

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

PRINTED: 12/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2015
NAME OF PROVIDER OR SUPPLIER LIBERTY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 644 S WALLACE WILKINSON BLVD LIBERTY KY 42539		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 000	INITIAL COMMENTS A standard health survey was conducted on 11/30/15-12/03/15. Deficient practice was identified with the highest scope and severity at "F" level. An abbreviated survey (KY24114) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.	F 000	Liberty Care and Rehabilitation Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or other legal proceedings. This allegation of compliance is not intended to and does not establish any standard of care, contract obligation, or position, and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this allegation of compliance should be considered or relied upon as a waiver of any potentially applicable Peer Review, Quality Assurance, self critical examination, or any other legal privilege which the Facility may have. The Facility does not waive and specifically reserves the right to assert these privileges in any administrative, civil or criminal claim, action or proceeding. The facility offers its response, credible allegations of compliance, and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial 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 psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 279	F279 Correction: 1. Corrective action accomplished for residents found to have been affected by the deficient practice: On 12/3/15 resident number 1 had her toenails trimmed by a registered nurse. On 12/3/15 resident number 1's comprehensive plan of care was updated by the MDS Coordinator to include interventions to address her needs related to her diagnosis of diabetes and her need for diabetic foot care. The comprehensive plan of care included measurable objectives and timetables to meet resident number 1's identified need for diabetic foot care. On 12/4/15 resident number 1 was seen by the Podiatrist during his regularly scheduled visit. The Podiatrist was asked by the UM to include the resident on a routine basis based on her needs. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: The facility has completed a 100% audit of all comprehensive care plans for residents who have a diagnosis of diabetes and residents who did not have interventions listed on the comprehensive plan of care to address needs related to the diagnosis of diabetes and the need for diabetic foot care were identified. This audit was completed by 12/24/15. Any resident(s) identified in this audit who had a diagnosis of diabetes and did not have interventions in place on the comprehensive plan of care to address needs related to diabetic foot care will have an update to their comprehensive plan of care that includes interventions to address diabetic foot care.	12/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
William Goodknight MSSW, CSW, LNHA

TITLE
Administrator/CEO

(X6) DATE
12/24/2015

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 279	<p>Continued From page 1 and facility policy review, it was determined the facility failed to develop a comprehensive care plan to address Diabetic Foot Care for one (1) of twenty-one (21) sampled residents (Resident #1). Resident #1 was observed to have jagged toenails on the left foot and review of the record revealed the resident had not been seen by a Podiatrist since 07/07/15. Further review of the record revealed the comprehensive care plan did not include interventions to address Resident #1's needs related to the diagnosis of diabetes and the need for foot care.</p> <p>The findings include:</p> <p>Review of the facility's policy entitled "Care Plans-Comprehensive," dated 06/06/15, revealed the policy stated, "The nurse/Interdisciplinary Team, in coordination with the resident, his/her family or responsible party, develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain." In addition, the policy explained it was designed to "incorporate identified problem areas; incorporate risk factors associated with identified problems; and reflect treatment goals, timetables, and objectives in measurable outcomes." Furthermore, it stated, "Interventions address the underlying source(s) of the problem area(s), rather than addressing only symptoms or triggers."</p> <p>Review of the "Nail Grooming" policy, undated, revealed "Nail care will be performed by a licensed nurse if the resident has a diagnosis of Diabetes or circulatory disease." In addition, the "Care of Feet and Toenails/Behavior" policy, dated June 2007, directed that feet should be</p>	F 279	<p>Correction for F279 continued: These care plan updates/additions will be completed by 12/24/15.</p> <p>3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: The MDS Coordinators and members of the Interdisciplinary team including the Unit Managers and Director of Nursing were educated on the requirements of F279 including the requirement that the facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental, and psychosocial needs that are identified in the comprehensive assessment. The training further included the requirement that the care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being as required; and any service that would otherwise be required but are not provided due to the resident's exercise of rights including the right to refuse treatment. This training was completed by 12/24/15. These same individuals were also trained on facility policy regarding the development of comprehensive care plans and on the importance of ensuring residents who have a diagnosis of diabetes has care plan interventions in place to address this diagnosis including interventions for diabetic foot care. Trainings completed by the Administrator. On 12/4/15 the UM met with the podiatrist and he agreed to place each diabetic resident on a schedule, based on identified needs and communicate that schedule to the unit managers. (If approved by the resident/responsible party and physician) Effective 12/24/15 the social services director will maintain a log of podiatrist visits to ensure all residents with a diagnosis of diabetes who require the services of the podiatrist are seen on a routine basis, based on identified need and the schedule provided by the podiatrist. All SRNA's and Nursing staff will receive additional training on foot care and for Nurses providing diabetic foot care. This training is being completed by the SDC and will be completed by 12/24/15. Any SRNA or Nursing staff member who has not completed this training by 12/24/15 will not be allowed to work until the training is complete.</p> <p>4. How the facility will monitor its performance to ensure that solutions are sustained: The social services director will provide information from the podiatrist service log to the Quality Assurance Performance Improvement Committee for review. This information will include any instances where she has had to intervene to ensure a resident received was not missed for needed services. The Director of Nursing will receive a copy of the Podiatrist notes after each visit. She will monitor to ensure services are provided based on resident need. She will report to the QAPI committee monthly on any concerns she has identified. The Director of Nursing or designee will complete a 25% audit of all residents who have a</p>		

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F 279	<p>Continued From page 2</p> <p>washed daily and the feet should be carefully inspected and if anything unusual was noted it should be reported to the Associate/Administrator.</p> <p>Observation of Resident #1 on 12/01/15 at 2:15 PM during skin assessment, found four jagged nails on the resident's left foot.</p> <p>Review of the medical record revealed the facility admitted Resident #1 on 09/05/14 with diagnoses of Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Chronic Kidney Disease, and Type II Diabetes Mellitus. Review of the Quarterly Minimum Data Set (MDS) assessment dated 10/22/15 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10. In addition, the MDS reflected Resident #1 required extensive to total assistance of one to two people for assistance with personal hygiene and bathing.</p> <p>Further review of Resident #1's record revealed the Comprehensive Care Plan dated 12/08/14 did not include interventions to address diabetic foot care. The last Podiatrist visit was 07/07/15 with no documentation explaining why these visits stopped. In addition, there was no documentation in the record that the Certified Nurse Aides (CNAs) had made nurses aware of the need for jagged toe nails to be clipped or that the nurses had provided toe nail care.</p> <p>Interview with Registered Nurse (RN) #4, the MDS Coordinator, on 12/03/15 at 4:30 PM, revealed Care Plans were developed/updated with annual and quarterly MDS's. The MDS Coordinator stated if a new problem developed in between MDS assessments, it was not written</p>	F 279	<p>F279 correction continued:</p> <p>diagnosis of diabetes each month for three months to ensure they have a comprehensive care plan with interventions in place to address diabetic foot care. If there are no concerns identified after three months the audits will be reduced to 10% for three months. The results of her audits will be provided to the QAPI committee for review on a monthly basis. The unit managers will conduct a 100% audit of residents' feet for those residents with a diagnosis of diabetes every two weeks to ensure diabetic foot care has been completed in accordance with the comprehensive plan of care. These audits will be completed on-going. The unit managers will report findings from these audits to the QAPI committee monthly. The QAPI committee will review, track and trend the information from each of these audits and recommend additional interventions as needed to ensure compliance with the requirements of F279. Each of the audits and monitors outlined in this section (#4) will start effective 12/24/15 and will be on-going unless otherwise stated above. The SDC will continue to assign on-going updated training on foot/nail care and diabetic foot care through the LEARN 365 system on a routine basis as part of continuing education.</p>		

