

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

PRINTED: 11/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2015
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF NICHOLASVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SPARKS AVENUE NICHOLASVILLE, KY 40356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated/Partial Extended Survey investigating complaint KY00022713 was initiated on 01/22/15 and concluded on 02/06/15. KY00022713 was substantiated with deficiencies. Immediate Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14 at 42 CFR 483.10 Resident Rights, F-157 at a Scope and Severity of a "J"; and, 42 CFR 483.20 Resident Assessment, F-280; 42 CFR 483.25 Quality of Care, F-309; 42 CFR 483.65 Infection Control, F-441; 42 CFR 483.75 Administration, F-490 and F-520 at a Scope and Severity (S/S) of an "K". Substandard Quality of Care (SQC) was identified at 42 CFR 483.25 Quality of Care F-309. The facility was notified of the Immediate Jeopardy on 01/30/15.</p> <p>Interview and review of Physician's Orders revealed Permethrin cream, a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents. On 07/27/14, seventeen (17) additional residents were also treated with Permethrin for Scabies. However, there was no documented evidence on 07/27/14, that the facility ensured the "Scabies" Policy was followed, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. In August 2014, two (2) residents were again treated for Scabies, but there was no documented evidence the Scabies Policy was followed at that time. Resident #6 was also treated on 09/10/14 with Stromectol (an oral medication for treatment of Scabies) and on 01/03/15 with Permethrin cream for Scabies.</p>	F 000			

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

TITLE

(X6) DATE

03/10/2015

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 000	<p>Continued From page 1</p> <p>Additionally, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15.</p> <p>The facility failed to have a system in place to monitor the infection control program for the facility's residents to ensure the eradication of the Scabies and to ensure the decontamination of the facility. Additionally, the facility failed to ensure the implementation of the "Scabies" policy regarding treatment and precautionary measures to be taken to ensure eradication of the Scabies which resulted in continued rashes, itching and discomfort for the facility's residents.</p> <p>Observation, on 01/22/15, revealed multiple residents scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation, as per facility policy. Also, observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all had rashes of varying degrees on their bodies.</p> <p>An acceptable Credible Allegation of Compliance (CAOC) was received on 02/05/15, which alleged removal of the Immediate Jeopardy on 02/05/15. On 02/06/15, the State Survey Agency verified the Immediate Jeopardy was removed on 02/05/15 as alleged with remaining non-compliance at 42 CFR 483.10 Resident Rights, F-157 at a S/S of a "D"; and 42 CFR 483.20 Resident Assessment, F-280; 42 CFR 483.25 Quality of Care, F-309; 42 CFR 483.65 Infection Control, F-441; 42 CFR 483.75 Administration, F-490 and F-520 at a S/S of "E" while the facility develops and implements the Plan of Correction (POC) and the facility's</p>	F 000			

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F 157 SS=J	<p>Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and review of facility policy, it was determined the facility failed to ensure the Physician and the legal representative were notified when one (1) of sixteen (16) sampled residents exhibited signs and symptoms of itching and scratching and complained to staff (Resident #16).</p> <p>Interview and record review revealed a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents. On 07/27/14, nine (9) more residents were also treated for Scabies. However, there was no documented evidence on 07/27/14 the facility ensured the "Scabies" Policy was followed to include placing the nine (9) residents in contact isolation and performing decontamination of resident areas. Immediate Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15.</p> <p>Interview and record review during the Partial/Extended Survey on 02/04/15, revealed Resident #16 reported itching for about two (2) weeks, and stated it felt just like it did when the resident had scabies in 1957. Despite the fact there were confirmed cases of scabies in the facility, and Resident #16's spouse resided on the unit where all residents were treated, the facility failed to report the resident's symptoms to the physician until after State Survey Agency intervention.</p> <p>The facility's failure to have an effective system in</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>place to ensure the Physician and the legal representative were notified of a change in status or of a need for treatment was likely to cause serious injury, harm, impairment or death to a resident.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Notification of Changes", effective date 08/01/12, revealed the licensed nurse was to notify the Attending Physician and the resident's legal representative when a change in health status occurred. Continued review revealed the change exhibited by the resident and the date and time of the notification(s) were to be documented in the Nurses Notes.</p> <p>Review of the clinical record revealed Resident #16 was admitted to the facility on 01/16/15 for rehabilitation after a fall at home. Review of the Brief Interview for Mental Status (BIMS), dated 01/23/15, revealed the facility assessed Resident #16 to have a score of fifteen (15) which indicated the resident was cognitively intact and interviewable.</p>	F 157			

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F 157	<p>Continued From page 5</p> <p>Interview with Resident #16, on 02/04/15 at 8:05 AM, revealed the resident reported itching on his/her back for about two (2) weeks. Continued interview revealed the resident did report the itching to staff, but was not aware of any new treatment orders. The resident stated a nurse put some lotion on the itch but it only helped for a short time.</p> <p>Interview with Licensed Practical Nurse (LPN) #6, on 02/05/15 at 5:00 PM, revealed Resident #16 had asked for lotion to be applied to his/her back almost every night, but had only complained of itching about three (3) times. Continued interview revealed LPN #6 did not notify the Physician because the resident's spouse, who was also a resident at the facility, reported Resident #16 scratched at home, too.</p> <p>Observation of a skin assessment conducted by LPN #2, on 02/04/15 at 9:58 AM, revealed Resident #16 had red linear abrasions on the left lower back. In addition, the resident exhibited a raised red rash in clusters on the upper back, neck and both shoulders. Continued observation revealed a scabbed area behind the right ear. At the time of the skin assessment, Resident #16 stated he/she had been scratching the lower back area where the abrasions were noted. The resident further stated he/she wasn't able to reach all the places that itched, so the resident had to stand and scratch his/her back by rubbing it against the doorway. The resident further reported having been infected with scabies in 1957, and stated the current itching felt just like that.</p> <p>Interview with LPN #2 after the skin assessment, on 02/04/15 at 10:50 AM, revealed Resident #16</p>	F 157			

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F 157	<p>Continued From page 6</p> <p>did not have a Physician's order for anti-itch medication. During subsequent interview, on 02/04/15 at 2:01 PM, LPN #2 stated she did not notify the Physician of the resident's complaint of itching, but reported to "management" that Resident #16 had self-inflicted scratches. She further stated she could not remember exactly who in "management" she reported to, but she assumed they would take care of obtaining orders.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #8, on 02/05/15 at 4:45 PM, revealed Resident #16 had complained of itching for about two (2) weeks. She stated she told the Director of Nursing (DON) about the resident's complaint, but could not remember when she told her.</p> <p>Interview with SRNA #13, on 02/06/15 at 4:22 PM, revealed she was aware Resident #16 had complained of itching to her while she was providing care. She stated it was at least one (1) week ago, but may have been two (2) weeks ago. Continued interview revealed she reported it to the nurse but could not remember which nurse she reported to.</p> <p>Interview with the DON, on 02/05/14 at 12:50 PM, revealed she had seen one (1) "scratch" on Resident #16's lower back but could not remember what day it was. She stated she had reviewed the resident's documented skin assessment dated 02/02/15 which indicated Resident #16 had "self-inflicted" scratches. The DON reported she acted on the premise that Resident #16 had a history of picking and scratching, and did not take it any further. Continued interview revealed the DON did not have any conversation with any staff regarding</p>	F 157			

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F 157	<p>Continued From page 7</p> <p>Resident #16's "scratches", and was not aware the resident had complained of itching. However, further interview revealed the DON thought perhaps Resident #16 was itching and scratching due to some of his/her medication. The DON further stated staff should have used critical thinking skills in order to determine the underlying cause of the resident's discomfort, and the itching and scratching should have been reported to the Physician and treatment orders obtained, regardless of the cause of the symptoms.</p> <p>Interview with the Power of Attorney (POA) for Resident #16, on 02/04/15 at 6:58 PM, revealed she was not notified of the resident's itching and scratching until the day of this interview, 02/04/15. She stated the resident did not have a history of scratching and digging at his/her skin, and had not had a rash the POA was aware of.</p> <p>Further review of the clinical record revealed no documented evidence the Physician was notified of Resident #16's symptoms until 02/04/15, after State Survey Agency intervention. Review of the Physician's Order, dated 02/04/15, revealed Resident #16 was to have a Dermatology appointment scheduled and was to receive Benadryl, 25 mg every six (6) hours as needed for itching. Continued review revealed an order for initiation of scabies treatment, including Elimite cream, Stromectal tablets, disinfection of the resident's room and personal belongings, and initiation of contact isolation procedures.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility</p>	F 157			

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F 157	<p>Continued From page 8 implemented the following:</p> <ol style="list-style-type: none"> On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimite cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 	F 157			

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F 157	Continued From page 9 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On 01/27/15, all B wing residents received their first dose of Stromectal dose, as ordered by the	F 157			

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F 157	<p>Continued From page 10</p> <p>Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies</p>	F 157			

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F 157	<p>Continued From page 11</p> <p>treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of</p>	F 157			

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F 157	<p>Continued From page 12</p> <p>knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the</p>	F 157			

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F 157	<p>Continued From page 13 presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.</p>	F 157			

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F 157	<p>Continued From page 14</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed</p>	F 157			

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F 157	<p>Continued From page 15</p> <p>each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/discoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one</p>	F 157			

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F 157	<p>Continued From page 16</p> <p>(1) week; after cream applied, administer Stromectal, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was</p>	F 157			

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F 157	<p>Continued From page 17</p> <p>observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on</p>	F 157			

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F 157	<p>Continued From page 18</p> <p>01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p>	F 157			

