealed on _____ at 10:00 p.m. a check mark; which indicated the sample was collected to complete the physician order.</p> <p>In an interview on _____ at 11:07 a.m., with Staff C, Registered Nurse (RN), she stated once a laboratory (lab) service was ordered, and the results were received, it was uploaded into the online medical chart. If the lab result was not in the online medical chart, it could also be found in the resident's hard paper chart, the physician folder awaiting review, or in the online lab result file. A review of the online lab result system revealed the last lab result for Resident #6 was on _____. Staff C, RN stated there were no</p>	N 054		
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N 054	<p>Continued From page 3</p> <p>other lab results available after _____ for Resident #6 related to a _____</p> <p>On _____ at 2:26 p.m., Staff F, Assistant Director of Nursing (ADON) stated during an interview that laboratory services were ordered by the physician, a nurse would input the order into the online system, and the laboratory sample was obtained and sent to a lab by a nurse. The results of the labs were reviewed by the physician for further guidance. The ADON reviewed Resident #6's online medical chart and hard paper chart. The ADON confirmed a lack of lab results related to Resident #6's physician ordered _____</p> <p>On _____ at 2:55 p.m., an interview with both Staff F, ADON and Staff C, RN confirmed Resident #6's online medical chart indicated a _____ sample was collected on _____ however, there was no indication within the resident's medical files that the lab was completed, nor the results obtained and reviewed.</p> <p>On _____ at 2:56 p.m. the Director of Nursing (DON) confirmed the facility process for ordering, obtaining, and reviewing a physician ordered laboratory service. The DON stated even if a resident's lab result did not indicate abnormal findings, the results should still be confirmed and filed into the resident's medical chart.</p> <p>A follow-up interview on _____ at 4:22 p.m. with the DON confirmed Resident #6's lab was not completed. The facility was unable to verify if the _____ lab sample was "_____ even collected and done." The DON spoke with the nurse who signed off on collecting the _____ lab sample and the nurse was unable to verify if the lab was collected.</p>	N 054			

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N 054	Continued From page 4  CLASS III	N 054		
N 072 SS=D	<p>59A-4.109(2), FAC; 400.021(18), FS Comprehensive Care Plans</p> <p>59A-4.109 FAC (2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and _____ needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment.</p> <p>400.021 FS (18) "Resident care plan" means a written plan developed, maintained, and reviewed not less than quarterly by a registered nurse, with participation from other facility staff and the resident or his or her designee or legal representative, which includes a comprehensive assessment of the needs of an individual resident; the type and frequency of services required to provide the necessary care for the resident to attain or maintain the highest practicable physical, mental, and _____ well-being; a listing of services provided within or outside the facility to meet those needs; and an explanation of service goals.</p> <p>This Statute or Rule is not met as evidenced by: Based observation, interview, record, and policy</p>	N 072	Resident #34 was offered an optometry	

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N 072	<p>Continued From page 5</p> <p>review the facility failed to implement one (Resident #34) of two residents sampled for vision and hearing. The facility staff failed to offer Resident #34 their eyeglasses on three of three observed days. The failure of the staff to offer Resident #34 their eyeglasses per the care plan, resulted in a failure to identify Resident #34's eyeglasses were missing.</p> <p>Findings included:</p> <p>A policy review of "Hearing and Vision Services," dated _____, revealed "It is the policy of this facility to ensure that residents have access to and received proper treatment and assistive devices to maintain vision and hearing abilities...</p> <p>1. the facility will utilize the comprehensive assessment process for identifying and assisting a resident's vision and hearing abilities in order to provide person-centered care. This process includes: resident's vision and hearing abilities in order to provide person-centered care. This process includes:</p> <p>a. Obtaining history from medical records, the family, and the resident regarding hearing and vision abilities;</p> <p>b. MDS and care assessments;</p> <p>c. Ongoing monitoring of sensor problems;</p> <p>d. Care plan development and implementation, and</p> <p>e. Evaluation...</p> <p>5. Employees will assist the resident with the use of any devices or adaptive equipment needed to maintain vision or hearing."</p> <p>A policy review of "Comprehensive Care Plans," revised _____, revealed "It is the policy of this</p>	N 072	<p>Due to the resident's refusal of optometry services, the care plan was revised to provide alternate approaches (other than glasses) to her limited vision needs. An audit was done of all residents to identify those with vision needs and the related care plans. An audit was done of those with care plans for glasses to verify they had glasses and they were offered to them. Care plans were corrected for those that were not current. Random audits of residents to verify those with glasses are wearing them will be done once a week for 4 weeks and then monthly for 3 months. The results will be reported to the QAPI Committee to determine if additional actions are needed. Nursing staff will be educated on the reporting of missing items for residents by the Director of Nursing. Social Services Director monitors missing items daily through the grievance process and reports to the QAPI Committee any unresolved grievances or trends. Responsible Person; Director of Nursing, Director of Social Services Services</p>	

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N 072	Continued From page 6  facility to develop and implement a comprehensive person- centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residence medical, nursing, and mental and _____ needs that are identified in the resident's comprehensive assessment...  1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally- competent and _____-informed ...  3. The comprehensive care plan will describe, at a minimum, the following a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and _____ well-being...  5. the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.  6. The comprehensive care plan will include measurable objectives and timeframes to meet the residents needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed."  On _____ at 12:45 p.m., Resident #34 was observed lying in bed under the covers saying "help ... is someone going to help?" Upon interviewing the resident, Resident #34 stated her	N 072			

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N 072	<p>Continued From page 7</p> <p>... hurt and assistance was needed. The resident's call light was within reach, however, Resident #34 said "I can't see [it]..." The location of the call light for the resident was explained and the resident pressed the call light button for assistance from staff. Resident #34 said, "I hate this thing [referring to the call light button], I can't hear it." Further observation of the resident revealed her without eyeglasses. An observation of the resident's direct vicinity revealed no eyeglasses within the resident's reach.</p> <p>A review of Resident #34's "Facesheet" revealed current medical diagnoses of _____ and _____.</p> <p>A review of Resident #34's minimum data set (MDS), dated _____, revealed the resident had a _____ score of 8, indicating moderate _____ without behaviors of inattention or disorganized thinking. Resident #34 had moderately _____ vision and used corrective lenses.</p> <p>A review of Resident #34's "Care Plan," revealed a problem onset date of _____ with a goal and target date of _____ for "Decreased vision related to _____ and vision loss to left _____." Approaches for this problem area included ensuring that eyeglasses are in place/being worn by the resident during waking hours and ensuring that eyeglasses are appropriate strength/type for resident's needs.</p> <p>A follow-up interview on _____ at 10:13 a.m. with Resident #34 revealed she had eyeglasses but had not worn them in a while, stating that "... things go missing for me a lot." Resident #34 stated she had notified someone a while ago that her eyeglasses were missing.</p>	N 072		