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F 279	Continued From page 3 down but staff discussed changes verbally. The MDS Coordinator acknowledged there was no written update or revision done to Resident #1's Care Plan related to diabetic foot care and there should have been. Interview with the Director of Nursing (DON) on 12/03/15 at 5:00 PM regarding the monitoring process of developing and updating care plans revealed that staff met every morning to review all orders from the previous day. The DON stated that when a new order was written, an Interim Admission/Care Plan update was completed and staff was made aware of changes.	F 279			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280	Correction F280: 1. Corrective action accomplished for residents found to have been affected by the deficient practice: On 12/22/15 the Root Cause Analysis (RCA) for resident numbers #3, #7, #14, and #15 was updated by the MDS Coordinator to include history of E-coli with E-coli bacterial infection as a potential cause for urinary tract infection/recurrent urinary tract infections. The care plans for residents #3, #7, #14, and #15 were updated by the MDS Coordinator to include interventions based on the information added to the root cause analysis. All nursing and SRNA staff at the facility will have updated training by the SDC on preventing urinary tract infections and proper peri-care by 12/24/15. Any staff members who have not completed this training by 12/24/15 will not be allowed to work until they have completed this training. Any resident who provides or attempts to provide self peri-care will receive additional training by the unit manager on proper peri-care based on their ability to understand the training. (This includes residents #3, #7, #14, and #15 if any of these residents meets this criteria.) Residents #3, #7, #14, and #15 will be referred to a urologist for evaluation by the resident's nurse. These referrals will be made by the resident's nurse by 12/24/15 provided the resident and/or responsible party and the physician agree. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: A 100% audit will be completed by 12/24/15 for all residents who have had a UTI or recurrent UTI within the past six months. These residents will be reviewed to determine if care plan revisions were made in accordance with F280. This will include a review of Urine analysis results during this six month time period to determine if E-coli bacterial infection was a potential factor. Any resident identified in this audit who requires a Root Cause Analysis update and comprehensive care plan update will have these updates completed by 12/24/15. These audits and any needed RCA and care plan updates will be completed by the MDS Coordinators, Director of Nursing, and/or Unit Managers.	12/24/15	

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F 280	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to revise the comprehensive care plan for four (4) of twenty-one (21) sampled residents (Residents #3, #7, #14, and #15) related to reoccurring urinary tract infections (UTIs). Residents #3, #7, #14, and #15 had reoccurring Escherichia Coli (E-Coli) infections causing UTIs between February 2015 and November 2015. The comprehensive care plan for these residents did not include interventions to prevent reoccurrence of the E-Coli infections.</p> <p>The findings include:</p> <p>Review of the facility's policy entitled "Care Plans-Comprehensive," dated 06/01/15, revealed the policy stated, "The nurse/Interdisciplinary Team, in coordination with the resident, his/her family or responsible party, develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain." In addition, the policy explained it was designed to "incorporate identified problem areas; incorporate risk factors associated with identified problems; and reflect treatment goals, timetables, and objectives in measurable outcomes." Furthermore, it stated, "Interventions address the underlying source(s) of the problem area(s), rather than addressing only symptoms or triggers."</p> <p>1. Review of Resident #7's medical record revealed the facility admitted the resident on</p>	F 280	<p>F280 Correction Continued:</p> <p>During the audit listed above the auditors will also review to ensure the comprehensive care plans meet the requirements outlined in F280 including: A review of all residents who had a care plan meeting in the months of November 2015 and to date in December 2015 to ensure comprehensive care plans were completed within seven days of the comprehensive assessment and completed by an IDT that had the appropriate staff present, that the resident and the resident's family or legal representative was invited and that the meeting included a review of and allowed the resident if he/she chose to attend and that he/she was allowed to participate in planning care and treatment or changes in care and treatment (unless adjudged incompetent or otherwise found to be incapacitated under state law.) Also that the plan was periodically reviewed and revised by a team of qualified persons after each assessment. (if these plans reviewed in this audit met the requirement for revision when reviewed.)</p> <p>3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: By 12/24/15 Members of the IDT including the MDS Coordinators, the Director of Nursing, and Unit Managers were educated regarding the requirements of F280 including that A resident unless adjudged incompetent, or otherwise found to be incapacitated under the laws of the state to participate in the planning of care and treatment or changes in care and treatment. Comprehensive care plans must be completed within seven days of the comprehensive assessment and completed by an IDT that has the appropriate staff present/involved including the attending physician, a registered nurse who has responsibility for the resident and other appropriate staff in disciplines as determined by resident needs and to the extent practicable, the participation of the resident, the resident's family, or the resident's legal representative; that the resident and the resident's family or legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>By 12/24/15 the IDT listed above were also trained on facility policy regarding the revision of care plans. Training was completed by the Administrator. All nursing and SRNA staff at the facility will have updated training by the SDC on preventing urinary tract infections and proper peri-care by 12/24/15. Any staff members who have not completed this training by 12/24/15 will not be allowed to work until</p>		