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F 157	<p>Continued From page 19</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimate cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>Review of the facility's schedule for applying the</p>	F 157			

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F 157	<p>Continued From page 20</p> <p>cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.</p> <p>Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimate cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the Physician's orders. She stated she monitored the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectol</p>	F 157			

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F 157	<p>Continued From page 21</p> <p>tablets, according to the Physician orders, on 01/27/15.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectal.</p> <p>10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.</p> <p>Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly.</p>	F 157			

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F 157	<p>Continued From page 22</p> <p>11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning.</p> <p>Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, "anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture</p>	F 157			

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F 157	<p>Continued From page 23</p> <p>and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting</p>	F 157			

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F 157	<p>Continued From page 24</p> <p>the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty (60) days, whether treatment had been accepted and if it was effective, whether staff required repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies</p>	F 157			

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F 157	<p>Continued From page 25</p> <p>and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on 01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimite cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.</p> <p>16. Review of Physician orders for 01/28/15 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimite cream to be applied on day 1 and repeated in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p>	F 157			

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F 157	<p>Continued From page 26</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on 02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice with the DON on 01/28/15 related to accurately performing a resident skin assessment. Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p>	F 157			

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F 157	Continued From page 27 Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education. 18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the "Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting. Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work. Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and was tracking the staff members on leave to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.	F 157			

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F 157	<p>Continued From page 28</p> <p>Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO stated the intent was to reach every staff member more than once to ensure continued knowledge retention.</p> <p>Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47</p>	F 157			

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F 157	<p>Continued From page 29</p> <p>PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly.</p> <p>19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated December 2012, was reviewed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident</p>	F 157			

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F 157	<p>Continued From page 30</p> <p>in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p> <p>20. Review of in-service records revealed the DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training</p>	F 157			

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F 157	<p>Continued From page 31</p> <p>from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the</p>	F 157			

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F 157	<p>Continued From page 32 staff responsible.</p> <p>22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees.</p> <p>23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the corporate office via the Regional Vice President.</p> <p>24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important</p>	F 157			

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F 157	<p>Continued From page 33</p> <p>for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up.</p> <p>Review of the "Scabies Guidelines" revealed it was comprehensive approach to the prevention, identification and treatment of scabies. Continued review revealed specific guidelines related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated 02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning that every resident in the facility had orders for treatment. Continued review revealed medication orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p>	F 157			

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F 157	Continued From page 34 Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimate cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies". 27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled with the Dermatologist for 02/06/15. 28. Interviews and record reviews validated QA monitoring as follows: Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing. Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for at least seven weeks, to ensure the treatment was effective and all symptoms of itching and rashes were resolved. She stated the extra weeks would allow identification of re-infestation, as symptoms take two (2) to six (6) weeks to manifest. Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or	F 157			

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OMB NO. 0938-0391

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F 157	<p>Continued From page 35</p> <p>any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure new revisions were made as indicated by the resident's response to treatment. She stated any identified concerns with her review of all logs would be addressed immediately by re-education. Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely</p>	F 157			

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F 157	Continued From page 36 involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring on the first Monday of the month.	F 157			
F 280 SS=K	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			

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F 280	Continued From page 37 This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and procedure, the facility failed to have an effective system to ensure care plans were reviewed and revised to reflect the resident's current condition for fourteen (14) of sixteen (16) sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14, and #16). Interview and record review revealed a treatment for Scabies (a very contagious microscopic human itch mite which causes intense itching and skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents (Residents #5, #6, #7 and #9). On 07/27/14, Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14 as well as eight (8) unsampled residents (Unsampled Residents A, B, C, D, E, F G and H) were also treated for Scabies. However, on 07/27/14, there was no documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the care plan was revised to include implementation of monitoring for the effectiveness of the treatment or monitoring the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. On 08/20/14, Resident #7 required re-treatment with scabies topical medications, and on 08/21/14 and 01/02/15, Resident #6 required re-treatment with scabies topical medications. The facility's failure to have an effective system in	F 280		

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F 280	<p>Continued From page 38</p> <p>place to ensure the care plans were reviewed and revised to reflect each resident's current condition has caused or was likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 01/30/15 and found to exist on 07/27/14, and the facility was notified on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Comprehensive Plan of Care", effective 08/01/12, revealed the purpose was to provide an individualized Plan of Care for each resident. Continued review revealed the Comprehensive Care Plan should describe the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, with measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that were identified in the Comprehensive Assessment. Per the facility's policy, the Comprehensive Care Plan was to be updated to reflect the resident's current condition at least every ninety (90) days, or whenever significant changes occurred. Further review revealed</p>	F 280			

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F 280	<p>Continued From page 39</p> <p>progress or the lack of progress toward the goal was to be documented each time the Care Plan was reviewed, noting the probable reason for success or failure.</p> <p>Review of the facility's policy titled "Care System Guidelines - Skin Care", undated, revealed the Director of Nursing Services (DON) or designee was responsible for implementing and monitoring the skin integrity program. Further review revealed a key element was for any skin risk identified to have corresponding interventions in the plan of care. Per the policy, the plan of care would address problems, goals, and interventions directed towards identified skin integrity concerns.</p> <p>Review of the facility's policy titled "Isolation - Categories of Transmission-Based Precautions", revised August 2012, revealed the facility would ensure each resident's care plan and care specialist communications system indicated the type of precautions implemented for the resident.</p> <p>Interview with Registered Nurse (RN) #1, on 01/30/15 at 4:00 PM, revealed the Minimum Data Set nurse was responsible for updating the care plans. Further interview revealed the care plan should consist of the problem area to be addressed, the goal and date of the goal, with the interventions listed. RN #1 stated the care plan for a resident receiving treatment for scabies should include the treatment received, if the resident was placed in isolation, and monitoring of the rash. Further interview revealed she did not know if the residents' care plans related to scabies included any of these interventions.</p> <p>1. Record review revealed Resident #1 was admitted by the facility on 09/12/13, and</p>	F 280			

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F 280	<p>Continued From page 40</p> <p>re-admitted 07/03/14, with diagnoses which included Sepsis, Urinary Tract Infection, Diabetes, Iron Deficiency Anemia, Venous Insufficiency, Chronic Kidney Disease and Hypertension. Review of the Quarterly MDS Assessment, dated 12/01/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment.</p> <p>Review of the Comprehensive Care Plan for Resident #1 revealed the facility had care planned the resident to be at risk for an impairment in skin integrity related to chronic bilateral lower extremity cellulitis. Further review of the Care Plan revealed the facility identified Resident #1 to have a rash between his/her toes on 04/11/14, at which time treatments were implemented. Continued review revealed the Care Plan was revised to include Permethrin Cream (treatment for Scabies) to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include implementation of monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines.</p> <p>2. Record review revealed Resident #2 was admitted by the facility on 05/25/14 with diagnoses which included Pneumonia, Chronic Airway Obstruction, Congestive Heart Failure and Anxiety. Review of the Quarterly MDS Assessment, dated 11/16/14, revealed the facility assessed Resident #2 to have a BIMS score of eleven (11) out of fifteen (15), which indicated the</p>	F 280			

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F 280	<p>Continued From page 41</p> <p>resident exhibited moderate cognitive impairment.</p> <p>Review of the Comprehensive Care Plan revealed the facility care planned Resident #2 for a potential impairment in skin integrity related to a self-care deficit. Further review of the Care Plan revealed the facility identified Resident #2 to have a rash and itching on 06/08/14 with an order for oral Benadryl for one (1) day. Further review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the Care Plan was revised to include monitoring of the rash to ensure effectiveness of the treatment and eradication of the infestation, per the facility's policies and guidelines.</p> <p>3. Record review revealed Resident #3 was admitted by the facility on 03/22/13 with diagnoses which included Chronic Airway Obstruction, Diabetes, Chronic Pain Syndrome, Drug Dependence, Hypothyroidism, Hypertension, Depressive Disorder and Anxiety. Review of the Significant Change MDS Assessment, dated 01/19/15, revealed the facility assessed Resident #3 to have a BIMS score of twelve (12), indicating the resident was moderately cognitively impaired.</p> <p>Review of the Comprehensive Care Plan revealed the facility had care planned Resident #3 for the risk of impaired skin integrity related to recurrent bilateral lower left extremity cellulitis. Further review of the Care Plan revealed the facility identified Resident #3 to have a rash or itching on 06/30/14, with Hydrocortisone cream</p>	F 280			

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F 280	<p>Continued From page 42</p> <p>and Benadryl ordered for the symptoms. Continued review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions was added as a care plan intervention, and no evidence the Care Plan was revised to include the implementation of monitoring for the effectiveness of the treatment, or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines.</p> <p>4. Record review revealed Resident #4 was admitted by the facility on 09/13/12 with diagnoses which included Chronic Airway Obstruction, Encephalopathy, Diabetes, Hypothyroidism, Anxiety, Depressive Disorder and Dementia with Behavior Disturbances. Review of the Annual MDS Assessment, dated 02/14/15, revealed the facility assessed Resident #4 to have a BIMS score of seven (7), which indicated the resident was severely cognitively impaired.</p> <p>Review of the Comprehensive Care Plan revealed the facility assessed Resident #4 to be at risk for skin integrity impairment related to a history of chronic Stage Two (2) diabetic ulcers, and related to the resident "picking" at self. Further review revealed the care plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence the Care Plan was revised to include Contact Isolation Precautions, or monitoring of the rash for treatment effectiveness and alleviation of symptoms, to ensure eradication of the scabies infestation per the facility's policies and guidelines.</p>	F 280			