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N 072	<p>Continued From page 8</p> <p>An observation of Resident #34 on _____ at 10:00 a.m. revealed the resident not wearing eyeglasses.</p> <p>An interview on _____ at 10:26 a.m. with Staff C, Registered Nurse (RN) revealed the certified nursing assistants (CNAs) were responsible for offering and putting a resident's glasses on if they had them.</p> <p>An interview on _____ at 10:44 a.m. with Staff D, CNA revealed she had worked with Resident #34 before but was unsure if the resident had glasses or not. Staff D, CNA stated if the resident did have glasses, they would be inside the nightstand drawers. Staff D, CNA looked inside the resident nightstand drawers and was unable to find eyeglasses. During this observation Resident #34 said, "my glasses have been missing for a while." Staff D, CNA stated she was unsure where the eyeglasses would be.</p> <p>An interview on _____ at 10:52 a.m. with Staff E, CNA revealed she had worked with Resident #34 "for a while," and had not seen the resident wearing eyeglasses.</p> <p>An interview on _____ at 1:15 p.m. with the Nursing Home Administrator (NHA) and the Director of Nursing (DON) confirmed the plan of care should be implemented and followed. Both the NHA and DON stated they were unaware the resident was missing her eyeglasses. The NHA and DON confirmed that if the plan of care had been followed, facility staff would have identified the resident's eyeglasses were missing.</p> <p>CLASS III</p>	N 072			

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N 110 SS=E	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, document, and policy review the facility did not provide a safe environment related to ensuring two of thirteen egress fire exit doors were secured, locked, and monitored to prevent a possible unwitnessed resident exit.</p> <p>Findings included:</p> <p>A document review of "How to check Nursing Care Doors," dated _____, revealed five steps to check an egress door. "1. Push the door to ensure that it is locked. 2. Start a timer at the same time that you press against the door. 3. The door should release at 15 seconds. 4. Reset the door alarm. 5. Check that the Maglock has engaged."</p> <p>A policy review of "Safe and Homelike Environment," dated _____, revealed "in accordance with residents' rights, the facility will</p>	N 110	<p>The unwitnessed exit events of _____ and _____ for Resident #7 were investigated, and the care plan updated. Resident #7 has had no additional unwitnessed exit events. All residents with exit seeking behaviors have the potential to be affected by the two doors that were unsecured. Staff were educated on the Elopement policy and the proper response to a door alarm including resetting the door lock by the Administrator, Director of Nursing or Director of Maintenance. All exit doors will be checked every shift for 2 months to ensure proper functioning. Then the doors will be checked daily until the scheduled door alarm upgrade is complete. The doors will continue to be checked daily. The Maintenance Director will report the results to the QAPI Committee. The facility will drill on response to door alarms monthly. The results of drills will be reported to the QAPI Committee. The</p>	
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N 110	<p>Continued From page 10</p> <p>provide a safe, clean, comfortable and homelike environment, allowing the residents to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk ...</p> <p>Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' room, bathrooms, hallways, dining areas, lobby, outdoor patios, . . . , areas and activity areas."</p> <p>1. An interview on . . . . . at 2:34 p.m. with the Nursing Home Administrator (NHA) regarding an unwitnessed exit event in . . . . . and an unwitnessed exit event in . . . . . of 2021, involving Resident #7, revealed the resident exited the facility through the egress fire exit door located by the employee time clock. Resident #7 was found in the area directly outside of the egress fire door by staff uninjured.</p> <p>An observation on . . . . . at 1:17 p.m., revealed an egress fire exit door, located by the employee timeclock in between the kitchen and the . . . , gym, was alarming. No employee or resident was observed outside of the egress door, nor were any employees or residents observed in the hallway at the time of door alarming. Upon pushing the alarming egress door, the door immediately opened to the outside of the building. A kitchen aide was observed to exit from the kitchen area with a meal cart and did not address the alarming egress door. A second staff member was observed walking past the alarming egress door towards the activities area. The staff member did not stop to address the alarming door. Photographic evidence was</p>	N 110	<p>QAPI Committee will determine if additional actions are needed. Responsible Persons: Director of Nursing, Director of Maintenance</p>	

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N 110	<p>Continued From page 11</p> <p>taken of the alarming door, and the pathway outside of the door leading to a parking lot area.</p> <p>At 1:20 p.m. on _____, the Admissions Coordinator walked up to the alarming egress door and said, "I heard the alarm and am going to turn it off." Upon the first attempt at entering in the egress alarm code, it did not work. The Admissions Coordinator walked away into the side office area and returned at 1:21 p.m., entering in a code and turning off the door alarm. The Admissions Coordinator stated that employees would use this exit to go on lunch break. The door functioned by pushing on the door handle. After 15 seconds the door would unlock, and the alarm would sound. The door would not automatically re-lock until the keycode was put in.</p> <p>During this interview the Admissions Coordinator confirmed the expectation was any staff member alerted to the alarm door would address the alarm. She stated she "thinks" a staff member walked out of the egress door.</p> <p>2. An interview on _____ at 1:44 p.m. with the Director of Nursing revealed the expectation was that staff would respond to a door alarming and verify if a resident exited through the alarming door by going outside. Staff were to only enter and exit from the front entrance door. The DON stated she "thinks that an employee exited from the side door that was alarming because... saw the employee standing outside by the door."</p> <p>On _____ at 2:59 p.m. an observation of an employee exiting from the fire egress door by the employee time clock occurred. The employee walked through the door outside, and the door alarm began sounding. The employee was observed walking away from the unlocked door</p>	N 110		

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NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER SUNCOAST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705</b>		
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N 110	Continued From page 12  towards the parking lot. At 3:01 p.m. two additional employees were observed walking up to the alarming door and exiting. A staff member entered a keycode to lock the alarming door after the two additional employees walk through it.  On . . . . . at 3:45 p.m. the Nursing Home Administrator (NHA) confirmed that the egress fire exit door by the employee time clock should not be used by employees to exit the facility. However, staff would sometimes use it because it was a direct path to the employee parking lot.  3. A walk-through of the facility with the Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on . . . . . at 8:41 a.m.  During the walk-through an egress fire exit door located by . . . . . on the rapid recovery unit was found to be unlocked, and not alarming. When pushed, the egress door immediately opened to . . . . . of the facility without alarming. The Maintenance Director stated the pathway outside of the egress door lead around the building to the security guard entrance area. The Maintenance Director stated there was no reason for the door to be unlocked and not sounding.  CLASS III	N 110			
N 200 SS=D	400.022(1)(k), FS Right to Refuse Treatment  (k) The right to refuse medication or treatment and to be informed of the consequences of such	N 200			