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F 280	<p>Continued From page 5</p> <p>08/01/14 with a readmission date of 10/02/15 with diagnoses of Pneumonia, Pre-renal Azotemia, Atrial Fibrillation, Stroke, Hypertension, Dementia, Depression, and Hip Fracture. Review of the Quarterly Minimum Data Set (MDS) assessment dated 10/19/15 revealed Resident #7 had a history of UTIs and had a Brief Interview for Mental Status (BIMS) score of 6 and required extensive assistance of one staff person to assist with toileting as well as personal hygiene.</p> <p>Further review of Resident #7's record revealed Urinary Tract Infections (UTIs) with cultures revealing Escherichia Coli (E-Coli) bacteria on 02/28/15, 04/13/15, 09/25/15, 11/12/15, 11/23/15, and 11/25/15 and a UTI with Enterococcus faecalis bacteria on 06/10/15. Review of the care plans since 01/05/15 revealed no interventions related to recurring UTIs with E-Coli infections. In addition the care plan showed a root cause analysis (RCA) of "poor oral fluid intake compounded by additional risk factors." However, none of the urinary analysis tests showed laboratory indications of dehydration. Furthermore, Infection Report Forms were completed on 03/28/15, 04/15/15, 09/25/15, and 11/25/15. Only the 04/15/15 report documented that the UTI met surveillance criteria, but it did not show further follow-up other than treating the UTI with Macrobid (an antibiotic medication). Further review of the comprehensive care plan for Resident #7 revealed the care plan had not been revised since 01/05/15. The problem on the care plan was "Resident has a history of UTI's and has potential for reoccurring episodes." The goal remained that Resident #7 would be free from signs or symptoms of UTI through the next review and the goal dates were 07/01/15, 8/20/15, and 11/20/15. Furthermore, the interventions were to</p>	F 280	<p>Correction F280 continued:</p> <p>they have completed this training. Any resident who provides or attempts to provide self peri-care will receive additional training by the unit manager on proper peri-care based on their ability to understand the training. (This includes residents #3, #7, #14, and #15 if any of these residents meets this criteria.) Residents #3, #7, #14, and #15 will be referred to a urologist for evaluation, RCA recommendations, and treatment and prevention recommendations. These referrals will be made by the resident's nurse by 12/24/15 provided the resident and/or responsible party and the physician agree. Effective 12/24/15 the IDT will maintain a binder that will be reviewed daily Monday through Friday during the morning management meeting. The binder will contain a log of each resident who has a new UTI diagnosis, the RCA, interventions, and lab findings. The team will use this information to better track when residents get initial or recurring UTI's, when interventions may not be effective, and when lab results may impact the RCA. This binder will be updated daily Monday through Friday with each new UTI and any lab results or new data that could impact the RCA. Effective 12/24/15 anytime a resident has recurrent UTI's for more than three months despite the RCA and care planned interventions by the team the resident will be referred to a urologist by resident's nurse (if agreeable to resident/family/physician) who will be asked to assess the resident and provide an opinion regarding the RCA for the recurrent UTI's and recommended interventions. Effective 12/24/15 any lab finding that results in a finding of E-coli will result in the re-training by the SDC of primary direct care providers for the resident on proper peri-care and for the resident if he/she assists with his/her own peri-care (as determined by cognitive function). Resident training provided by the UM. The trainees will be requested to demonstrate proper understanding of the material. SDC to provide trainings.</p> <p>4. How the facility will monitor its performance to ensure that solutions are sustained:</p> <p>Effective 12/24/15 the Director of Nursing or designee will review the UTI log book daily Monday through Friday and examine for patterns or trends and ensure that any new lab results showing a UTI caused by E-coli results in the training listed above and that the comprehensive care plans for residents identified with an E-coli infection or other factor that requires a change have been updated along with an updated RCA.</p> <p>Effective 12/24/15 the Director of Nursing and the Unit Managers will complete a minimum of 1 random check on staff performance with peri-care per week. If any concerns are identified education will be provided to the staff member. Results of these checks will be provided to the Quality Assurance Performance Improvement Committee monthly.</p>		

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F 280	<p>Continued From page 6</p> <p>provide perineal care after each episode of incontinence, observe and report changes in bladder status, Resident #7 was to wear incontinence products, encourage good fluid intake, and obtain needed labs per doctor orders if symptoms of UTI were noted. The goal was never met and the interventions were not updated that showed continued infection of E-Coli in the urine.</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 12/03/15 at 4:20 PM revealed she educated Resident #7 frequently about allowing staff to help clean Resident #7 after going to the bathroom, to prevent UTIs. The SRNA stated the nurses tell them verbally when residents require special care.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 12/02/15 at 10:20 AM revealed most of the time the facility staff provided toileting for Resident #7, although there were times that Resident #7 did this for him/herself.</p> <p>2. Review of Resident #15's medical record revealed the facility admitted the resident on 05/24/12 with diagnoses of Multiple Sclerosis (MS), Paraplegia, Brain Neoplasm, and Chronic UTIs. Review of the Annual MDS assessment dated 10/13/15 revealed Resident #15 had a history of UTIs. The BIMS score on the 10/13/15 MDS was 11 and revealed he/she required the extensive assistance of two staff persons for toileting and personal hygiene.</p> <p>Review of the record revealed Resident #15 had UTIs with E-Coli infections on 02/26/15, 06/04/15, 10/11/15, and 11/12/15. The resident had a UTI with pseudomonas infection on 02/28/15. The</p>	F 280	<p>Correction F280 continued:</p> <p>Effective 12/24/15 the results of any urologist recommendations, and findings from the DON audits will be provided to the Quality Assurance Performance Improvement Committee monthly for review. The Quality Assurance Performance Committee will review, track, and trend the data on a monthly basis provided by the DON and Unit Managers related to the UTI log book, the random checks on peri-care, urologist information, and RCA/Comprehensive Care Plan revisions/updates. The QAPI committee will make recommendations as needed related to the findings to ensure facility compliance with F280.</p>		

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F 280	<p>Continued From page 7</p> <p>comprehensive care plan dated 06/04/15 revealed a problem of "history of UTI's with potential for acute UTI's reoccurring and RCA of bladder spasms as a result of diagnosis of MS." The goal was to have no UTIs from 06/04/15 through 01/16/16. Furthermore, interventions were to offer and encourage fluids, administer prophylactic and/or antibiotic medication, report to the doctor any symptoms of UTIs, and to obtain labs ordered by the doctor. There was no documented evidence that the problems, goals, or interventions were revised to reflect reoccurring E-Coli infections on the comprehensive care plan.</p> <p>3. Review of Resident #3's medical record revealed the facility admitted the resident on 01/26/13 with diagnoses of Schizophrenia, Dementia, Generalized Anxiety, Depression, Type II Diabetes Mellitus, Constipation, and Urinary Tract Infection - Status Post. Further review of the record revealed a quarterly MDS dated 10/10/15 that assessed Resident #3's BIMS score to be 12, which indicated moderate cognitive impairment. The MDS further assessed Resident #3 to be frequently incontinent of bladder and always incontinent of bowel, and was assessed to require extensive assistance of two persons for toilet use and extensive assistance of one person for personal hygiene. Review of the resident's comprehensive care plan for history of Urinary Tract Infections dated 01/05/15 with a revision date of 06/11/15 revealed the goal for the resident was to have no signs or symptoms of active infection through the next review of 01/11/16. The interventions listed on the care plan were to offer and encourage intake of fluids, administer medications as ordered, report to the physician worsening signs and symptoms of</p>	F 280			