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F 280	Continued From page 43 5. Record review revealed, Resident #5 was admitted by the facility on 04/16/12 with diagnoses which included Hypothyroidism, Osteoarthritis, Muscle Weakness, Urine Retention, Tremor and Depression. Review of the Quarterly MDS Assessment, dated 12/02/14, revealed the facility assessed Resident #5 to have a BIMS score of eight (8), indicating moderate cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #5 to be at risk for impaired skin integrity, related to frailty and weakness, and the need for assistance with all care. Further review of the Care Plan revealed the facility identified Resident #5 to have a rash on 06/11/14, when an oral steroid was initiated related to the rash. Further review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include implementation of monitoring for the effectiveness of the treatment, or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 6. Record review revealed Resident #6 was admitted by the facility on 12/17/13 with diagnoses which included General Osteoarthritis, Chronic Airway Obstruction, Hypertension, and Failure to Thrive-Adult. Review of the Annual MDS Assessment, dated 01/11/15, revealed the facility assessed Resident #6 to have a BIMS score of six (6), which indicated severe cognitive impairment.	F 280			

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F 280	Continued From page 44 Review of the Comprehensive Care Plan revealed the facility assessed Resident #6 to be at risk for impaired skin integrity related to low body weight and end-stage Chronic Obstructive Pulmonary Disease. Further review of the Care Plan revealed on 06/09/14 the facility identified Resident #6 to have a rash on his/her chest and axillary area, with Hydrocortisone Cream ordered. Further review revealed the care plan was revised to include Permethrin Cream to be applied on 07/21/14, 08/21/14, 09/10/14 and 12/15/14; however, there was no documented evidence the Care Plan was revised at any time to include Contact Isolation Precautions interventions, and no evidence the Care Plan was ever revised to include the implementation of monitoring for the effectiveness of the treatment, or monitoring the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 7. Record review revealed Resident #7 was admitted by the facility on 05/17/14 with diagnoses which included Urinary Tract Infection, Gastrointestinal Hemorrhage, Esophageal Reflux, Alzheimer's Disease and Dementia. Review of the Quarterly MDS Assessment, dated 12/15/14, revealed the facility assessed Resident #7 to have a BIMS of eight (8), indicating moderate cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #7 to be at risk for skin integrity impairment related to a self-care deficit and the need for extensive staff assist. Further review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no	F 280			

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F 280	<p>Continued From page 45</p> <p>documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include monitoring for the effectiveness of the treatment or monitoring of the rash to ensure the scabies were eradicated, per the facility's policies and guidelines.</p> <p>8. Record review revealed Resident #8 was admitted by the facility on 01/28/14 with diagnoses which included Depressive Disorder, Anxiety, Irritable Bowel Syndrome, and Lupus Erythematosus. Review of the Quarterly MDS Assessment, dated 01/14/15, revealed the facility assessed Resident #8 to have a BIMS of six (6), indicating the resident was severely cognitively impaired.</p> <p>Review of the Comprehensive Care plan revealed the facility care planned Resident #8 for a potential of impaired skin integrity related to frequent bowel and bladder incontinence, and a self-care deficit. Further review of the Care Plan revealed the facility identified Resident #8 to have a rash or itching on 06/30/14, with Hydrocortisone cream and oral Benadryl ordered. Continued review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include the implementation of monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines.</p> <p>9. Record review revealed Resident #9 was</p>	F 280			

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F 280	<p>Continued From page 46</p> <p>admitted by the facility on 01/02/14 with diagnoses which included Pneumonia, Acute Kidney Failure, Muscle Weakness, and Cognitive Communication Deficit. Review of the Annual MDS Assessment, dated 12/30/14, revealed the facility assessed Resident #9 to have a BIMS score of three (3), indicating severe cognitive impairment.</p> <p>Review of the Comprehensive Care plan revealed the facility care planned Resident #9 for potential skin integrity impairment related to frequent bladder incontinence. Further review of the Care Plan revealed, on 06/09/14, the facility identified Resident #9 to have a rash on his/her back with Hydrocortisone cream ordered. Continued review revealed the care plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include implementation of monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure the scabies were eradicated, per the facility's policies and guidelines. Additional review revealed Resident #9 was admitted to an acute care hospital on 01/03/15, where he/she was identified to have scabies and the resident was administered treatment at the hospital.</p> <p>10. Record review revealed Resident #10 was admitted by the facility on 08/05/10 with diagnoses which included Peripheral Vascular Disease, Depressive Disorder, Esophageal Reflux, Dysphagia, and Joint Contractures. Review of the Quarterly MDS Assessment, dated 11/13/14, revealed the facility assessed Resident #10 to have a BIMS score of three (3), which</p>	F 280			

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F 280	<p>Continued From page 47 indicated severe cognitive impairment.</p> <p>Review of Resident #10's Comprehensive Care Plan revealed the resident was assessed by the facility to be at risk for skin integrity impairment related to a self-care deficit, bowel incontinence and the presence of pressure ulcers. Further review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the care plan was revised to include monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines.</p> <p>11. Record review revealed Resident #11 was admitted by the facility on 09/03/85 with diagnoses which included Hypertension, Convulsions, Esophageal Reflux and Intellectual Disability. Review of the Quarterly MDS Assessment, dated 01/16/15, revealed the facility assessed Resident #10 to have a BIMS score of twelve (12), which indicated moderate cognitive impairment.</p> <p>Review of the Comprehensive Care Plan revealed the facility assessed Resident #11 to be at risk for impaired skin integrity related to impaired mobility, non-ambulatory status and decreased range of motion. Further review of the care plan revealed on 06/28/14, the facility identified Resident #11 to have redness on his/her sacrum with "Magic Butt" cream ordered. Continued review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no</p>	F 280			

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

PRINTED: 11/10/2015
FORM APPROVED
OMB NO. 0938-0391

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F 280	<p>Continued From page 48</p> <p>documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the Care Plan was revised to include the implementation of monitoring the appearance of the rash and the effectiveness treatment to ensure the scabies were eradicated, per the facility's policies and procedures.</p> <p>12. Record review revealed Resident #12 was admitted by the facility on 03/12/14 with diagnoses which included Bronchitis, Muscle Weakness, Symbolic Dysfunction, Congestive Heart Failure and Dementia. Review of the Quarterly MDS Assessment, dated 11/20/14, revealed the facility assessed Resident #12 to have a BIMS of three (3). which indicated severe cognitive impairment.</p> <p>Review of the Comprehensive Care Plan revealed the facility assessed Resident #12 to be at risk for skin integrity impairment related to a requirement for staff assistance for activities of daily living. Further review revealed the facility identified Resident #12 to have a rash to his/her axilla and perineal area on 06/12/14, and an oral steroid was ordered. Continued review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence the Care Plan was revised to include Contact Isolation Precautions or interventions related to monitoring the resident's rash and effectiveness of the treatment, to ensure the scabies were eradicated, per the facility's policies and procedures.</p> <p>13. Record review revealed Resident #14 was admitted by the facility on 06/05/14, and re-admitted on 08/11/14, with diagnoses which</p>	F 280			

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F 280	<p>Continued From page 49</p> <p>included Urinary Tract Infection, Chronic Airway Obstruction, Muscle Weakness, and Alzheimer's Disease. Review of the Quarterly MDS Assessment, dated 11/22/14, revealed the facility assessed Resident #14 to have a BIMS score of six (6), indicating severe cognitive impairment.</p> <p>Review of Resident #14's Comprehensive Care Plan revealed the facility assessed Resident #14 to be at risk for impaired skin integrity related to a self-care deficit and incontinence of bowel and bladder. Continued review revealed the Care Plan was revised to include Permethrin Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include monitoring for the effectiveness of the treatment or the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines.</p> <p>14. During the Partial Extended Survey, Resident #16 was identified by the State Survey Agency to have a rash and itching.</p> <p>Interview with Resident #16, on 02/04/15 at 8:05 AM, revealed the resident reported itching on his/her back for about two (2) weeks. Continued interview revealed the resident did report the itching to staff, but was not aware of any new treatment orders. The resident stated the nurse put some lotion on the itch but it only helped for a short time.</p> <p>Observation of a skin assessment conducted by LPN #2, on 02/04/15 at 9:58 AM, revealed Resident #16 had red linear abrasions on the left lower back. In addition, the resident exhibited a</p>	F 280			

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F 280	<p>Continued From page 50</p> <p>raised red rash in clusters on the upper back, neck and both shoulders. Continued observation revealed a scabbed area behind the right ear. At the time of the skin assessment, Resident #16 stated he/she had scabies many years ago, and this felt exactly the same.</p> <p>Clinical record review revealed Resident #16 was admitted by the facility on 01/16/15 for rehabilitation after a fall at home, and was receiving occupational therapy, speech therapy and physical therapy five (5) times per week. Review of the Brief Interview for Mental Status (BIMS), dated 01/23/15, revealed the facility assessed Resident #16 to have a score of fifteen (15) which indicated the resident was cognitively intact and interviewable.</p> <p>Review of the Comprehensive Care Plan for Resident #16, dated 01/16/15, revealed the resident was assessed by the facility to be at risk for impaired skin integrity. However, the Care Plan was not revised to address the specific problem of the resident's itching and scratching, and it did not include a treatment goal or interventions for managing the symptoms.</p> <p>Interview with the MDS Coordinator, on 01/30/15 at 4:20 PM, revealed she was responsible for updating the Comprehensive Care Plan. Further interview revealed the care plans should list the problem area, goals to be achieved with a date to achieve the goal and interventions that would be used to address the problem and achieve the goal. Continued interview revealed the facility's process was to update the care plan daily based on new physician orders, and at least quarterly in conjunction with the MDS assessments. She stated for residents with confirmed or suspected</p>	F 280			