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N 200	<p>Continued From page 13</p> <p>decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.</p> <p>This Statute or Rule is not met as evidenced by: Based on policy review, record review, and interviews, the facility did not ensure the resident's right to refuse treatment was upheld for one resident (#35) of eighty-three residents reviewed for advance directives.</p> <p>Findings included:</p> <p>A review of the policy, Residents' Rights Regarding Treatment and Advance Directives, dated _____, reflected the following: Policy It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. Policy Explanation and Guidelines: 6. The facility will define and clarify medical issues and present them to the resident or legal representative as appropriate. 7. During the care planning process, the facility will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to advance directives. 8. Decisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensive care planning process, the</p>	N 200	<p>For Resident #35, a signed _____ was obtained and placed in the resident's _____ medical record. The care plan was updated to reflect the _____ status. An audit was conducted on _____ and showed that all other residents' _____ orders and _____/Full code status matched and were in the medical record. The facility has revised policy on Residents' _____ Rights Regarding Treatment and Advance Directives to include when a _____ is requested and the physician is not immediately available that two (2) nurses will obtain and witness a telephone order for the _____ which will be good for 24 hours. If the physician is not present to sign the order within 24 hours, this process will be repeated. All clinical staff will be educated on the revised policy and procedure by the Director of Nursing. The DON/designee will monitor the new orders daily for changes to _____. An audit will be done weekly for 4 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed. Responsible Person: Director of Nursing</p>	
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N 200	<p>Continued From page 14</p> <p>existing care instructions and whether the resident wishes to change or continue these instructions.</p> <p>9. Any decision making regarding the resident's choices will be documented in the resident's medical record ands communicated to the interdisciplinary team and staff responsible for the resident's care.</p> <p>11. Should the resident refuse treatment of any kind, the facility will document the following in the resident's chart:</p> <p>a. what the resident refused.</p> <p>b. The reason for the refusal.</p> <p>c. The advice given to the resident about the consequences of refusing.</p> <p>d. the offering of alternative treatments.</p> <p>e. The continuation of providing all other services.</p> <p>A review of the ... sheet in the admission record for Resident #35 revealed he was admitted with a diagnosis of ... following ... affecting the left non dominant side.</p> <p>Review of the MDS (minimum data set) assessment dated ... reflected a ... ( ... ) score of thirteen, indicating his cognition was relatively intact.</p> <p>A review of the physician's orders in the electronic medical record dated ..., revealed an advance directive of Full Code.</p> <p>Further review of the physician's orders reflected an order dated ... indicating patient wishes to sign ( ... ) DC (discontinue) when done.</p> <p>Review of the medical record located at the nurses' station on the unit where Resident #35 resided on ... , revealed a laminated bright green paper in the front of the record with "FULL</p>	N 200			

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N 200	<p>Continued From page 15</p> <p>CODE" marked on it.</p> <p>On . . . . at 10:11 a.m., an interview was conducted with Resident #35's nurse, Staff K, LPN (licensed practical nurse). Staff K, LPN said you could locate the residents' code status on the computer or in the chart. "It says code status and it will tell you if they are a . . . . or full code." Staff K, LPN checked Resident #35's electronic medical record and said he was a full code. Staff K also checked the paper record located at the nurses' station and presented the laminated bright green sheet of paper in the front of the chart indicating full code. During the interview the electronic medical record was reviewed with Staff K, LPN who confirmed there was an order dated . . . . , which read "patient wishes to sign . . . .". Staff K, LPN said "on paper he is a full code. Technically he is a full code." She said she would do full . . . .</p> <p>On . . . . at 10:26 a.m., an interview was conducted with Staff F, ADON (assistant director of nursing), unit manager. Staff F said he probably put the order in the computer. The nurse practitioner was in and ordered the . . . . She had the resident sign the form. She had a conversation with him and had him sign. The resident signed it on . . . . and the doctor signed it on . . . . Staff F presented the State of Florida . . . . form with Resident #34's signature on it, dated . . . . Further review of the document reflected the physician had signed the form on . . . . Staff F, ADON unit manager said until it was approved by the physician it was not in effect. We have to have the completed form. Staff F said he spoke to the nurse practitioner. She told him about it on . . . . "We have folders here for physician communication with anything the physician needs to sign." Staff</p>	N 200		
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N 200	<p>Continued From page 16</p> <p>F. ADON unit manager confirmed there was an order in the medical record located at the nurses' station that indicated "patient wishes to sign _____". The order was signed by a PA (physician's assistant). Staff F said the order should be followed "pretty quick." It should be faxed to notify the physician it was here and that he needed to sign it. The order was the eighth, and the physician signed it on the eleventh. Staff F said he was not sure what the delay was. The order would have been faxed. He did not know if the physician got it on the eighth. He may have come in on the eleventh and signed it.</p> <p>On _____ at 10:30 a.m., an interview was conducted with Staff L, case manager RN (registered nurse). Staff L said if there was a result or anything the doctor needed to know, telephone orders, or anything that needed a physician signature, it went in their folder for a signature. The nurse notified them if there was an abnormal lab or _____ finding. The nurse wrote on the result that the doctor was notified, with the date, time, and what the doctor said. The _____'s were faxed immediately if there was a need.</p> <p>At 10:45 a.m. on _____ an interview was conducted with the DON (director of nursing). She said, "We should notify the doctor we have a resident that wishes to have a _____ so that they can also sign it, which I believe the ADON did. I think they faxed it to him." The resident's physician was the medical director. He signed the _____ on the eleventh when he was here. He might have wanted to have a discussion with the resident first before he signed it. "I would hope that they would call him." The DON said she was not sure if the nurse practitioner for [Insurance Company Name] would have called his doctor. The resident's doctor was here every week.</p>	N 200			

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N 200	<p>Continued From page 17</p> <p>On . . . . . at 12:41 p.m., a telephone interview was conducted with Resident #35's attending physician. He explained that the process was to handle those requests the same day. He said he did not recall if the facility reached out to him. He assumed they did. He believed they faxed it to him. He said he should have signed it that day. He believed the policy was to sign it that same day. He heard about this this morning. He said he should have signed it.</p> <p>On . . . . . at 12:54 p.m. a follow up interview was conducted with the DON. The DON said she wrote down a note that Resident #35's physician was going to sign it on Thursday. That was . . . . . She said she always wrote notes on things to follow up on. Resident #35's physician usually came in on Thursdays. He did not come to sign it until Friday. The DON said she would assume the ADON would follow up on it. He sent the fax and he was the nurse manager. "That . . . . . snuck in Friday, most likely after we left."</p> <p>Class III</p>	N 200		
N 203 SS=D	<p>400.022(1)(n), FS Right to be Treated with Dignity</p> <p>(n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to treat residents with</p>	N 203	For Resident #230 a privacy cover was provided for the . . . . . drainage bag. All	

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N 203	<p>Continued From page 18</p> <p>respect and dignity related to one (Resident #230) of six residents with an who did not have a privacy cover on the drainage bag, on two ( and ) of four survey days.</p> <p>Findings included:</p> <p>Review of the clinical record for Resident #230 showed an admission date of and diagnoses that included, ( ) and Prostatic Hyperplasia ( ) as per the admission sheet. Review of the Care Plan, dated , did not reveal an intervention related to the preservation of the resident's dignity and placement of a privacy cover on the drain bag.</p> <p>A facility-provided policy titled ' Care' and dated ' ' was reviewed; it did not address the use of a privacy cover for the drain bag.</p> <p>A facility-provided policy titled 'Resident Rights' and dated ' ' was reviewed; it revealed, "the resident has the right to be treated with respect and dignity." It did not address the use of a privacy cover for the drain bag.</p> <p>On at 10:49 a.m., an observation of Resident #230 revealed the resident had an , with the drainage bag not covered by a privacy cover, and the bag was visible from the room door and hallway.</p> <p>On at 9:49 a.m., an observation of Resident #230 revealed the resident had an , with the drainage bag not covered by a privacy cover, and the bag was visible from the room door and hallway.</p>	N 203	<p>residents who have were checked and all others had privacy covers on the drainage bag. Facility has revised the policy on Care to include that all drainage bags must be covered at all times. Nursing staff will be educated on the revised policy by the Director of Nursing. The facility will do daily audit for 2 weeks and then do random audits 3 times a week for 2 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed.</p> <p>Responsible Person: Director of Nursing</p>	