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F 280	<p>Continued From page 8</p> <p>infection or lack of improvement from treatment, obtain labs/cultures and report results to the physician as ordered, refer to Urology as needed, and observe for and report to the nurse/physician any signs and symptoms of Urinary Tract Infection such as: foul urine smell, dark urine, pain when urinating, and urinary retention. Review of lab reports revealed the resident had nine urinary tract infections since January 2015 as follows: 01/28/15, 04/26/15, 05/03/15, 05/13/15, 08/21/15, 08/30/15, 10/03/15, 10/22/15, and 11/02/15; three of which had Escherichia Coli bacteria, 01/28/15, 08/21/15, and 10/03/15. There were five UTIs after the June interventions were added.</p> <p>Observation of incontinence care for Resident #3 on 12/01/15 at 2:30 PM revealed the resident was wearing a dry adult incontinence brief and the State Registered Nursing Assistant (SRNA) performed incontinence care per facility policy, with no concerns.</p> <p>4. Review of Resident #14's record revealed the facility admitted the Resident on 11/12/12 with a readmission date of 10/15/14 with diagnoses of Alzheimer's, Esophageal Reflux, Osteoarthritis, Difficulty Walking, Symbolic Dysfunction, and History of Urinary Tract Infections. Further review of the record revealed a quarterly MDS dated 11/21/15 that assessed Resident #14's BIMS score to be 7, which indicated severe cognitive impairment. The MDS further assessed Resident #14 to be frequently incontinent of bowel and bladder, and was assessed to require extensive assistance of one person for toilet use and personal hygiene. The resident was also assessed to have a Urinary Tract Infection at the time of the MDS assessment period. Review of</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>the resident's comprehensive care plan for reoccurring urinary tract infections dated 12/03/15 revealed the goal for the resident was to be free from urinary tract infections through the next review of 03/02/16. The interventions listed on the care plan were to encourage good oral fluid intake, observe for signs and symptoms of urinary tract infection including: foul smelling urine, cloudy or dark colored urine, dysuria, sediment, fever, and increased confusion; and to notify the doctor if signs and symptoms were noted. Further interventions included: obtain lab values, cultures, or diagnostic test per the doctor orders and notify doctor of results, educate and remind resident to call for assistance with peri-care after incontinence episodes and toileting skills, and remind the resident to use proper technique when providing his/her own perineal care. The care plan did not address the resident's reoccurring Escherichia Coli Urinary Tract Infections. Review of lab results revealed the resident had four urinary tract infections since 02/15/15 as follows: 02/15/15, 04/15/15, 11/01/15, and 11/20/15; two of which were positive for Escherichia Coli, 11/01/15 and 11/20/15.</p> <p>Observation of incontinence care on 12/03/15 at 1:15 PM revealed Resident #14 had a scant amount of urine in the adult brief without odor. Further observation revealed the SRNA performed appropriate incontinence care per facility policy with no concerns.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator on 12/03/15 at 4:33 PM revealed that a new comprehensive care plan was printed for each resident at the beginning of the year. The MDS Coordinator stated when the care plan was</p>	F 280			

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F 280	Continued From page 10 updated/revised, the old goal date was marked out, and the new goal date was added. Further interview revealed that each time a new problem was addressed, there was supposed to be a care plan made for the specific problem. Also, the care plan was to be updated anytime a new intervention was put into place. Interview with the Director of Nursing (DON) on 12/03/15 at 5:00 PM revealed that each resident that had two or more urinary tract infections in one year was considered to have recurrent urinary tract infections and should have a comprehensive care plan implemented. If the resident was diagnosed with a urinary tract infection with Escherichia Coli, the care plan should be updated to reflect that.	F 280			
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, facility policy review, and facility training review it was determined the facility failed to ensure	F 315	Correction F315: 1. Corrective action accomplished for residents found to have been affected by the deficient practice: By 12/24/15 the Root Cause Analysis (RCA) for resident numbers #3, #7, #14, and #15 was updated to include history of E-coli with E-coli bacterial infection as a potential cause for urinary tract infection/recurrent urinary tract infections. The care plans for residents #3, #7, #14, and #15 were updated to include interventions based on the information added to the root cause analysis. Updates completed by the MDS Coordinator All nursing and SRNA staff at the facility will have updated training on preventing urinary tract infections and proper peri-care by 12/24/15. Training will be provided by the CDC. Any staff members who have not completed this training by 12/24/15 will not be allowed to work until they have completed this training. Any resident who provides or attempts to provide self peri-care will receive additional training on proper peri-care based on their ability to understand the training. (This includes residents #3, #7, #14, and #15 if any of these residents meets this criteria.) Training will be completed by a Unit Manager. Residents #3, #7, #14, and #15 will be referred to a urologist for evaluation, RCA recommendations, and treatment and prevention recommendations. These referrals will be made by the resident's nurse by 12/24/15 provided the resident and/or responsible party and the physician agree.	12/24/15	