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F 280	<p>Continued From page 51</p> <p>scabies and ordered treatment, the care plans should include contact isolation, decontamination of resident rooms and community areas, and monitoring for effectiveness of treatment as interventions.</p> <p>Interview with the Director of Nursing (DON), on 01/30/15 at 5:07 PM, revealed the MDS Coordinator was responsible for updating the care plans. She stated care plan updates were completed daily based on physician orders. Continued interview revealed if a rash were identified, interventions should include monitoring of the rash for effectiveness of treatments ordered. In addition, if a resident were treated for scabies, the Care Plan should reflect interventions consistent with the facility's policies and procedures for managing a scabies infestation, such as Contact Isolation Precautions. She further stated the Care Plan should include the stated problem and treatment goals, as well as interventions to be implemented.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the 	F 280			

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F 280	<p>Continued From page 52</p> <p>residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies.</p> <p>3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimite cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectal tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director.</p> <p>4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place.</p> <p>5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.</p> <p>6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate</p>	F 280			

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F 280	<p>Continued From page 53</p> <p>application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.</p> <p>7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.</p> <p>8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectal dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed</p>	F 280			

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F 280	<p>Continued From page 54</p> <p>separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional</p>	F 280			

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F 280	<p>Continued From page 55 treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimate cream with repeat application in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to</p>	F 280			

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F 280	<p>Continued From page 56 work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least</p>	F 280			

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F 280	<p>Continued From page 57</p> <p>seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks,</p>	F 280			

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F 280	<p>Continued From page 58</p> <p>then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/discoloration/bruises; open areas;</p>	F 280			

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F 280	<p>Continued From page 59</p> <p>edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p>	F 280			

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F 280	<p>Continued From page 60</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the</p>	F 280			

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F 280	<p>Continued From page 61</p> <p>Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on</p>	F 280			

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F 280	<p>Continued From page 62</p> <p>02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures.</p>	F 280			

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F 280	<p>Continued From page 63</p> <p>Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimate cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.</p> <p>Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimate cream and removal by bath or shower eight (8) to fourteen (14) hours later. The</p>	F 280			

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F 280	<p>Continued From page 64</p> <p>interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the Physician's orders. She stated she monitored the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectal tablets, according to the Physician orders, on 01/27/15.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectal.</p> <p>10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the</p>	F 280			

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F 280	<p>Continued From page 65</p> <p>education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.</p> <p>Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly.</p> <p>11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach</p>	F 280			

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F 280	<p>Continued From page 66</p> <p>product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning.</p> <p>Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, "anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an</p>	F 280			

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F 280	<p>Continued From page 67</p> <p>outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the</p>	F 280			

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F 280	<p>Continued From page 68</p> <p>DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty (60) days, whether treatment had been accepted and if it was effective, whether staff required repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at</p>	F 280			

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F 280	<p>Continued From page 69</p> <p>3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on 01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimate cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.</p> <p>16. Review of Physician orders for 01/28/15 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimate cream to be applied on day 1 and repeated in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and</p>	F 280			

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F 280	<p>Continued From page 70</p> <p>disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on 02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice with the DON on 01/28/15 related to accurately performing a resident skin assessment. Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education.</p> <p>18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the</p>	F 280			

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F 280	<p>Continued From page 71</p> <p>"Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting.</p> <p>Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and was tracking the staff members on leave to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.</p> <p>Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO</p>	F 280			

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F 280	<p>Continued From page 72</p> <p>stated the intent was to reach every staff member more than once to ensure continued knowledge retention.</p> <p>Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received</p>	F 280			

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F 280	<p>Continued From page 73</p> <p>the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly.</p> <p>19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated December 2012, was reviewed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential</p>	F 280			

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F 280	<p>Continued From page 74</p> <p>outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p> <p>20. Review of in-service records revealed the DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan</p>	F 280			

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F 280	<p>Continued From page 75</p> <p>revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the staff responsible.</p> <p>22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those</p>	F 280			

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F 280	<p>Continued From page 76</p> <p>which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees.</p> <p>23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the corporate office via the Regional Vice President.</p> <p>24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up.</p> <p>Review of the "Scabies Guidelines" revealed it</p>	F 280			

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F 280	<p>Continued From page 77</p> <p>was comprehensive approach to the prevention, identification and treatment of scabies.</p> <p>Continued review revealed specific guidelines related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated 02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning that every resident in the facility had orders for treatment. Continued review revealed medication orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p> <p>Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimite cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies".</p>	F 280			

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F 280	<p>Continued From page 78</p> <p>27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled with the Dermatologist for 02/06/15.</p> <p>28. Interviews and record reviews validated QA monitoring as follows:</p> <p>Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for at least seven weeks, to ensure the treatment was effective and all symptoms of itching and rashes were resolved. She stated the extra weeks would allow identification of re-infestation, as symptoms take two (2) to six (6) weeks to manifest.</p> <p>Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would</p>	F 280			

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F 280	<p>Continued From page 79</p> <p>be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure new revisions were made as indicated by the resident's response to treatment. She stated any identified concerns with her review of all logs would be addressed immediately by re-education. Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all</p>	F 280			

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F 280	Continued From page 80 audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring on the first Monday of the month.	F 280			
F 309 SS=K	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview and review of the facility's policy/procedure, the facility failed to have an effective system to ensure the necessary care and services related to the assessment, care, monitoring, evaluation and treatment of resident itching and rashes was provided to fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #16). Interview and record review revealed Permethrin cream, a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents, Residents #5, #6, #7 and #9. On 07/27/14, seventeen (17) additional resident (Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14, and Unsampled	F 309			

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F 309	<p>Continued From page 81</p> <p>Residents A, B, C, D, E, F, G and H) were also treated with Permethrin for Scabies. However, there was no documented evidence on 07/27/14, the facility ensured the "Scabies" Policy was followed, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. In August 2014, Residents #6 and #7 were again treated for Scabies, but there was no documented evidence the Scabies Policy was followed at that time. On 09/10/14, Resident #6 was also treated with Stromectol (an oral medication for treatment of Scabies) and on 01/03/15 with Permethrin cream for Scabies. Additionally, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15.</p> <p>Five (5) of the sixteen (16) sampled residents, Resident #1, #2, #6, #7 and #11, developed skin related bacterial infections and required the administration of topical and/or oral antibiotic medication. Topical antibiotic ointment was ordered for Resident #2 on 07/27/14, Resident #11 on 08/01/14 and Resident #1 on 01/26/15. Oral antibiotics were ordered for Resident #6 on 09/10/14 and Resident #7 on 12/01/14.</p> <p>Observation revealed numerous residents scratching areas on their bodies, with some of the residents observed to have dark reddish spots, which appeared to be blood, on their clothing and bedding. Further observation revealed none of these residents were in contact isolation. Review of the facility's Census and Condition form revealed five (5) residents were identified to have rashes on 01/22/15. However, after the facility conducted a skin assessment sweep of residents, a total of fourteen (14) residents were identified to</p>	F 309			

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F 309	<p>Continued From page 82</p> <p>have rashes, with thirteen (13) of the fourteen (14) residents identified residing on the B wing of the facility, and one (1), Resident #13 residing on the A wing.</p> <p>Review of the Comprehensive Care Plans for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #14 revealed no documented evidence their care plans were revised for monitoring the effectiveness of the scabies treatment to ensure eradication of the contagious Scabies infestation.</p> <p>Additionally, during the Partial/Extended Survey, Resident #16, who resided on A wing and was not identified to have a rash during the facility's skin assessment sweep, was observed by the State Survey Agency to have itching and a rash. Per interview, Resident #16 had experienced the rash for approximately two (2) weeks.</p> <p>The facility's failure to have an effective system in place to ensure residents received the necessary care and services regarding Scabies treatment was likely to cause serious injury, harm impairment or death to a resident. Immediate Jeopardy was identified on 01/30/15, and found to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's</p>	F 309			

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F 309	<p>Continued From page 83</p> <p>Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Scabies", effective 08/01/12, revealed Scabies was an itching skin irritation caused by the microscopic human itch mite which burrows into the skin's upper layers. The Policy revealed secondary bacterial infections might result from untreated Scabies. Review revealed Scabies was spread through skin-to-skin contact, or through contact with bedding, clothing, privacy curtains and some furniture. Per the Policy, the diagnosis of scabies might be established by recovering the mite from its burrow and identifying it microscopically. However, the Policy noted the failure to identify scrapings for microscopic examination as positive did not necessarily indicate a negative diagnosis of Scabies. Continued review of the Policy revealed it was "very difficult" to obtain a positive result as only one (1) or two (2) mites might cause multiple skin lesions. According to the Policy, often diagnosis was made from signs and symptoms and treatment followed without performing skin scrapings. The Policy stated procedures for individual cases were to: establish contact isolation immediately, including use of a gown with gloves "tightly" covering the cuff of the gown; contact the Physician, and if he/she ordered scrapings to contact the laboratory; however, negative scrapings were not significant and treatment should be done if symptoms were present; and obtain an order for treatment and obtain the treatment cream "stat" (immediately). The Policy revealed public areas should be cleaned before completion of the resident decontamination process so that "treated"</p>	F 309			