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N 203	Continued From page 19  During an interview on . . . . . at 9:54 a.m. with Staff A, Certified Nursing Assistant (CNA), she confirmed the drainage bag did not have a privacy cover.  In an interview with Staff B, Registered Nurse (RN) on . . . . . at 10:05 a.m., he said it was the facility's policy to ensure a . . . . . drain bag was covered.  On . . . . . at 1:02 p.m. during an interview with the Director of Nursing (DON), she stated it was her expectation the . . . . . drain bag was covered with a vanity cover to preserve the resident's dignity.  CLASS III	N 203			
N 433 SS=E	400.191(5)(a)2, FS Nursing Home Guide Posted  (5) Every nursing home facility licensee shall: (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public; 2. A copy of all of the pages that list the facility in the most recent version of the Nursing Home Guide.  This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have available a current copy of the Nursing Home Compare Guide for residents, visitors, and staff to review in two of two survey books.  Findings included:	N 433			
			The complete copy of the current Nursing Home Guide was posted in the "Survey Book" binders that are available to the residents and general public. All residents have the potential to be affected by the outdated information in the binders. The Receptionist will update the binders		

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N 433	<p>Continued From page 20</p> <p>On /202 at 12:18 p.m., the 'Survey Book' located in the lobby of the facility was reviewed. The Nursing Home Compare Guide located in the book was dated (photographic evidence was obtained); no other copies of the Nursing Home Compare Guide were available in the book for review.</p> <p>On /202 at 09:16 a.m., the 'Survey Book' located on the 300 Hall of the facility was reviewed. The Nursing Home Compare Guide located in the book was dated and included a 'Rating Time Period: ' (photographic evidence was obtained); no other copies of the Nursing Home Compare Guide were available in the book for review.</p> <p>An interview was conducted with the Nursing Home Administrator (NHA) on at 12:11 p.m. The NHA confirmed the Nursing Home Compare Guide had not been updated and posted, and stated she was unaware the facility was required to post the information/report.</p> <p>Review of a facility-provided policy titled 'Resident Rights' and dated revealed: 7(k). The resident has the right to: ii. Receive information from agencies acting as client advocates and be afforded the opportunities to contact these agencies.</p> <p>CLASS III</p>	N 433	<p>quarterly when the updated Nursing Home Guide is released. The Administrator will verify that the binders have been updated. Responsible person: Administrator</p>		

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

PRINTED: 04/07/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105926</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2022</b>
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F 000	INITIAL COMMENTS  An off-hours recertification survey was conducted on Sunday, _____ through _____ at Westminster Suncoast, in conjunction with a complaint survey for complaint numbers 2021002007, 2021001618, 2021015903, 2021015998, 2021015163, 2021013300, 2021009412, 2021005772, and 2021002987. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities.	F 000		
F 550 SS=D	Complaint number 2021013300 and 2021009412 had a deficiency cited at F921. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 550		

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.

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F 550	<p>Continued From page 1</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to treat residents with respect and dignity related to one (Resident #230) of six residents with an _____ who did not have a privacy cover on the drainage bag, on two ( _____ and _____ ) of four survey days.</p> <p>Findings included:</p> <p>On _____ at 10:49 a.m., an observation of Resident #230 revealed the resident had an _____, with the drainage bag not covered by a privacy cover, and the bag was visible from the room door and hallway.</p> <p>On _____ at 9:49 a.m., an observation of Resident #230 revealed the resident had an _____, with the drainage bag not covered by a privacy cover, and the bag was</p>	F 550	<p>For Resident #230 a privacy cover was provided for the _____ drainage bag. All residents who have _____ were checked and all others had privacy covers on the _____ drainage bag. Facility has revised the policy on _____ Care to include that all _____ drainage bags must be covered at all times. Nursing staff will be educated on the revised policy by the Director of Nursing. The facility will do daily audit for 2 weeks and then do random audits 3 times a week for 2 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed. Responsible Person: Director of Nursing</p>		

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F 550	<p>Continued From page 2</p> <p>visible from the room door and hallway.</p> <p>During an interview on ..... at 9:54 a.m. with Staff A, Certified Nursing Assistant (CNA), she confirmed the drainage bag did not have a privacy cover.</p> <p>In an interview with Staff B, Registered Nurse (RN) on ..... at 10:05 a.m., he said it was the facility's policy to ensure a ..... drain bag was covered.</p> <p>Review of the clinical record for Resident #230 showed an admission date of ..... and diagnoses that included, ..... ( ) and Prostatic Hyperplasia ( ) as per the admission ..... sheet. Review of the Care Plan, dated ....., did not reveal an intervention related to the preservation of the resident's dignity and placement of a privacy cover on the ..... drain bag.</p> <p>On ..... at 1:02 p.m. during an interview with the Director of Nursing (DON), she stated it was her expectation the ..... drain bag was covered with a vanity cover to preserve the resident's dignity.</p> <p>A facility-provided policy titled '..... Care' and dated '.....' was reviewed; it did not address the use of a privacy cover for the ..... drain bag.</p> <p>A facility-provided policy titled 'Resident Rights' and dated '.....' was reviewed; it revealed, "the resident has the right to be treated with respect and dignity." It did not address the use of a privacy cover for the ..... drain bag.</p>	F 550			
F 578 SS=D	Request/Refuse/Dscrtneue Trmtn;Formlite Adv Dir	F 578			



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F 578	<p>Continued From page 3</p> <p>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>( ) If an adult individual is _____ at the time of admission and is unable to receive information or _____ whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its _____ to provide this information to the individual once he or she is able to receive such information.</p>	F 578			

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F 578	<p>Continued From page 4</p> <p>Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interviews, and policy review, the facility did not ensure the advance directive wishes were implemented for one resident (#35) of eighty-three residents reviewed for advance directives.</p> <p>Findings included:</p> <p>A review of the _____ sheet in the admission record for Resident #35 revealed he was admitted with a diagnosis of _____ following _____ affecting the left non dominant side.</p> <p>Review of the MDS (minimum data set) assessment dated _____ reflected a ( _____ ) score of thirteen, indicating his cognition was relatively intact.</p> <p>A review of the physician's orders in the electronic medical record dated _____, revealed an advance directive of Full Code.</p> <p>Further review of the physician's orders reflected an order dated _____ indicating patient wishes to sign ( _____ ) DC (discontinue) when done.</p> <p>Review of the medical record located at the nurses' station on the unit where Resident #35 resided on _____, revealed a laminated bright green paper in the front of the record with "FULL CODE" marked on it.</p> <p>On _____ at 10:11 a.m., an interview was conducted with Resident #35's nurse, Staff K,</p>	F 578	<p>For Resident #35, a signed _____ was obtained and placed in the resident's _____ medical record. The care plan was updated to reflect the _____ status. An audit was conducted on _____ and showed that all other residents' _____ orders and _____/Full code status matched and were in the medical record. The facility has revised policy on Residents': Rights Regarding Treatment and Advance Directives to include when a _____ is requested and the physician is not immediately available that two (2) nurses will obtain and witness a telephone order for the _____ which will be good for 24 hours. If the physician is not present to sign the order within 24 hours, this process will be repeated. All clinical staff will be educated on the revised policy and procedure by the Director of Nursing. The DON/designee will monitor the new orders daily for changes to _____. An audit will be done weekly for 4 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed.</p> <p>Responsible Person: Director of Nursing</p>		