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F 315	<p>Continued From page 11</p> <p>appropriate treatment and services were provided for four (4) of twenty-one (21) sampled residents (Resident #3, Resident #7, Resident #14, and Resident #15) to prevent infections of the urinary tract. The facility failed to put a process in place to ensure residents did not develop reoccurring Escherichia Coli urinary tract infections. Furthermore, there was no evidence the facility identified causative factors to prevent reoccurring Escherichia Coli urinary tract infections.</p> <p>The findings include:</p> <p>Review of the Urinary Tract Infections/Bacteriuria Clinical Protocol with a revision date of August 2013 revealed, "When someone's urinary tract infection persists or recurs after treatment with an initial course of antibiotics, the physician should review the situation carefully with the nursing staff and possibly examine the individual before prescribing repeated courses of antibiotics."</p> <p>Review of the Perineal Care Policy with a revision date of October 2010 revealed, "staff are to wash resident's perineal area from front to back, to continue to wash the perineum moving from inside outward to including thighs, alternating from side to side, and using downward strokes. Do not reuse the same washcloth or water to clean the urethra or labia. Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. Do not reuse the same washcloth or water to clean the labia."</p> <p>Review of the facility training Hand washing: The Latest CDC Recommendations revealed staff</p>	F 315	<p>Correction F315 continued:</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice: A 100% audit will be completed by 12/24/15 for all residents who have had a UTI or recurrent UTI within the past six months. These residents will be reviewed to determine if E-coli bacterial infection was a potential factor. Any resident identified in this audit who requires a Root Cause Analysis update and comprehensive care plan update will have these updates completed by 12/24/15. These audits and any needed RCA and care plan updates will be completed by the MDS Coordinators, Director of Nursing, and/or Unit Managers.</p> <p>3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: All nursing and SRNA staff at the facility will have updated training on preventing urinary tract infections and proper peri-care by 12/24/15. Any staff members who have not completed this training by 12/24/15 will not be allowed to work until they have completed this training. Training provided by the SDC. Any resident who provides or attempts to provide self peri-care will receive additional training on proper peri-care based on their ability to understand the training. (This includes residents #3, #7, #14, and #15 if any of these residents meets this criteria.) Training to be completed by a Unit Manager. Residents #3, #7, #14, and #15 will be referred to a urologist for evaluation. These referrals will be made by resident's nurse by 12/24/15 provided the resident and/or responsible party and the physician agree. Effective 12/24/15 the IDT will maintain a binder that will be reviewed daily Monday through Friday during the morning management meeting. The binder will contain a log of each resident who has a new UTI diagnosis, the RCA, interventions, and lab findings. The team will use this information to better track when residents get initial or recurring UTI's, when interventions may not be effective, and when lab results may impact the RCA. This binder will be updated daily Monday through Friday with each new UTI and any lab results or new data that could impact the RCA. Effective 12/24/15 anytime a resident has recurrent UTI's for more than three months despite the RCA and care planned interventions by the team the resident will be referred to a urologist (if agreeable to resident/family/physician) who will be asked to assess the resident and provide an opinion regarding the RCA for the recurrent UTI's and recommended interventions. Effective 12/24/15 any lab finding that results in a finding of E-coli will result in the re-training of primary direct care providers</p>		

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F 315	Continued From page 12 completion dates ranging from 08/07/15 to 11/25/15. Review of the facility training: Perineal Care; Prevention of Urinary Tract Infections in the Elderly revealed staff completion dates ranging from 10/19/15 to 11/29/15. Review of the Certified Nursing Assistant (CNA) skills check-off for perineal care completion ranged from 05/13/15 to 11/18/15. 1. Review of Resident #3's record revealed the facility admitted the resident on 11/26/13 with diagnoses of Schizophrenia, Type II Diabetes Mellitus, Urinary Tract Infection- Status Post, Dementia, and Generalized Anxiety. The resident was assessed on the Quarterly Minimum Data Set (MDS) assessment dated 10/10/15 to have a Brief Interview for Mental Status (BIMS) score of 12 which evaluated the resident to have moderate cognitive impairment. The resident was also assessed to be frequently incontinent of bladder and always incontinent of bowel. Further review revealed the resident needed extensive assistance of two persons with toilet use and extensive assistance of one person with personal hygiene. The resident was assessed on the 10/10/15 quarterly MDS to have a Urinary Tract Infection during the assessment period. The resident was assessed not to have a UTI on the 03/22/15 Significant Change MDS and the 12/31/14 Annual MDS. Review of lab reports revealed the resident had nine Urinary Tract Infections since 01/28/15 dated: 01/28/15, 04/26/15, 05/03/15, 05/13/15, 08/21/15, 08/30/15, 10/03/15, 10/22/15, and 11/02/15. Review of the 01/28/15, 08/21/15, and 10/03/15 were positive for Escherichia Coli bacteria. The resident was admitted to the facility on 01/26/13 with a Urinary Tract Infection. Review of the resident's comprehensive care plan for history of Urinary	F 315	Correction F315 Continued: for the resident on proper peri-care (provided by SDC) and for the resident by the UM if he/she assists with his/her own peri-care (as determined by cognitive function). The trainees will be requested to demonstrate proper understanding of the material. Effective 12/24/15 Management team members including the Director of Nursing, Unit Managers, Housekeeping Supervisor and MDS Coordinators were trained on the requirements of F315 including that based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was clinically necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much bladder function as possible. The Management team also received training by 12/24/15 on facility policies related to peri-care and prevention of urinary tract infections. The Management team was educated on the importance of identifying the cause of recurrent UTI's including E-coli infections and the causative factors of E-coli urinary tract infections. (Training completed by the Administrator) Effective 12/24/15 each resident who has bladder incontinence will be reviewed by the MDS Coordinator during the routine care plan conference to determine if a referral to therapy is warranted to assess if therapy services would be beneficial in restoring any bladder function. 4. How the facility will monitor its performance to ensure that solutions are sustained: Effective 12/24/15 the Director of Nursing or designee will review the UTI log book daily Monday through Friday and examine for patterns or trends and ensure that any new lab results showing a UTI caused by E-coli results in the training listed in F280 above and that the comprehensive care plans for residents identified with an E-coli infection or other factor that requires a change have been updated along with an updated RCA. Effective 12/24/15 the Director of Nursing and the Unit Managers will complete a minimum of 1 random check on staff performance with peri-care per week. If any concerns are identified education will be provided to the staff member. Results of these checks will be provided to the Quality Assurance Performance Improvement Committee monthly. Effective 12/24/15 the results of any urologist recommendations, and findings from the DON audits will be provided to the Quality Assurance Performance Improvement Committee monthly for review. The Quality Assurance Performance Committee will review, track, and trend the data on a monthly basis provided by the DON and		

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F 315	<p>Continued From page 13</p> <p>Tract Infections dated 01/05/15 with a revision date of 06/11/15 revealed the goal for the resident was to have no signs or symptoms of active infection through the next review of 01/11/16. The interventions listed on the care plan were to offer and encourage intake of fluids, administer medications as ordered, report to the physician worsening signs and symptoms of infection or lack of improvement from treatment, obtain labs/cultures and report results to the physician as ordered, refer to Urology as needed, and observe for and report to nurse/physician any signs and symptoms of Urinary Tract Infection such as: foul urine smell, dark urine, pain when urinating, and urinary retention.</p> <p>Observation of incontinence care and a skin assessment performed on 12/01/15 at 2:30 PM revealed staff performed perineal care using proper technique, with no concerns identified.</p> <p>2. Review of Resident #14's record revealed the facility admitted the resident on 10/15/14 with diagnoses of Alzheimer's, Osteoarthritis, Difficulty Walking, Symbolic Dysfunction, and History of Urinary Tract Infections. The resident was assessed on the Quarterly MDS assessment dated 11/21/15 to have a BIMS score of 7 which evaluated the resident to have severe cognitive impairment. The resident was also assessed to be frequently incontinent of bowel and bladder. Further review revealed the resident required the extensive assistance of one person for toilet use and personal hygiene and also revealed assessment of a Urinary Tract Infection during the assessment period. Review of the 10/22/14 Annual MDS assessment revealed the resident was assessed to have a Urinary Tract Infection during the assessment period. Review of lab</p>	F 315	<p>Correction F315 Continued:</p> <p>Unit Managers related to the UTI log book, the random checks on peri-care, urologist information, and RCA/Comprehensive Care Plan revisions/updates. The QAPI committee will make recommendations as needed related to the findings to ensure facility compliance with F315.</p>		