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F 309	<p>Continued From page 84</p> <p>residents did not use contaminated public areas. Further review revealed it was recommended that residents sharing a room with a suspected Scabies case should be examined carefully, and it was recommended to prophylactically treat the roommate "due to the high level of contagiousness".</p> <p>Review of the facility's, "Care System Guideline, Skin Care", undated, revealed the purpose of the Guideline was to provide a system for evaluation of residents' skin at risk, identify individual interventions to address the risk and process for care of changes/disruption in their skin integrity. Per the Guideline a "weekly review" was to be performed of each resident's skin by the nurse and documented in the electronic medical record (EMR). The Guideline revealed the Director of Nursing (DON) or designee would be responsible for implementing and monitoring the facility's "skin integrity program".</p> <p>Interview with the Administrator, on 01/28/15 at 4:01 PM, revealed the facility had implemented an electronic medical record (EMR) system in August 2014. He stated the facility's process for skin integrity documentation was weekly skin assessments performed by the nurses, and if skin was intact, no further documentation was performed. Per interview, as the facility utilized an EMR, if residents were noted to have skin intact, the only report available from the EMR was the "Skin Inspection Report". The Administrator revealed if a resident's skin was not intact a "Wound Assessment" would be generated in addition to the "Skin Inspection Report".</p> <p>Review of the three (3) Dermatology consults obtained by the facility, on 01/26/15, revealed two</p>	F 309			

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F 309	<p>Continued From page 85</p> <p>(2) of the three (3) residents, Resident #1 and #10, were microscopically confirmed positive for Scabies. Continued review revealed the third resident, Resident #14, was microscopically negative for Scabies; however, per the Dermatologist's report the resident was being treated empirically (based on the Physician's experience and observation rather than on systematic logic) for Scabies because of his/her exposure to Scabies at the facility, as well as his/her clinical presentation being consistent for Scabies.</p> <p>1. Record review revealed Resident #1 was admitted to the facility on 09/12/13 with diagnoses which included: Sepsis, Urinary Tract Infection (UTI), Diabetes, Iron Deficiency Anemia and Chronic Kidney Disease. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 12/01/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #1's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #1's Physician Orders, revealed an order for Permethrin Cream (topical treatment for Scabies) was ordered on 07/27/14, to be applied from neck down leave on for eight (8) to fourteen (14) hours then shower off, repeat in two (2) weeks, wash bed linen and laundry as directed. However, further review of the 07/27/14 order revealed no documented evidence Resident #1 was placed on contact isolation precautions, as per the facility's policy. Continued review of the Physician's Orders revealed on</p>	F 309			

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F 309	<p>Continued From page 86</p> <p>08/14/14, Cocoa Butter Lotion was ordered to be applied to the right shoulder and chest.</p> <p>Review of the Physician's and PA's Notes revealed on 08/24/14, the PA noted Resident #1 "still" had pruritis (itching) of the right shoulder area, neck and chest with some maculopapular which she had asked the Physician "to assess".</p> <p>Continued review of the Physician's orders revealed a Dermatology consult was ordered on 08/28/14; however, there was no documented evidence of a Dermatology consult in the record.</p> <p>Review of the 09/18/14, PA's Note revealed Resident #1 had a "rash" and "skin lesions". The PA noted Resident #1 "still" had some reddened maculopapular (flat, red area on the skin that is covered with small bumps) lesions on his/her shoulder and some scattered on his/her chest wall with a one (1) treatment of Triamcinolone (a topical steroid) cream, then Cetaphil Body Lotion for dryness. Continued review of the Physician 's orders revealed an order on 09/18/14, for Cetaphil Moisturizing Lotion to trunk and upper extremities daily.</p> <p>Review of Resident #1's "Skin Inspection Report", revealed on 08/26/14 and 09/23/14, documentation which noted "skin not intact-existing". Review of the 08/26/14 "Wound Assessment Report", also generated through the facility's EMR if skin issues were noted, revealed Resident #1 was noted to have "dried scabs to upper torso and both upper extremities also noted with self-inflicted scratches to left clavicle" with no treatment required. Review of the 09/23/14 "Wound Assessment Report" revealed Resident #1 had "chronic cellulitis" to his/her left and right</p>	F 309			

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F 309	<p>Continued From page 87</p> <p>lower extremities with no treatment required noted.</p> <p>Review of the PA's Note dated 09/25/14, revealed the PA noted Resident #1's rash was "no better", and the resident had a Dermatology appointment on 10/06/14, with orders for hypoallergenic laundry detergent, body wash and lotion. However, record review revealed no documented evidence Resident #1 had a Dermatology consult on 10/06/14 as noted.</p> <p>Review of the 10/07/14 Physician's Note revealed the Physician had seen Resident #1, with no orders noted regarding the rash noted by the PA on 09/25/14. Review of the 10/22/14 PA note, revealed the PA noted Resident #1 had "evidence of Stasis Dermatitis", with no new orders noted in regards to this. Review of the 11/14/14 Note revealed the PA noted Resident #1 had a "rash, "chronic Stasis Dermatitis", increased redness, warmth and "scaling", and had a 3 centimeter (cm) superficial excoriation with eschar (a dry, dark scab or falling away of dead skin) on his/her left thigh, with orders for Keflex (an oral antibiotic). Review of the PA's Note dated 12/17/14, revealed Resident #1 for follow up related to the "Stasis Dermatitis". Review of the 01/05/15 Note revealed the Physician noted Resident #1 had a "rash" to his/her "upper trunk" which was "persistent", with no new orders noted for treatment to the area.</p> <p>However, continued review of Resident #1's "Skin Inspection Report" revealed on 09/09/14, 10/13/14, 10/17/14, 10/24/14, 11/01/14, 11/08/14, 11/14/14, 11/21/14, 11/28/14, 12/06/14, 12/12/14, 12/19/14, 12/27/14, 01/02/15, 01/03/15, 01/09/15, 01/10/15 and 01/16/15, the nurses noted the</p>	F 309			

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F 309	<p>Continued From page 88</p> <p>resident's "skin intact". Even though there was documented evidence, in the Physician's/PA's Notes and Physician Orders, Resident #1 had a rash and was receiving treatment.</p> <p>Further review of Resident #1's "Wound Assessment Report", dated 01/17/15, revealed a "skin tear" was identified behind the resident's right ear with the "cause" documented as "self-inflicted scratching/picking". Review of the "Wound Assessment Report" dated 01/22/15, revealed the nurse documented Resident #1 had a "rash" which covered his/her "entire" left and right arms, and noted it to be a "reddened rash", with some areas "raised and some with scabs", and this was a "chronic condition for resident". Continued review of the 01/22/15 Report revealed Resident #1's "entire" abdomen and "entire" left thigh were also covered with a "reddened rash", with some areas "raised and some with scabs", and this was a "chronic condition for resident". Further review of the Report revealed the nurse noted the "cause" as "unknown" for all the areas. In addition, the nurse documented all the areas were being treated with Cetaphil lotion and body wash.</p> <p>Observation of Resident #1, on 01/22/15 at 11:30 AM, revealed the resident was sitting up in a wheel chair in his/her room. Observation revealed Resident #1 was actively scratching his/her arms, and his/her clothing and bed linens were spotted with a reddish brown blood like substance.</p> <p>Interview with Resident #1, on 01/22/14 at 11:30 AM, revealed he/she was "itching all over" especially on his/her back and neck. Resident #1 reported the itching had been going on "a long</p>	F 309			

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F 309	<p>Continued From page 89</p> <p>time" and he/she was "miserable". Continued interview, on 01/29/14 at 1:12 PM, revealed the itching made Resident #1 want to rub his/her skin and it was "aggravating".</p> <p>Observation, on 01/22/15 at 3:13 PM, of a skin assessment completed by Registered Nurse (RN) #1 for Resident #1 revealed the resident had a rash with scabbing to both arms, both upper legs, shoulders and front and back of his/her torso. Further observation revealed RN #1 did not remove Resident #1's Unna Boots (a compression gauze dressing filled with zinc paste used to treat venous issues) on his/her lower legs as they were not due to be changed.</p> <p>Interview with RN #1, on 01/22/15 at 3:13 PM, at the time of the skin assessment, revealed Resident #1 had a history of being treated for Scabies. RN #1 revealed Resident #1 had reported a rash and itching for at least a month or longer. Additional interview, on 01/26/15 at 9:15 AM, with RN #1 revealed she did not know what the itching or rash was, and reported staff was not utilizing any type of contact isolation precautions in regards to the rash.</p> <p>Review of a Dermatology Consult dated 01/26/15, revealed Resident #1 was diagnosed with a positive microscopic confirmation of Scabies.</p> <p>Further review of the Physician's Orders revealed on 01/26/15, Bacitracin ointment (a topical antibiotic) for a wound behind the right ear; Permethrin Cream to be applied topically from the neck down, leave on eight (8) to fourteen (14) hours then wash off and repeat the treatment in one (1) week; and, Contact Isolation Precautions. On 01/27/15, Stromectol tablets (oral Scabies</p>	F 309			

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F 309	<p>Continued From page 90</p> <p>Treatment medication) were ordered; and, on 01/29/15 Benadryl was ordered for itching.</p> <p>Interview with the Director of Nursing (DON), on 01/26/15 at 1:00 PM, revealed a Physician's order for a Dermatology Consult was received on 08/28/14. The DON revealed Resident #1's primary nurse called the Dermatology office indicated on the order, and was advised this Dermatologist did not accept Resident #1's insurance, which was Medicaid. Continued interview revealed the Physician was aware of this information. According to the DON, she was not aware if more than one (1) Dermatologist was contacted by the nurse. She stated Resident #1's family was contacted; however, the family declined to pay for the Dermatology consult. Per interview, therefore, Resident #1 did not receive the Dermatology consult to properly diagnose and treat the on-going rash and itching.</p> <p>2. Record review revealed Resident #10 was admitted to the facility on 08/05/10, with diagnoses which included Peripheral Vascular Disease, Depressive Disorder, Dementia with Behaviors and Joint Contractures. Review of the Quarterly MDS Assessment, dated 11/13/14, revealed the facility assessed Resident #10 to have a BIMS score of three (3) of fifteen (15), indicating the resident was severely cognitively impaired. Review of Resident #10's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #10's Physician Orders revealed on 07/27/14, Permethrin Cream was ordered; however, further review of the 07/27/14</p>	F 309			