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F 578	<p>Continued From page 5</p> <p>LPN (licensed practical nurse). Staff K, LPN said you could locate the residents' code status on the computer or in the chart. "It says code status and it will tell you if they are a _____ or full code." Staff K, LPN checked Resident #35's electronic medical record and said he was a full code. Staff K also checked the paper record located at the nurses' station and presented the laminated bright green sheet of paper in the front of the chart indicating full code. During the interview the electronic medical record was reviewed with Staff K, LPN who confirmed there was an order dated _____, which read "patient wishes to sign _____". Staff K, LPN said "on paper he is a full code. Technically he is a full code." She said she would do full _____.</p> <p>On _____ at 10:26 a.m., an interview was conducted with Staff F, ADON (assistant director of nursing), unit manager. Staff F said he probably put the order in the computer. The nurse practitioner was in and ordered the _____. She had the resident sign the form. She had a conversation with him and had him sign. The resident signed it on _____ and the doctor signed it on _____. Staff F presented the State of Florida _____ form with Resident #34's signature on it, dated _____. Further review of the document reflected the physician had signed the form on _____. Staff F, ADON unit manager said until it was approved by the physician it was not in effect. We have to have the completed form. Staff F said he spoke to the nurse practitioner. She told him about it on _____. "We have folders here for physician communication with anything the physician needs to sign." Staff F, ADON unit manager confirmed there was an order in the medical record located at the nurses' station that indicated "patient wishes to sign _____".</p>	F 578			

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F 578	<p>Continued From page 6</p> <p>. The order was signed by a PA (physician's assistant). Staff F said the order should be followed "pretty quick." It should be faxed to notify the physician it was here and that he needed to sign it. The order was the eighth, and the physician signed it on the eleventh. Staff F said he was not sure what the delay was. The order would have been faxed. He did not know if the physician got it on the eighth. He may have come in on the eleventh and signed it.</p> <p>On at 10:30 a.m., an interview was conducted with Staff L, case manager RN (registered nurse). Staff L said if there was a result or anything the doctor needed to know, telephone orders, or anything that needed a physician signature, it went in their folder for a signature. The nurse notified them if there was an abnormal lab or finding. The nurse wrote on the result that the doctor was notified, with the date, time, and what the doctor said. The 's were faxed immediately if there was a need.</p> <p>At 10:45 a.m. on an interview was conducted with the DON (director of nursing). She said, "We should notify the doctor we have a resident that wishes to have a so that they can also sign it, which I believe the ADON did. I think they faxed it to him." The resident's physician was the medical director. He signed the on the eleventh when he was here. He might have wanted to have a discussion with the resident first before he signed it. "I would hope that they would call him." The DON said she was not sure if the nurse practitioner for [Insurance Company Name] would have called his doctor. The resident's doctor was here every week.</p> <p>On at 12:41 p.m., a telephone interview</p>	F 578			

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F 578	<p>Continued From page 7</p> <p>was conducted with Resident #35's attending physician. He explained that the process was to handle those requests the same day. He said he did not recall if the facility reached out to him. He assumed they did. He believed they faxed it to him. He said he should have signed it that day. He believed the policy was to sign it that same day. He heard about this this morning. He said he should have signed it.</p> <p>On . . . . at 12:54 p.m. a follow up interview was conducted with the DON. The DON said she wrote down a note that Resident #35's physician was going to sign it on Thursday. That was . . . . She said she always wrote notes on things to follow up on. Resident #35's physician usually came in on Thursdays. He did not come to sign it until Friday. The DON said she would assume the ADON would follow up on it. He sent the fax and he was the nurse manager. "That . . . snuck in Friday, most likely after we left."</p> <p>A review of the policy, Residents' Rights Regarding Treatment and Advance Directives, dated . . . . , reflected the following: Policy It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. Policy Explanation and Guidelines: 6. The facility will define and clarify medical issues and present them to the resident or legal representative as appropriate. 7. During the care planning process, the facility will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to advance directives. 8. Decisions regarding advance directives and</p>	F 578			

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F 578	Continued From page 8 treatment will be periodically reviewed as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions. 9. Any decision making regarding the resident's choices will be documented in the resident's medical record ands communicated to the interdisciplinary team and staff responsible for the resident's care. 11. Should the resident refuse treatment of any kind, the facility will document the following in the resident's chart: a. what the resident refused. b. The reason for the refusal. c. The advice given to the resident about the consequences of refusing. d. the offering of alternative treatments. e. The continuation of providing all other services.	F 578			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and _____ needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and _____ well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required	F 656			

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F 656	<p>Continued From page 9</p> <p>under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>( )In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based observation, interview, and record review, the facility failed to implement the care plan for one (Resident #34) of two residents sampled for vision and hearing. The facility staff failed to offer Resident #34 their eyeglasses on three of three observed days. The failure of the staff to offer Resident #34 their eyeglasses per the care plan, resulted in a failure to identify Resident #34's eyeglasses were missing.</p> <p>Findings included:</p> <p>On _____ at 12:45 p.m., Resident #34 was</p>	F 656	<p>Resident #34 was offered an optometry _____ on _____. Due to the resident's refusal of optometry services, the care plan was revised to provide alternate approaches (other than glasses) to her limited vision needs. An audit was done of all residents to identify those with vision needs and the related care plans. An audit was done of those with care plans for glasses to verify they had glasses and they were offered to them. Care plans were corrected for those that were not current. Random audits of</p>		

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F 656	<p>Continued From page 10</p> <p>observed lying in bed under the covers saying "help ... is someone going to help?" Upon interviewing the resident, Resident #34 stated her hurt and assistance was needed. The resident's call light was within reach, however, Resident #34 said "I can't see [it] ...". The location of the call light for the resident was explained and the resident pressed the call light button for assistance from staff. Resident #34 said, "I hate this thing [referring to the call light button], I can't hear it." Further observation of the resident revealed her without eyeglasses. An observation of the resident's direct vicinity revealed no eyeglasses within the resident's reach.</p> <p>A review of Resident #34's "Facesheet" revealed current medical diagnoses of _____ and _____.</p> <p>A review of Resident #34's minimum data set (MDS), dated _____, revealed the resident had a _____ score of 8, indicating moderate _____ without behaviors of inattention or disorganized thinking. Resident #34 had moderately _____ vision and used corrective lenses.</p> <p>A review of Resident #34's "Care Plan," revealed a problem onset date of _____ with a goal and target date of _____ for "Decreased vision related to _____ and vision loss to left _____." Approaches for this problem area included ensuring that eyeglasses are in place/being worn by the resident during waking hours and ensuring that eyeglasses are appropriate strength/type for resident's needs.</p> <p>A follow-up interview on _____ at 10:13 a.m. with Resident #34 revealed she had eyeglasses</p>	F 656	<p>residents to verify those with glasses are wearing them will be done once a week for 4 weeks and then monthly for 3 months. The results will be reported to the QAPI Committee to determine if additional actions are needed. Nursing staff will be educated on the reporting of missing items for residents by the Director of Nursing. Social Services Director monitors missing items daily through the grievance process and reports to the QAPI Committee any unresolved grievances or trends. Responsible Person; Director of Nursing, Director of Social Services</p>		