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F 315	<p>Continued From page 14</p> <p>reports revealed the resident had four Urinary Tract Infections since 02/15/15 dated: 02/15/15, 04/15/15, 11/01/15, and 11/20/15. Review of the 11/01/15 and 11/20/15 urine analysis tests revealed they were positive for Escherichia Coli bacteria. The resident was admitted to the facility on 11/12/12 with a Urinary Tract Infection. Review of the resident's comprehensive care plan for reoccurring urinary tract infections dated 12/03/15 revealed the goal for the resident was to be free from urinary tract infections through the next review of 03/02/16. The interventions listed on the care plan were to encourage good oral fluid intake, observe for signs and symptoms of urinary tract infection including: foul smelling urine, cloudy or dark colored urine, dysuria, sediment, fever, and increased confusion; and to notify the doctor if signs and symptoms were noted. Further interventions included: obtain lab values, cultures, or diagnostic tests per doctor orders and notify doctor of results, educate and remind resident to call for assistance with perineal care after incontinence episodes and toileting skills, and remind the resident to use proper technique when providing his her own perineal care.</p> <p>Observation of incontinence care on 12/03/15 at 1:15 PM revealed the resident had a small amount of urine in his/her adult brief and no odor was present. Proper technique for incontinence care was performed, with no concerns identified.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1 on 12/03/15 at 1:20 PM revealed that she takes care of Resident #3 and Resident #14 most shifts. She stated they were trained to perform perineal care and hand washing routinely. Furthermore, she went through the</p>	F 315			

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F 315	<p>Continued From page 15</p> <p>steps of perineal care and told how she was taught. She stated she performs perineal care on the residents that she is assigned every two hours and as needed.</p> <p>Interview with the State Registered Nursing Assistant (SRNA) #2 on 12/03/15 at 4:45 PM revealed she also was assigned to care for Resident #3 and Resident #14 during her shifts. She also explained the process of how to perform perineal care. She further stated that there was an in-service a couple of months ago for performing perineal care and proper hand washing.</p> <p>2. Review of Resident #7's medical record revealed the facility admitted the resident on 08/01/14 and readmitted the resident on 10/02/15 with diagnoses of Pneumonia, Pre-renal Azotemia, Atrial Fibrillation, Stroke, Hypertension, Dementia, Depression, and Hip Fracture. Review of the Quarterly Minimum Data Set (MDS) assessment dated 10/19/15 revealed Resident #7 had a history of Urinary Tract Infections (UTIs) and had a Brief Interview for Mental Status (BIMS) score of 6. It also revealed Resident #7 required extensive assistance of one staff person for toileting as well as personal hygiene. Further review of the medical record revealed that Resident #7 had episodes of incontinence.</p> <p>Further review of Resident #7's record revealed urine cultures revealing Escherichia Coli (E-Coli) bacteria on 02/28/15, 04/13/15, 09/25/15, 11/12/15, 11/23/15, 11/25/15 and a UTI with Enterococcus faecalis bacteria on 06/10/15. Review of the comprehensive care plans since 01/05/15 revealed no recognition or interventions related to recurring UTIs with E-Coli infections. In</p>	F 315			

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F 315	<p>Continued From page 16</p> <p>addition the care plan documented a root cause analysis (RCA) of "poor oral fluid intake compounded by additional risk factors," however none of the urinary analysis tests showed laboratory indications of dehydration. Furthermore, Infection Report Forms were completed on 03/28/15, 04/15/15, 09/25/15, and 11/25/15. Only the 04/15/15 report indicated that the UTI met surveillance criteria but it did not show further follow-up other than treating the UTI with Macrobid (antibiotic medication). There was no documented evidence in the medical record that staff identified reoccurring E-Coli infections.</p> <p>Interview with State Registered Nurse Aide #1 on 12/03/15 at 4:20 PM revealed she educated Resident #7 frequently about allowing aides to help clean Resident #7 after going to the bathroom, to prevent UTIs. When asked how the aides knew special instruction or care needed to be provided, Aide #1 stated if this (education about perineal cleaning) needed to be done by the Aides the Nurses tell them verbally.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 12/02/15 at 10:20 AM revealed most of the time the facility staff provided toileting for Resident #7, although there were times that Resident #7 did this for him/herself.</p> <p>3. Review of Resident #15's medical record revealed the facility admitted the resident on 05/24/12 with diagnoses of Multiple Sclerosis (MS), Paraplegia, Brain Neoplasm, and Chronic UTIs. Review of the Annual MDS dated 10/13/15 revealed Resident #15 had a history of UTIs and had a BIMS score of 11. The 10/13/15 MDS also revealed Resident #15 required extensive assistance of two staff persons for toileting and</p>	F 315			

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NAME OF PROVIDER OR SUPPLIER LIBERTY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 616 S WALLACE WILKINSON BLVD LIBERTY, KY 42539		
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F 315	<p>Continued From page 17</p> <p>personal hygiene. Further review of the medical record revealed that Resident #15 was always incontinent of bowel and bladder.</p> <p>Review of the record revealed Resident #15 had UTIs with E-Coli infections on 02/26/15, 06/04/15, 10/11/15, and 11/12/15 with UTI with pseudomonas infection on 02/28/15. There was no indication in the medical record that staff identified the reoccurring E-Coli infections. Resident #15's comprehensive care plan, dated 06/14/15 revealed a history of UTIs "with potential for acute UTI's reoccurring" identified as a problem. It also included a Root Cause Analysis of bladder spasms related to Multiple Sclerosis. Interventions included offering and encouraging fluid intake, administering prophylactic antibiotic medications per Doctor's orders, vital signs every shift while Resident #15 was on antibiotics while monitoring for side effects of antibiotics, reporting signs/symptoms of UTIs, and obtaining doctor ordered labs or diagnostic tests. The goal was that Resident #15 would have no UTIs through the next review of 01/16/16. There was no documented evidence in the medical record that staff identified the problem of reoccurring E-Coli infections.</p> <p>Interview with the South Charge Nurse on 12/03/15 at 4:27 PM revealed that she did rounds to make sure the residents were receiving proper care. She stated they also have in-services for perineal care and hand washing, and that the SRNAs have to do a skills check-off. She stated if she suspected a urinary tract infection, she would call the doctor and get an order to update a urine analysis.</p> <p>Interview with the South Unit Coordinator on</p>	F 315			