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F 309	<p>Continued From page 91</p> <p>order revealed no documented evidence Resident #10 was placed on contact isolation precautions, as per the facility's policy. Continued review of the Physician's Orders revealed on 08/03/14 Cetaphil cleansing bar and Cetaphil lotion was ordered to be applied to Resident #10's extremities and trunk two (2) times a week on shower days.</p> <p>Review of the EMR "Skin Inspection Report" revealed on: 08/26/14, 09/02/14, 09/09/14, 09/15/14, 09/22/14, 09/29/14, 10/06/14, 10/13/14, 10/20/14, 10/27/14, 10/31/14, 11/03/14, 11/10/14 and 11/18/14 the nurses documented Resident #10's "skin intact". Continued review of the "Skin Inspection Report" revealed on 11/24/14, 12/01/14, 12/08/14, 12/13/14, 12/15/14, 12/22/14, 12/29/14, 01/05/14 and 01/12/15 the nurses documented Resident #10's skin as "skin not intact-existing". Review of the "Wound Assessment Report" dated 11/25/14, 12/01/14, 10/08/14, 12/15/14, 12/22/14, 12/29/14, 01/05/15, 01/06/15, 01/12/15, 01/19/15 revealed the nurses documented Resident #10 had an area of irritation/excoriation on his/her left center of the coccyx.</p> <p>Review of the "Wound Assessment Report" dated 01/23/15, revealed the nurse documented Resident #10 had a "rash" on his/her "entire chest" area, with the "cause" noted as "yeast/fungus", which measured 20 cm by 20 cm, and on the "right lower quadrant" which measured 15 cm by 15 cm. Further review of the 01/23/15 "Wound Assessment Report" and the Physician's Orders revealed the Physician was notified and a telephone order was obtained for Triamcinolone cream mixed with Cetaphil lotion to be applied to the "rash" on Resident #10's chest and abdomen.</p>	F 309			

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F 309	Continued From page 92 Review of the "Nursing" Notes revealed a Dermatology Consult was obtained on 01/26/15, with a positive microscopic confirmation of Scabies. Review of the Physician's Note and Orders dated 01/26/15, revealed orders for Permethrin Cream and Stromectol tablets and Contact Isolation Precautions. Observation, on 01/28/15 at 5:03 PM, of a skin assessment, performed by RN #1, revealed a red raised rash area to Resident #10's back, abdomen, both upper thighs, right lower leg, and left arm. Although, the "Wound Assessment Report" dated 01/23/15, revealed Resident #10 only had a "rash" on his/her "entire chest" area on that date. Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of the itching or rash was and reported staff was not utilizing any type of contact isolation precautions. 3. Record review revealed Resident #3 was admitted to the facility on 03/22/13, with diagnoses which included Anxiety, Idiopathic Pericarditis (inflammation of the sac around the heart), Chronic Airway Obstruction, Diabetes, Chronic Pain Syndrome and Depressive Disorder. Review of the Significant Change Minimum Data Set (MDS) Assessment, dated 01/19/15, revealed the facility assessed Resident #3 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #3's Comprehensive Care Plan revealed the facility had care planned the resident on 06/24/13, to be at risk for impaired skin integrity related to recurrent bilateral	F 309			

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F 309	<p>Continued From page 93</p> <p>Cellulitis.</p> <p>Review of Resident #3's Physician Orders revealed Permethrin Cream was ordered on 07/27/14 to be applied from the neck down, leave on for eight (8) to fourteen (14) hours, shower off, wash bed linen and laundry as directed, and repeat the treatment in two (2) weeks. However, further review of the 07/27/14 order revealed no documented evidence Resident #3 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of Resident #3's EMR "Skin Inspection Report", revealed on 08/07/14 documentation of "skin not intact-new". However, review of Resident #3's "Weekly Skin Assessment" forms, which were in place prior to the facility going to an EMR, revealed no documented evidence of a skin assessment performed on 08/07/14. Review of the Physician's Order dated 08/07/14, revealed a Dermatology Consult was ordered related to a continued rash. Review of Resident #3's Comprehensive Care Plan for risk of impaired skin integrity, revealed documentation dated 08/07/14, stating to schedule a Dermatology follow-up; however, it was noted the resident was not an established patient, and the Dermatologist was not accepting new patients. Continued record review revealed no documented evidence the facility attempted to contact other Dermatologists who might be accepting new patients to ensure treatment was obtained for Resident #3 as per the Physician's Orders.</p> <p>Review of the "Weekly Skin Assessment" form dated 08/11/14 revealed Resident #3 had a "blister to knee" with a new order written; however, there was no documented evidence of a</p>	F 309			

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F 309	<p>Continued From page 94</p> <p>rash on the resident's body. Review of the Physician's Assistant's (PA's) Notes for Resident #3 revealed on 08/12/14, the PA asked the Physician "to see" Resident #3, related to the rash on his/her chest which did not look improved, and he/she was status post (s/p) steroid treatment and Permethrin treatment. However, there was no documented evidence the Physician examined Resident #3 until 10/08/14. Review of the "Weekly Skin Assessment" form dated 08/13/14, revealed the resident had a skin tear to his/her right arm with treatment "in progress" and no "other skin issues noted", even though the PA noted Resident #3 to have a "rash" on his/her chest on 08/12/14 which she had asked the Physician "to see".</p> <p>Continued review of the Physician's Orders revealed no documented evidence of additional treatment orders for the "rash" until 08/17/14, when an order was received for Cetaphil Lotion for a rash to the resident's right axilla and bilateral upper extremities.</p> <p>Review of the EMR "Skin Inspection Report" revealed on 09/09/14 and 09/22/14, the nurses noted Resident #3's "skin intact". However, review of the Orthopedic Consultant Physician's Note dated 09/25/14, revealed Resident #3 was noted to have complaints of pain in the left rib area/mid-axillary line, with "itching at site". Additionally, review of the 09/29/14 "Skin Inspection Report" revealed Resident #3's "skin not intact-existing". A "Wound Assessment Report" was requested by the State Survey Agency for 09/29/14, to determine why Resident 3's skin was noted not to be intact, but no documented evidence was provided, even though per interview with the Administrator this was the</p>	F 309			

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F 309	<p>Continued From page 95</p> <p>facility's process since implementation of the EMR.</p> <p>Continued review of the "Skin Inspection Report" revealed on 10/06/14, Resident #3's skin was noted to be intact. However, review of the Physician's Note dated 10/08/14, revealed Resident #3 had a "rash". Review of the PA's Note dated 10/09/14, revealed the PA had examined Resident #3 related to "bilateral Cellulitis of lower extremities", with no documentation related to the "rash". Review of the Physician's Orders revealed no documented evidence of further treatment for the "rash" until 10/13/14, five (5) days later.</p> <p>Review of the "Skin Inspection Report" dated 10/13/14, revealed the nurse noted "skin not intact-new". Review of the "Wound Assessment Report" dated 10/13/14, generated as a result of Resident #3's skin not being intact, revealed the resident had a "rash" on his/her "entire back" with the "cause" noted to be "allergic reaction/adverse drug reaction". Continued review of the 10/13/14 "Wound Assessment Report" and Physician's Orders revealed orders were received for oral Benadryl twice a day PRN (as necessary), which had a stop date of 10/15/14, and Cetaphil body wash and lotion twice a day on bath days for treatment of the rash.</p> <p>Review of the "Skin Inspection Report" dated 10/20/14, revealed Resident #3's skin was noted to be intact. However, review of the "Wound Assessment Report" dated 10/20/14, revealed Resident #3 had a "rash" on his/her "entire back", with the "cause" noted to be "accident/other trauma", and the nurse documented the "rash" had improved, continue to use "Cetaphil wash</p>	F 309			

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OMB NO. 0938-0391

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F 309	<p>Continued From page 96</p> <p>and lotion". Additionally, review of the Physician's Order dated 10/21/14, revealed oral Benadryl was ordered "now" and then every six (6) hours as needed for itching and rash. Continued review of the Physician's Orders revealed the Benadryl was discontinued on 10/22/14.</p> <p>Review of the "Skin Inspection Report" dated 10/27/14, revealed the nurse documented Resident #3's "skin not intact-existing". Review of the "Wound Assessment Report" dated 10/27/14, revealed Resident #3 had a "rash" to his/her "entire chest" which had "improved" with the "cause" noted to be "unknown". Continued review of the "Wound Assessment Report" dated 10/27/14, revealed Cetaphil lotion to body twice daily on bath days had been ordered on 10/13/14.</p> <p>Continued review of the "Skin Inspection Report" revealed on 11/03/14, Resident #3's skin was noted to be intact. However, review of the "Wound Assessment Report" dated 11/03/14, revealed Resident #3 had a "rash" on his/her "entire back", with the "cause" noted to be "moisture", and the nurse documented "pending treatment orders". However, there was no documented evidence of further treatment orders for the "rash" until 11/07/14, four (4) days later.</p> <p>Review of the PA's Note dated 11/07/14, revealed Resident #3 still had a maculopapular "rash" on his/her chest wall, with Triamcinolone cream ordered. Review of the Physician's Order dated 11/07/14, revealed an order for Triamcinolone Cream and Cetaphil lotion to be mixed and applied to rash on chest twice daily for ten (10) days.</p> <p>Review of the "Wound Assessment Report" for</p>	F 309			