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F 656	<p>Continued From page 11</p> <p>but had not worn them in a while, stating that " ... things go missing for me a lot." Resident #34 stated she had notified someone a while ago that her eyeglasses were missing.</p> <p>An observation of Resident #34 on _____ at 10:00 a.m. revealed the resident not wearing eyeglasses.</p> <p>An interview on _____ at 10:26 a.m. with Staff C, Registered Nurse (RN) revealed the certified nursing assistants (CNAs) were responsible for offering and putting a resident's glasses on if they had them.</p> <p>An interview on _____ at 10:44 a.m. with Staff D, CNA revealed she had worked with Resident #34 before but was unsure if the resident had glasses or not. Staff D, CNA stated if the resident did have glasses, they would be inside the nightstand drawers. Staff D, CNA looked inside the resident nightstand drawers and was unable to find eyeglasses. During this observation Resident #34 said, "my glasses have been missing for a while." Staff D, CNA stated she was unsure where the eyeglasses would be.</p> <p>An interview on _____ at 10:52 a.m. with Staff E, CNA revealed she had worked with Resident #34 "for a while," and had not seen the resident wearing eyeglasses.</p> <p>An interview on _____ at 1:15 p.m. with the Nursing Home Administer (NHA) and the Director of Nursing (DON) confirmed the plan of care should be implemented and followed. Both the NHA and DON stated they were unaware the resident was missing her eyeglasses. The NHA and DON confirmed that if the plan of care had</p>	F 656			

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F 656	<p>Continued From page 12</p> <p>been followed, facility staff would have identified the resident's eyeglasses were missing.</p> <p>A policy review of "Hearing and Vision Services," dated _____, revealed "It is the policy of this facility to ensure that residents have access to and received proper treatment and assistive devices to maintain vision and hearing abilities... 1. the facility will utilize the comprehensive assessment process for identifying and assisting a resident's vision and hearing abilities in order to provide person-centered care. This process includes: resident's vision and hearing abilities in order to provide person-centered care. This process includes:</p> <p>a. Obtaining history from medical records, the family, and the resident regarding hearing and vision abilities; b. MDS and care assessments; c. Ongoing monitoring of sensor problems; d. Care plan development and implementation, and e. Evaluation...</p> <p>5. Employees will assist the resident with the use of any devices or adaptive equipment needed to maintain vision or hearing."</p> <p>A policy review of "Comprehensive Care Plans," revised _____, revealed "It is the policy of this facility to develop and implement a comprehensive person- centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a residence medical, nursing, and mental and _____ needs that are identified in the</p>	F 656			

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F 656	Continued From page 13 resident's comprehensive assessment...  1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally- competent and -informed ...  3. The comprehensive care plan will describe, at a minimum, the following a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and ... well-being...  5. the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.  6. The comprehensive care plan will include measurable objectives and timeframes to meet the residents needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed."	F 656			
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by:	F 759			

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F 759	<p>Continued From page 14</p> <p>Based on observations, interviews and record review, the facility failed to ensure that the medication error rate was less than 5.00%. Twenty-seven medication administration opportunities were observed and eighteen errors were identified for three residents (#130, #79, #131) observed. These errors constituted a 66.67% medication error rate.</p> <p>Findings included:</p> <p>1. On ..... at 10:28 a.m., an observation of medication administration with Staff J, Registered Nurse (RN), was conducted with Resident #79. Staff J, was observed dispensing the following medications:</p> <ul style="list-style-type: none"> <li>- ..... 10 milligrams (MG) tablet orally</li> <li>- ..... Prop 50 micrograms (MCG) Spray 1 spray each nostril</li> <li>- ..... 20 mg, 1 tablet orally</li> <li>- Tumeric 1 capsule orally</li> <li>- ..... 2.5 MG 1 tablet orally</li> </ul> <p>During the dispensing of the medications for Resident #79, Staff J said the , 1,000 microgram (MCG)/milliliter (ML) was not in the medication cart. Staff J confirmed the medication was not administered. She confirmed the medication pass was late and not within the ..... a.m. window. She stated, "I am not sure of the policy."</p> <p>Review of Resident #79's Medication Administration Record (MAR) indicated the following:</p> <ul style="list-style-type: none"> <li>- ..... 1,000 MCG/ML VL inject 1ML</li> <li>( ) Every 14 days marked 'N' indicating Not Given</li> </ul>	F 759	<p>For residents #130, #79, and #131, the physician was notified of the late medication administration and no new orders were received. Residents #79 and #131 have been discharged. Staff J received education on notifying the supervisor when the medication pass is not able to be completed in the allotted time. All resident receiving medications have the potential to be affected by delays in medication administration. A contributing factor of the delay on was a temporary computer downtime preventing the nurse from accessing the electronic medication administration record. The issue was corrected, and the nurse continued the medication pass. All nurses will be educated on the Medication Error Policy and expectations for timeliness of medication pass. The DON/designee will conduct weekly random observations of medication administration for 8 weeks. The results will be reported to the QAPI Committee to determine if additional actions are needed.</p> <p>Responsible Person: Director of Nursing</p>		

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F 759	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- ..... 10 MG tablet give 1 tablet by ..... for ..... AM</li> <li>- ..... 20 MG tablet 1 tablet by ..... daily for ..... AM,</li> <li>- ..... 2.5 MG Tab 1 Tablet by ..... Twice a Day for .....</li> <li>- ..... Prop 50 MCG Spray 1 Spray each nostril Twice Daily</li> <li>-Tumeric give 1 capsule by ..... daily for deficiency AM</li> </ul> <p>A review of Nurses Notes dated ..... at 1:09 p.m. entered by Staff J for Resident #79 identified the following, "Resident medication were late this morning, MD [physician] and resident aware."</p> <p>2. On ..... at 10:43 a.m., an observation of medication administration with Staff J (RN) was conducted with Resident #131. Staff J was observed dispensing the following medications:</p> <ul style="list-style-type: none"> <li>- .....-HCTZ 37 ..... MG 1 tablet orally</li> <li>-Probiotic 10 billion cell cap 1 capsule orally</li> <li>- ..... 50 MG tablet 1 tablet orally</li> </ul> <p>On ..... at 10:50 a.m., during an interview Staff Member J stated, "Medications were late for ..... AM window for Resident #131. The medication pass is completed for hallway 300."</p> <p>A review of Resident #131 ..... Medication Administration Record indicated the following:</p> <ul style="list-style-type: none"> <li>- .....-HCTZ 37. .... MG 1 tablet by ..... daily in AM for .....</li> <li>-Probiotic 10 billion cell cap 1 capsule by daily in AM for ..... health</li> <li>- ..... 50 MG tablet 1 tablet by ..... every morning DX ..... AM</li> </ul> <p>3. On ..... at 10:50 a.m. during an interview,</p>	F 759			