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F 315	<p>Continued From page 18</p> <p>12/03/15 at 4:33 PM revealed State Registered Nursing Assistants (SRNAs) performed skills check-offs on perineal care and proper hand washing. She stated they just recently finished an online in-service for perineal care.</p> <p>Furthermore, she stated if a nurse suspected that a resident had a urinary tract infection, the nurse would call the doctor to obtain an order for a urinary analysis. She further stated that she had not identified a causative reason for some of the residents having reoccurring Escherichia Coli Urinary Tract Infections.</p> <p>Interview with Infection Control Coordinator on 12/02/15 at 10:15 AM and 4:15 PM revealed the facility reviewed Infection Reports weekly as well as laboratory test monitoring for trending and clusters of infections. She further stated that she had not determined the causative factor in residents with reoccurring Escherichia Coli Urinary Tract Infections. She stated they checked to see if the residents perform their own personal hygiene or if staff assists with personal hygiene. Furthermore, she stated since becoming aware of the issue with Escherichia Coli Urinary Tract Infections she had staff complete an in-service on proper perineal care and proper hand washing. She further stated she had observed the SRNAs perform perineal care on residents to ensure proper technique. She stated she also does a map of the facility floor plan and color codes to see if any patterns of infection have occurred, such as a specific staff member performing care or if residents were performing their own care.</p> <p>Interview with the Director of Nursing (DON) on 12/03/15 at 5:00 PM revealed that along with herself, the charge nurse and unit coordinator conduct rounds daily to ensure staff is performing</p>	F 315			

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F 315	Continued From page 19 correct care for residents. She had not identified a problem with residents having reoccurring Escherichia Coli Urinary Tract Infections.	F 315			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure one (1) of twenty-one (21) sampled residents received proper treatment related to diabetic foot care. The comprehensive care plan for Resident #1 did not identify problems, goals, or interventions related to Diabetes that included foot care. The findings include: Review of the "Nail Grooming" policy, undated, revealed nail care would be performed by a licensed nurse if the resident had a diagnosis of Diabetes or circulatory disease. In addition, review of the "Care of Feet and Toenails/Behavior" policy, dated June 2007,	F 328	Correction F328: 1. Corrective action accomplished for residents found to have been affected by the deficient practice: On 12/3/15 resident number 1 had her toenails trimmed by a registered nurse. On 12/3/15 resident number 1's comprehensive plan of care was updated by the MDS Coordinator to include interventions to address her needs related to her diagnosis of diabetes and her need for diabetic foot care. The comprehensive plan of care included measurable objectives and timetables to meet resident number 1's identified need for diabetic foot care. On 12/4/15 resident number 1 was seen by the Podiatrist during his regularly scheduled visit. The Podiatrist was asked by the UM to include the resident on a routine basis based on her needs. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: The MDS Coordinator has completed a 100% audit of all comprehensive care plans for residents who have a diagnosis of diabetes and residents who did not have interventions listed on the comprehensive plan of care to address needs related to the diagnosis of diabetes and the need for diabetic foot care were identified. This audit was completed by 12/24/15. Any resident(s) identified in this audit who had a diagnosis of diabetes and did not have interventions in place on the comprehensive plan of care to address needs related to diabetic foot care will have an update to their comprehensive plan of care that includes interventions to address diabetic foot care. These care plan updates/additions will be completed by 12/24/15 by the MDS Coordinator. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: By 12/24/15 all Management Team members received training on the requirements of F328 including that The facility must ensure residents receive proper treatment and care for special services including injections, Parenteral and enteral fluids, Colostomy, ureterostomy, or ileostomy care, Tracheostomy care, Tracheal suctioning, Respiratory care, Foot care, and Prostheses. They were further educated on the importance of ensuring residents who have a diagnosis of diabetes has care plan interventions in place to address this diagnosis including interventions for diabetic foot care. In addition they were trained on facility policy regarding nail care and care of feet and toenails. (Training provided by the Administrator)	12/24/15	

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F 328	<p>Continued From page 20</p> <p>directed that feet should be washed daily, carefully inspected, and anything unusual should be reported to the Associate/Administrator. In addition, the policy stated the associate should note on a communication report if Podiatrist care was needed and assist in arranging for necessary foot care. The policy further stated if a particular Podiatrist had seen a resident, they should be called for care or suggestions.</p> <p>Review of the medical record revealed the facility readmitted Resident #1 on 09/05/14 with diagnoses of Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Chronic Kidney Disease, and Type II Diabetes Mellitus. Review of the Quarterly Minimum Data Set (MDS) assessment dated 10/22/15 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10. In addition, the MDS reflected Resident #1 required extensive to total assistance of one to two people for assistance with personal hygiene and bathing.</p> <p>Further review of Resident #1's record revealed a care plan dated 07/03/15. Review of the care plan revealed no interventions to address diabetic foot care. Further review of the record revealed the last Podiatrist visit was 07/07/15 with no documentation explaining why these visits stopped.</p> <p>Observation of Resident #1 on 12/01/15 at 2:15 PM during a skin assessment, found four jagged toenails on the left foot.</p> <p>Interview with LPN #1 on 12/03/15 at 1:10 PM revealed staff made a list for the Podiatrist to see when he comes, every 60 days. LPN #1 stated Resident #1 was on the podiatrist list to be seen</p>	F 328	<p>Correction F328 continued:</p> <p>On 12/4/15 the Unit Manager met with the podiatrist and he agreed to place each diabetic resident on a schedule, based on identified needs and communicate that schedule to the unit managers. (If approved by the resident/responsible party and physician.) Effective 12/24/15 the social services director will maintain a log of podiatrist visits to ensure all residents with a diagnosis of diabetes who require the services of the podiatrist are seen on a routine basis, based on identified need and the schedule provided by the podiatrist. All SRNA's and Nursing staff will receive additional training on foot care and for Nurses providing diabetic foot care. This training is being completed by the SDC and will be completed by 12/24/15. Any SRNA or Nursing staff member who has not completed this training by 12/24/15 will not be allowed to work until the training is complete.</p> <p>4. How the facility will monitor its performance to ensure that solutions are sustained:</p> <p>The social services director will provide information from the podiatrist services log to the Quality Assurance Performance Improvement Committee for review. This information will include any instances where she has had to intervene to ensure a resident received was not missed for needed services. The Director of Nursing will receive a copy of the Podiatrist notes after each visit. She will monitor to ensure services are provided based on resident need. She will report to the QAPI committee monthly on any concerns she has identified. The Director of Nursing or designee will complete a 25% audit of all residents who have a diagnosis of diabetes each month for three months to ensure they have a comprehensive care plan with interventions in place to address diabetic foot care. If there are no concerns identified after three months the audits will be reduced to 10% for three months. The results of her audits will be provided to the QAPI committee for review on a monthly basis. The unit managers will conduct a 100% audit of residents' feet for those residents with a diagnosis of diabetes every two weeks to ensure diabetic foot care has been completed in accordance with the comprehensive plan of care. These audits will be completed on-going. The unit managers will report findings from these audits to the QAPI committee monthly. The QAPI committee will review, track and trend the information from each of these audits and recommend additional interventions as needed to ensure compliance with the requirements of F328. Each of the audits and monitors outlined in this section (#4) will start effective 12/24/15 and will be on-going unless otherwise stated above. The SDC will continue to assign on-going updated training on foot/nail care and diabetic foot care through the LEARN 365 system on a routine basis as part of continuing education.</p>		