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F 309	<p>Continued From page 97</p> <p>the date of 11/10/14, revealed Resident #3 had a "rash" on his/her "entire chest", with the "cause" noted to be "bacterial/viral infection", and the nurse noted orders had been received on 11/07/14, for Triamcinolone cream to be mixed with Cetaphil lotion and applied to the rash area twice a day for ten (10) days. However, there was no documented evidence of additional orders to treat the "rash" even though the nurse documented the PA was notified on the "Wound Assessment Report".</p> <p>Review of the "Skin Inspection Report" revealed on 11/17/14, Resident #3's skin was noted to be intact. However, review of the "Wound Assessment Report" dated 11/17/14, revealed Resident #3 had a "rash" on his/her "entire back", with the "cause" noted to be "yeast/fungus", and the nurse documented Triamcinolone cream mixed with Cetaphil lotion to be applied to the rash twice a day for ten (10) days was ordered on 11/07/14, Cetaphil lotion and body wash had been ordered on 10/13/14 twice a day on bath days. However, there was no documented evidence of further orders received to treat the "rash", even though the nurse documented the Physician was notified.</p> <p>Further review of the "Skin Assessment Report" for the dates of 11/24/14 through 01/19/15 revealed the nurses documented Resident #3's "skin not intact-existing". Review of the "Wound Assessment Report" for the date of 11/24/14, revealed Resident #3 had a "rash" to his/her "entire chest", with the "cause" noted to be "yeast/fungus", and Cetaphil lotion and body wash had been ordered on 10/13/14 twice a day on bath days. However, there was no documented evidence of additional orders for</p>	F 309			

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F 309	<p>Continued From page 98</p> <p>treatment of the "rash", even though the nurse documented the Physician was notified.</p> <p>Review of the "Wound Assessment Report" for the dates of 12/01/14 through 01/19/15, revealed Resident #3 had a "rash" on his/her "entire back" and "entire chest", with the "cause" noted to be "yeast/fungus", with no documented evidence of a change in treatment for the "rash" areas. Review of the PA's Note dated 12/17/14, revealed Resident #3 continued to have an anterior chest wall "rash", and reported his/her clothes made him/her "itch". Continued review of the PA's 12/17/14 Note and Physician's Orders revealed orders for Triamcinolone cream to be applied to the resident's chest twice daily for one (1) week; Atarax (an anti-histamine used to treat the itching related to allergies) for the resident's itching; the resident's clothes were to be washed in Dreft detergent; and, he/she was to wear a hospital gown for one (1) week.</p> <p>Review of the PA's Note dated 01/15/15, revealed Resident #3 continued to have the chest rash, and the Physician had "recently seen" the resident and diagnosed him/her with Xerosis (abnormally dry skin), with no new orders received for treatment to the rash area.</p> <p>Review of the Physician's Note dated 01/16/15, revealed Resident #3 had a "rash".</p> <p>Continued review of the EMR "Wound Healing Progress Report" revealed documentation of measurements of the "rash" on Resident #3's chest and back for the dates of 10/13/14, 10/20/14, 10/27/14, 11/03/14, 11/10/14, 11/17/14, 11/24/14, 12/01/14, 12/12/14, 12/15/14, 12/22/14, 12/29/14, 01/05/15, 01/12/15 and 01/19/15.</p>	F 309			

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F 309	<p>Continued From page 99</p> <p>Further review of the "Wound Healing Progress Report" revealed the rash on Resident #3's chest measured 20 centimeters (cm) by (x) 20 cm on all those dates; and the rash on the resident's back measured 20 cm x 20 cm on all dates, except 01/12/15 and 01/19/15, when it was noted to measure 15 cm x 15 cm.</p> <p>Further review of the Physician's Notes and Physician's Orders dated 01/26/15, revealed the Physician noted Resident #3 had a "rash" to his/her chest, and ordered Contact Isolation Precautions and Permethrin cream and Stromectol tablets "per orders for Scabies prophylactic" (course of action used to prevent disease).</p> <p>Observation and interview, on 01/22/14 at 1:14 PM, revealed Resident #3 was sitting up on the edge of his/her bed actively scratching his/her left shoulder and arm. Resident #3 stated he/she was "itching all over" and was "very embarrassed" even in his/her own room because if the privacy curtain was not pulled, "you can see me scratching everything". Continued observation revealed the resident to have reddish brown blood like spotting on his/her clothing and bed linens.</p> <p>Observation, on 01/22/15 at 3:45 PM, of Resident #3's skin assessment performed by Registered Nurse (RN) #1, revealed a rash covering the front and back of the resident's torso and both arms.</p> <p>Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of Resident #3's itching or rash was. RN #1 stated staff was not utilizing any type of contact isolation precautions.</p>	F 309			

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F 309	Continued From page 100 4. Record review revealed Resident #14 was admitted to the facility, on 06/05/14, and re-admitted on 08/11/14, with diagnoses which included Chronic Airway Obstruction, Muscle Weakness, Cognitive Communicate Deficit, Alzheimer's Disease and Post-inflammatory Pulmonary Fibrosis. Review of the Quarterly MDS Assessment, dated 11/22/14, revealed the facility assessed Resident #14 to have a BIMS score of six (6) out of fifteen (15), indicating severe cognitive impairment. Review of Resident #14's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments. Review of Resident #14's Physician Orders revealed, an order dated 07/27/14, for Permethrin Cream to be initiated. However, further review of the 07/27/14 order revealed no documented evidence Resident #14 was placed on contact isolation precautions, as per the facility's policy. The Surveyor requested the "Skin Assessment Report" and "Wound Assessment Report" for the months of September 2014 through January 2015; however no documented evidence of the Reports were provided. Continued review of the Physician's Orders revealed an order dated 01/19/15, for oral Benadryl to be given for itching, which was discontinued on 01/27/15. Observation, on 01/26/15 at 9:38 AM, of a skin assessment performed by RN #1, revealed Resident #14 to have a rash with scattered scabbing to his/her back, shoulders, chest,	F 309			

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F 309	<p>Continued From page 101</p> <p>abdomen and both legs. Additionally, continued observation on 01/26/15 at 9:29 AM, revealed Resident #14 to be sitting upright in his/her bed aggressively scratching at his/her body and pulling at his/her clothing, and yelling out, "I need something for the itch" "I'm about to die" and "Please help me, I'm itching to death". Record review revealed Resident #14 was sent to the Dermatologist on 01/26/15, with the resident being microscopically negative for Scabies; however, the Dermatologist recommended treating him/her empirically related to his/her exposure to Scabies in the facility, as well as, the resident's clinical presentation being consistent with Scabies.</p> <p>Further review of the Physician's Note and Physician's Orders dated 01/26/15 revealed Resident #14 had a "rash" with the "etiology unknown", and orders for oral Benadryl PRN for "itching" times twenty-one (21) days, Aquaphor lotion to body once daily, Permethrin and Stromectol and Contact Isolation Precautions.</p> <p>5. Record review revealed, Resident #5 was admitted to the facility on 04/16/12, with diagnoses which included Depression, Hypothyroidism, Osteoarthritis, Difficulty in walking, Muscle Weakness and Tremor. Review of the Quarterly MDS Assessment, dated 12/02/14, revealed the facility had assessed Resident #5 to have a BIMS score eight (8) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #5's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity on 12/14/12, with interventions which included weekly skin assessments.</p>	F 309			

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F 309	<p>Continued From page 102</p> <p>Review of Resident #5's Physician Orders revealed on 06/13/14 a steroid was initiated related to a rash and on 07/06/14 a steroid oral dose pack was initiated.</p> <p>Review of Resident #5's "Weekly Skin Assessment" forms revealed, on 07/06/14, a rash was identified to his/her "upper chest" area and on 07/19/14 a generalized rash was noted to his/her arms and torso.</p> <p>Continued review of the Physician's orders revealed on 07/23/14 Permethrin Cream (Scabies treatment) was ordered. However, further review of the 07/23/14 orders revealed no documented evidence Resident #5 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Continued review of the Physician's Orders revealed on 07/30/14 Atarax was ordered for itching and on 07/31/14 there was an order to monitor the resident for seventy-two (72) hours for increased rash; however, review of the Nursing Notes revealed no documented evidence of seventy-two (72) monitoring and review of Resident #5's care plan revealed no documented evidence the care plan was revised to include the seventy-two (72) hour monitoring.</p> <p>Review of the Physician's and PA's Notes revealed on 09/25/14, the PA documented Resident #5 had a maculopapular rash "scattered on chest, abd. (abdomen), back and extremities", had been treated in the past with Permethrin time's two (2), steroids and emollients. Continued review of the PA's 09/25/14 Note revealed "similar" residents with rash seen by Dermatologist that week and diagnosed with</p>	F 309			

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F 309	<p>Continued From page 103</p> <p>Contact Dermatitis, and the PA had asked the Physician "to see" the resident. Further review of the PA's Note dated 09/25/14 revealed orders were given for treatment of the rash.</p> <p>Review of the Physician's orders revealed an order dated 09/25/14 to start Hydroxyzine three (3) times a day with meals for "itching/anxiety" and discontinue all previous skin/bathing orders, no fragrance/colored lotions, use hypoallergenic laundry detergent for resident's clothing, use Cetaphil body wash on shower days, mix Triamcinolone cream and Cetaphil and apply to trunk and extremities daily for ten (10) days, then use Cetaphil lotion daily.</p> <p>Review of the "Weekly Nursing Note" revealed on 09/28/14, Resident #5's skin was checked as "intact"; however, the narrative notes documented the resident had a rash to the torso and bilateral arms with Cetaphil/Triamcinolone mixture ordered.</p> <p>Review of the PA's Note dated 10/02/14, revealed Resident #5's rash "looking improved" and "itching" had decreased. Review of the "Weekly Nursing Note", dated 10/06/14 revealed the skin was checked to have "open areas", with the narrative noting "rash to the bilateral arms" had "greatly improved". Review of the PA's Note dated 10/22/14, revealed Resident #5 had "notable anxiety", was slapping at himself/herself, saying he/she "was miserable". Continued review of the PA's 10/22/14 Note revealed the PA documented the Hydroxyzine had not "seemed to help", and in the past he/she had done "much better" with Ativan (an anti-anxiety medication). Further review of the PA's 10/22/14 Note revealed Resident #5's Hydroxyzine was discontinued and</p>	F 309			