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F 759	<p>Continued From page 16</p> <p>Staff J requested to review and confirm medication administration for Resident #130. Staff J stated, "I missed Resident #130 and did not see she did not receive her medications for 6:00 AM-10:00 AM."</p> <p>On . . . . . at 10:53 a.m., an observation of medication administration with Staff J (RN) was conducted with Resident #130. Staff J was observed dispensing the following medications:</p> <ul style="list-style-type: none"> <li>- . . . . . ER 50 MG 1 orally</li> <li>- . . . . . 20 mg 1 tablet orally</li> <li>- . . . . . 50 MG tab 1&amp; tablets (75mg) orally</li> <li>- . . . . . 2.5 MG tablet 1 tablet orally</li> <li>- . . . . . 200 mg 1 tablet orally</li> <li>- . . . . . 400 MG tablet 1 tablet orally</li> <li>- . . . . . D3 400 unit tablet 1 tablet orally</li> <li>-Ocular . . . . . 1 tablet orally</li> <li>- . . . . . 2%-0.5% instill 1 drop Right</li> </ul> <p>On . . . . . at 11:00 a.m. following dispensing of medication to Resident #130, Staff J stated, "Since I am new I do not know the policy for here. I should have shared with the residents they received the medication late today and I will need to check the policy to contact the Physician's for the residents."</p> <p>A review of Resident #130 Medication Administration Record indicated the following:</p> <ul style="list-style-type: none"> <li>- . . . . . ER 50 MG tablet Give 1 tablet by . . . . . one daily AM</li> <li>- . . . . . 400 MG tablet 1 tablet by . . . . . daily for . . . . . AM</li> <li>- . . . . . 200 MG tablet 1 tablet by</li> </ul>	F 759			

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F 759	<p>Continued From page 17</p> <p>..... daily for .....</p> <p>- ..... 2%-0.5% Instill 1 drop in</p> <p>Right ..... twice daily for ..... AM, HS</p> <p>- ..... 2.5 MG tablet give 1 tablet by</p> <p>twice daily for A Fib AM, HS</p> <p>- ..... 20 MG tablet give 1 tablet by</p> <p>twice daily for</p> <p>- ..... Carb 500 MG tab Chew 1 tablet by</p> <p>..... twice a day for ..... deficiency AM, HS</p> <p>- ..... D3 400 Unit Tablet 1 tablet (400 Units)</p> <p>by ..... twice a day for risk for .....</p> <p>-Preservision Areds Tablet 1 tablet by ..... twice</p> <p>a day for risk for ..... AM, HS</p> <p>- ..... 50 MG tab 1 &amp; 1/2 tablets (75</p> <p>MG) by ..... twice a day for .....</p> <p>Review of a facility provided policy titled Medication Errors Policy and dated identified:</p> <p>"It is the policy of this facility to provide protections for the health, welfare and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors."</p> <p>2. The facility must ensure that it is free of medication error rates of 5% or greater as well as significant medication error events.</p> <p>5. Medication timing errors will be determined by utilizing the facility's policy relating to dosing schedules.</p> <p>Review of The Facility's Medication-time guidelines document, undated, indicated:</p> <p>"#a. medication time for AM medication administration as 06h00-10h00 (6-10am), #d. identifying AM for BID30, (twice a day) medication times as 6AM-10AM for medication schedules."</p>	F 759			

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F 759	Continued From page 18  In an interview conducted on ..... at 3:28 p.m. with Staff J, she confirmed the medications were administered outside the facility's identified range for morning medications and would be considered administered late.  An interview with the Director of Nursing (DON) was conducted on ..... at 1:10 p.m. She stated, "Medication schedule for AM order at this facility is currently 6:00-10:00 AM window, if medications are administered outside that timeframe for AM medications they would be untimely."  On ..... 10:13 AM an interview was attempted with the facility's Consultant Pharmacist via phone. A voicemail was left; however, a return call was not received by completion of the survey.	F 759			
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i)  §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain and verify laboratory results for a physician ordered (U/A) for one (Resident #6) of two residents sampled for .....	F 770	For Resident #6, the physician was contacted and informed that the lab was missed and that the resident was ..... The physician discontinued the order for the lab test. All		



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F 770	<p>Continued From page 19</p> <p>Findings included:</p> <p>Resident #6's minimum data set (MDS), dated . . . . . revealed the resident was severely . . . . . required . . . . . for toilet use, and had occasional . . . . .</p> <p>A review of Resident #6's "Department Notes," dated . . . . . at 12:36 p.m. revealed "CNA [certified nursing assistant] reports resident weeps upon . . . . . ARNP [advanced registered nurse practitioner] visited and order received for UA, C&amp;S [ . . . . . ]; straight cath [ . . . . . ] if needed."</p> <p>A review of Resident #6's electronic Medication Administration Record (e-MAR), dated . . . . . , revealed under description, an order for "UA C&amp;S MAY STRAIGHT CATH IF NEEDED." Further review revealed on . . . . . at 10:00 p.m. a check mark; which indicated the . . . . . sample was collected to complete the physician order.</p> <p>In an interview on . . . . . at 11:07 a.m., with Staff C, Registered Nurse (RN), she stated once a laboratory (lab) service was ordered, and the results were received, it was uploaded into the online medical chart. If the lab result was not in the online medical chart, it could also be found in the resident's hard paper chart, the physician folder awaiting review, or in the online lab result file. A review of the online lab result system revealed the last lab result for Resident #6 was on . . . . . Staff C, RN stated there were no other lab results available after . . . . . for Resident #6 related to a . . . . .</p>	F 770	<p>residents with lab orders have the potential to be affected by missed lab draws. The ADON/designee will monitor the new lab orders daily and track on the lab log that the results were received, or other action taken, including reporting to the physician if needed. Licensed nurses will be educated on the "Provision of Physician Ordered Services" and "Laboratory Services and Reporting" policies. The DON will report trends in completion of lab orders to the QAPI Committee. The QAPI Committee will determine if additional actions are needed.</p> <p>Responsible Person: Director of Nursing</p>		

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F 770	<p>Continued From page 20</p> <p>On _____ at 2:26 p.m., Staff F, Assistant Director of Nursing (ADON) stated during an interview that laboratory services were ordered by the physician, a nurse would input the order into the online system, and the laboratory sample was obtained and sent to a lab by a nurse. The results of the labs were reviewed by the physician for further guidance. The ADON reviewed Resident #6's online medical chart and hard paper chart. The ADON confirmed a lack of lab results related to Resident #6's physician ordered</p> <p>On _____ at 2:55 p.m., an interview with both Staff F, ADON and Staff C, RN confirmed Resident #6's online medical chart indicated a _____ sample was collected on _____, however, there was no indication within the resident's medical files that the lab was completed, nor the results obtained and analyzed.</p> <p>On _____ at 2:56 p.m. the Director of Nursing (DON) confirmed the facility process for ordering, obtaining, and reviewing a physician ordered laboratory service. The DON stated even if a resident's lab result did not indicate abnormal findings, the results should still be confirmed and filed into the resident's medical chart.</p> <p>A follow-up interview on _____ at 4:22 p.m. with the DON confirmed Resident #6's lab was not completed. The facility was unable to verify if the _____ lab sample was " ... even collected and done." The DON spoke with the nurse who signed off on collecting the lab sample and the nurse was unable to verify if the lab was collected.</p>	F 770			