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F 328	Continued From page 21 and assumed the podiatrist "just missed" seeing Resident #1. LPN #1 stated the nurses look at toenails every week following their shower as well as cut them if necessary. Interview with RN #2, the Unit Manager, on 12/02/15 at 3:10 PM, revealed the CNAs were to notify the nurse when they identify a problem with nails on a diabetic resident. Interview with RN #4, the MDS Coordinator, on 12/03/15 at 4:30 PM revealed Care Plans were developed/updated with annual and quarterly MDS's. RN #4 stated if a new problem developed in between MDS assessments, it was not written down, but staff discussed changes verbally. RN #4 acknowledged there was no written update or revision to Resident #1's care plan regarding Diabetic Foot Care and there should have been. Interview with the Director of Nursing (DON) regarding the monitoring process of developing/updating care plans revealed that staff met every morning to review all orders from the previous day. The DON stated that every time an order was written, an Interim Admission/Care Plan Update was completed and staff was made aware.	F 328			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	Correction: F371 1. Corrective action accomplished for residents found to have been affected by the deficient practice: There were no specific residents identified that were affected by this practice. Because this involved food carts that went to all locations in the building multiple residents had the potential to be affected. On 12/3/15 the food carts were pressure washed and deep cleaned by the dietary staff. On 12/3/15 the dishwasher control box was cleaned by the dietary staff. No food, lint or other observable debris remained on any of the carts or the control box.	12/24/15	

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F 371	<p>Continued From page 22</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to maintain the kitchen in a sanitary manner. Observations on 12/03/15 revealed six (6) food delivery carts had food and fluid spills on the shelves where residents' food trays were placed for delivery. In addition, lint was observed underneath the bottom shelf of each cart. Further observations revealed the dishwasher control box had an excessive accumulation of food/fluid debris.</p> <p>The findings include:</p> <p>Review of the Cleaning Schedule Policy (dated October 2009) revealed the food delivery carts were to be cleaned after each use, and thoroughly cleaned each week. In addition, the dishwasher was to be lightly cleaned daily and required a thorough cleaning each week.</p> <p>1. Observation of six food delivery carts at 3:15 PM on 12/03/15 revealed the food cart shelves had food and fluid spills (coffee, milk, juices, etc.) on the shelves where residents' food trays were placed for delivery. In addition, lint was observed underneath the bottom shelves of the food carts.</p> <p>2. Observation of the dishwasher control box at 3:20 PM on 12/03/15 revealed the dishwasher control box had an excessive accumulation of</p>	F 371	<p>Correction F371 correction continued:</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice: Because the food carts moved food to all parts of the building any resident who received food on a tray moved in one of the carts had the potential to have been affected. On 12/3/15 the food carts were pressure washed and deep cleaned by dietary staff. On 12/3/15 the dishwasher control box was cleaned by dietary staff. No food, lint or other observable debris remained on any of the carts or the control box.</p> <p>3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur: By 12/24/15 The management team, including the dietary director and plant operations director were educated on the requirements of F371 including that the facility must procure food from approved or considered satisfactory by federal, state, or local authorities; and store, prepare, distribute and serve food under sanitary conditions. The team was further educated on facility cleaning schedule policy including that food delivery carts are to be cleaned after each use and thoroughly cleaned each week and the dishwasher is to be lightly cleaned daily and thoroughly cleaned each week. This training was completed by the Administrator. By 12/24/15 all dietary staff were trained by the Dietary Director on the facility cleaning schedule policy listed above and the importance of ensuring compliance with F371 including storing, preparing, distributing, and serving food in a sanitary manner. Effective 12/24/15 a cleaning log will be in place for dietary staff to document daily cleaning of the food carts after each use and daily cleaning of the dish washer in accordance with facility policy. Effective 12/24/15 the maintenance department will be responsible for pressure washing the food delivery carts each week. They will also document this action on a log.</p> <p>4. How the facility will monitor its performance to ensure that solutions are sustained: Effective 12/24/15 the facility Administrator will complete a weekly audit of each food cart and the dishwasher control box to ensure they are clean. The Administrator will also complete a weekly audit of the dietary department to ensure general cleanliness and compliance with the requirements of F371. Effective 12/24/15 the Dietary Director or designee will complete an audit of the food carts and the dishwasher control box daily to ensure they are clean. The Registered Dietitian will provide a review of the dietary department at least monthly to include recommendations and findings related to general cleanliness and compliance with F371.</p>		

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F 371	<p>Continued From page 23 food/fluid debris.</p> <p>Review of the December cleaning schedule revealed staff had initialed that the tray and food carts had been cleaned after each meal. In addition, staff had initialed that the dishwasher had been cleaned daily.</p> <p>Interview with the Assistant Dietary Manager at 3:30 PM on 12/03/15 revealed the food delivery carts were supposed to be cleaned after every use, and the food carts were to have a thorough cleaning weekly. The Assistant Dietary Manager stated, "The food carts didn't look like they had been cleaned very good." Further interview with the Assistant Dietary Manager revealed the dishwasher was supposed to be cleaned daily. The Assistant Dietary Manager stated "the dishwasher control box did not look liked it had been cleaned recently."</p>	F 371	<p>Correction F371 Continued: The results of these audits and logs will be reviewed during the monthly Quality Assurance Performance Improvement meeting. The committee will review the data and track/trend and provide recommendations as needed to ensure facility compliance with F371.</p>		

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1993</p> <p>SURVEY UNDER: 2000 Existing (Short Form)</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Six</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 12/01/15, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.