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F 770	<p>Continued From page 21</p> <p>A policy review of "Provision of Physician Ordered Services," dated . . . . . , revealed "The purpose of this policy is to provide a reliable process for the proper and consistent provision of physician ordered services according to professional standards of quality...</p> <p>1. Facility will maintain a schedule of diagnostic tests (laboratory and . . . . . ) in accordance with the physician's orders. No diagnostic test or consultation request will be performed without specific physician, physician assistant, nurse practitioner or clinical nurse . . . . . 's orders in accordance with state law, including scope of practice laws...</p> <p>3. Qualified nursing personnel will receive and review the diagnostic test reports or consults and communicate the results to the ordering Physician, physician assistant, nurse practitioner or clinical nurse . . . . . within 24 hours of receipt unless they report . . . . . outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. Ordering provider will be notified of results upon receipt if deemed critical and/or require immediate attention.</p> <p>4. Documentation of consultations, diagnostic tests, the results, and date/time of Physician notification will be maintained in the residence clinical record."</p> <p>A policy review of "Laboratory Services and Reporting," dated . . . . . , revealed "the facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse</p>	F 770			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105926</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/16/2022</b>
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F 770	Continued From page 22 practitioner, or clinical nurse _____ in accordance with state law...  1. The facility must provide or obtain laboratory services to meet the needs of its residents.  2. The facility is responsible for the timeliness of the services...  6. All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed in the resident's clinical record.  7. Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse _____ of laboratory results that outside the clinical reference range."	F 770			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)  §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review the facility failed to provide a safe environment related to ensuring two of thirteen egress fire exit doors were secured, locked, and monitored to prevent a possible unwitnessed resident exit.  Findings included:  1. An interview on _____ at 2:34 p.m. with the Nursing Home Administrator (NHA) regarding an unwitnessed exit event in _____, and an	F 921	The unwitnessed exit events of _____ and _____ for Resident #7 were investigated, and the care plan updated. Resident #7 has had no additional unwitnessed exit events. All residents with exit seeking behaviors have the potential to be affected by the two doors that were unsecured. Staff were educated on the Elopement policy and the proper response to a door alarm including resetting the door lock by the Administrator, Director of Nursing or		

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F 921	<p>Continued From page 23</p> <p>unwitnessed exit event in _____ of 2021, involving Resident #7, revealed the resident exited the facility through the egress fire exit door located by the employee time clock. Resident #7 was found in the area directly outside of the egress fire door by staff uninjured.</p> <p>An observation on _____ at 1:17 p.m., revealed an egress fire exit door, located by the employee timeclock in between the kitchen and the _____ gym, was alarming. No employee or resident was observed outside of the egress door, nor were any employees or residents observed in the hallway at the time of door alarming. Upon pushing the alarming egress door, the door immediately opened to the outside of the building. A kitchen aide was observed to exit from the kitchen area with a meal cart and did not address the alarming egress door. A second staff member was observed walking past the alarming egress door towards the activities area. The staff member did not stop to address the alarming door. Photographic evidence was taken of the alarming door, and the pathway outside of the door leading to a parking lot area.</p> <p>At 1:20 p.m. on _____, the Admissions Coordinator walked up to the alarming egress door and said, "I heard the alarm and am going to turn it off." Upon the first attempt at entering in the egress alarm code, it did not work. The Admissions Coordinator walked away into the side office area and returned at 1:21 p.m., entering in a code and turning off the door alarm. The Admissions Coordinator stated that employees would use this exit to go on lunch break. The door functioned by pushing on the door handle. After 15 seconds the door would unlock, and the alarm would sound. The door</p>	F 921	<p>Director of Maintenance. All exit doors will be checked every shift for 2 months to ensure proper functioning. Then the doors will be checked daily until the scheduled door alarm upgrade is complete. The doors will continue to be checked daily. The Maintenance Director will report the results to the QAPI Committee. The facility will drill on response to door alarms monthly. The results of drills will be reported to the QAPI Committee. The QAPI Committee will determine if additional actions are needed. Responsible Persons: Director of Nursing, Director of Maintenance</p>		

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F 921	<p>Continued From page 24</p> <p>would not automatically re-lock until the keycode was put in.</p> <p>During this interview the Admissions Coordinator confirmed the expectation was any staff member alerted to the alarm door would address the alarm. She stated she "thinks" a staff member walked out of the egress door.</p> <p>2. An interview on ..... at 1:44 p.m. with the Director of Nursing revealed the expectation was that staff would respond to a door alarming and verify if a resident exited through the alarming door by going outside. Staff were to only enter and exit from the front entrance door. The DON stated she "thinks that an employee exited from the side door that was alarming because... saw the employee standing outside by the door."</p> <p>On ..... at 2:59 p.m. an observation of an employee exiting from the fire egress door by the employee time clock occurred. The employee walked through the door outside, and the door alarm began sounding. The employee was observed walking away from the unlocked door towards the parking lot. At 3:01 p.m. two additional employees were observed walking up to the alarming door and exiting. A staff member entered a keycode to lock the alarming door after the two additional employees walk through it.</p> <p>On ..... at 3:45 p.m. the Nursing Home Administrator (NHA) confirmed that the egress fire exit door by the employee time clock should not be used by employees to exit the facility. However, staff would sometimes use it because it was a direct path to the employee parking lot.</p> <p>3. A walk-through of the facility with the</p>	F 921			

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F 921	<p>Continued From page 25</p> <p>Maintenance Director to verify the functionality and security of the facility egress fire exit doors occurred on . . . . . at 8:41 a.m.</p> <p>During the walk-through an egress fire exit door located by _____ on the rapid recovery unit was found to be unlocked, and not alarming. When pushed, the egress door immediately opened to . . . of the facility without alarming. The Maintenance Director stated the pathway outside of the egress door lead around the building to the security guard entrance area. The Maintenance Director stated there was no reason for the door to be unlocked and not sounding.</p> <p>4. A document review of "How to check Nursing Care Doors," dated _____, revealed five steps to check an egress door. "1. Push the door to ensure that it is locked. 2. Start a timer at the same time that you press against the door. 3. The door should release at 15 seconds. 4. Reset the door alarm. 5. Check that the Maglock has engaged."</p> <p>A policy review of "Safe and Homelike Environment," dated _____, revealed "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the residents to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk ...</p> <p>Environment refers to any environment in the facility that is frequented by residents, including</p>	F 921			

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F 921	Continued From page 26 (but not limited to) the residents' room, bathrooms, hallways, dining areas, lobby, outdoor patios, . . . . , areas and activity areas."	F 921			