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F 309	<p>Continued From page 104</p> <p>Ativan was to be initiated for a diagnosis of "Severe Anxiety".</p> <p>Review of the "Weekly Nursing Notes" revealed on 10/26/14, the skin was checked to have "open areas" with the narrative indicating a "left hip wound", but no mention of a rash; however, review of the PA's Note dated 10/27/14, revealed Resident #5 had a "rash" still, and the PA ordered to continue with Zyrtec (an allergy medication) "for now". Review of a Psychiatric Consult Report, dated 10/30/14, revealed Resident #5 was seen and reported he/she stayed nervous because the "bumps" were coming back and they itched. Review of the " Weekly Nursing Note " dated 11/01/14, revealed the skin was checked, with the narrative indicating the open area was to the resident's left hip, the rash had improved, but the resident continued to complain of itching which the Physician and PA had "seen" and felt was due to the resident's "Anxiety".</p> <p>Review of the Physician's Note dated 11/10/14, revealed Resident #5 had an "itch", with no new orders noted for treatment to the "itch". Review of the PA's Note dated 11/21/14, revealed Resident #5 had a "skin lesion", "rash better", with no "new lesions". Continued review of the PA's Note dated 11/21/14, revealed an order to add Benadryl PO (by mouth). Review of the " Weekly Nursing Note " dated 11/22/14 revealed the skin was again checked to have open areas, with the narrative noting this was related to the left hip wound, with no documented evidence of a rash noted, but it was noted he/she continued to scratch with Benadryl administered for itching and the Physician was aware.</p> <p>Copies of Resident #5's "Skin Assessment</p>	F 309			

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F 309	<p>Continued From page 105</p> <p>Report" and "Wound Assessment Report" were requested from August 2014 through November 2014; however, no documented evidence of those was provided by the facility.</p> <p>Review of the Physician's Note dated 01/26/15, revealed Resident #5 had a "rash", "chronic" itch, and orders were received for Permethrin cream and Stromectol tablets for treatment of Scabies was ordered, with Contact Isolation Precautions also ordered.</p> <p>Copies of Resident #5's "Skin Assessment Report" and "Wound Assessment Report" were requested from 11/22/14 through 01/25/15; however, no documented evidence of those was provided.</p> <p>Observation, on 01/26/15 at 2:10 PM, of a skin assessment performed by Licensed Practical Nurse (LPN) #1, revealed the resident to be actively scratching his/her neck, upper chest and shoulders. Further observation revealed, blisters red in color on the soles of the feet, a rash to the anterior trunk and legs and left arm with scabs noted on the shoulders, arms and legs.</p> <p>Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of the itching or rash was and reported staff was not utilizing any type of contact isolation precautions.</p> <p>6. Record review revealed, Resident #6 was admitted to the facility, on 12/17/13, with diagnoses which included General Osteoarthritis, Chronic Airway Obstruction, Sciatica (back pain), and Adult Failure to Thrive. Review of the Annual MDS Assessment, dated 01/11/15, revealed the facility assessed Resident</p>	F 309			

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F 309	<p>Continued From page 106</p> <p>#6 to have a BIMS score of six (6) out of fifteen (15), indicating severe cognitive impairment. Review of Resident #6's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #6's Physician Orders revealed on 06/09/14, Hydrocortisone Cream was ordered for a rash on the chest and axillary areas to be applied twice per day for ten (10) days and on 07/06/14, Hydrocortisone Cream, Benadryl and an oral steroid dose pack was ordered.</p> <p>Review of Resident #6's "Weekly Skin Assessments" revealed on 07/10/14 and 07/17/14, a rash was assessed to the resident's upper chest with a treatment "in progress" .</p> <p>Review of Resident #6's Physician Orders revealed on 07/21/14, Permethrin cream was initiated; however, further review of the 07/21/14 order revealed no documented evidence Resident #6 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of Resident #6's "Weekly Skin Assessments" revealed on 07/24/14, a rash was still identified on his/her chest and back; however, on 07/31/14, the nurse documented Resident #6's skin was clean, dry and intact with no "skin issues noted".</p> <p>Review of the Physician's/PA's Notes revealed on 08/08/14, the PA was examining Resident #6 for a "chief complaint" of a "rash" on his/her "upper back, diagnosed with "Dermatitis", with orders received for Cetaphil lotion "to help itching".</p>	F 309			

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F 309	<p>Continued From page 107</p> <p>Review of Resident #6's "Weekly Skin Assessments" revealed on 08/07/14, the resident was noted to have a generalized rash which "remains" and on 08/14/14, it was documented the "rash continues", with no open areas noted.</p> <p>Continued review of the Physician's Orders revealed on 08/21/14, a Dermatology Consult was obtained with recommendations for Permethrin cream (scabies treatment) to be initiated. Continued review revealed on 09/10/14, a Dermatology Consult was obtained with Bactrim DS (an antibiotic medication) was ordered twice a day for fourteen (14) days and Ivermectin (generic for Stromectol, a treatment for scabies) both to be given orally; however, further review of the Physician's Orders revealed no documented evidence Resident #6 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of the Physician's Note dated 10/07/14, revealed Resident #6 had been seen by Dermatology who recommended treating the rash with Permethrin cream.</p> <p>Review of the PA's Note dated 11/19/14, revealed the PA was seeing Resident #6 for a "chief complaint" of a "rash", on his/her legs. Continued review of the 11/19/14 Note, revealed Resident #6 had been seen by the Dermatologist that day who recommended a steroid dose pack which the PA agreed with. Further review of the 11/19/14 Note revealed Resident #6 had a follow up appointment with the Dermatologist on 12/01/14, and the PA ordered a hypoallergenic lotion and hypoallergenic laundry detergent.</p> <p>Further review of the Physician's Orders revealed on 11/18/14, one dose of oral Benadryl was</p>	F 309			

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F 309	<p>Continued From page 108</p> <p>ordered and on 11/19/14 a steroid dose pack was ordered. Continued review revealed on 01/02/15 a Dermatology Consult was obtained again with the Dermatologist documenting, Resident #6's Pruritic Dermatitis "still" made him "think" the resident might have Scabies. Continued review of the Dermatology Consult revealed this was discussed with Resident #6's nephew, and "even though" he/she was treated in September 2014, it did not mean he/she could not have Scabies. The Dermatology Consult noted Resident #6's nephew informed the Dermatologist "the entire nursing home was treated" then, as "some" residents had Scabies. Further review of the Dermatology Consult dated 01/02/15, revealed Clobetasol (a highly potent topical steroid) was ordered to be applied to the resident's "affected areas of itching" on his/her arms, Permethrin cream to be applied from the neck down to the toes, leave on overnight, wash off and repeat in one (1) week and Stromectol was also ordered. However, further review of the Physician's Orders revealed no documented evidence Resident #6 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of Resident #6's "Skin Assessment Report" and "Wound Assessment Report" were requested from August through December 2014; however, no documented evidence of those was provided.</p> <p>Review of the "Nursing" Note dated 01/02/15 at 2:10 PM, revealed Resident #6 had been seen by the Dermatologist, and the resident's PA was notified of the Dermatologist's recommended orders and agreed. Review of the 01/03/15 "Nursing" Note revealed at 9:20 PM, that evening Resident #6 had received the application of the</p>	F 309			

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F 309	<p>Continued From page 109</p> <p>Permethrin cream as ordered on 01/02/15. However, there was no documented evidence Resident #6 was placed in contact isolation as per the facility's policy.</p> <p>Review of the "Wound Assessment Report" dated 01/03/15, revealed a "rash" had been identified on Resident #6's right inner thigh, right upper arm, left arm, back of his/her neck, perineal area and the top of his/her left hand, with papules and itching present and the "cause" was noted as "unknown" and treatment orders pending; even though Resident #6 had been seen by the Dermatologist on 01/02/15, with orders received for treatment of the rash.</p> <p>Review of the 01/08/15, "Wound Assessment Report" revealed Resident #6 continued to have a "rash" to the right inner thigh area, right and left arm, back of the neck, perineal area and top of the left hand, with the "cause" again noted to be "unknown", and "treatment orders pending" noted again.</p> <p>Review of the "Wound Assessment Report" revealed on 01/15/15, the resident continued to have a rash in the same areas, with it also noted to now also be on the resident's left inner shin area, with the "cause" continuing to be documented as "unknown", and treatment orders pending still noted. Further review of the "Wound Assessment Report" revealed on 01/23/15, the rash remained in all the areas noted on 01/15/15, the "cause" still noted to be "unknown" and treatment orders noted to be pending.</p> <p>Review of the Physician's Note dated 01/26/15, revealed Resident #6 had a "rash" which the Physician documented the resident had been</p>	F 309			

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F 309	<p>Continued From page 110</p> <p>"recently" seen by the Dermatologist. Continued review of the 01/26/15 Note, revealed the Physician questioned the rash being Scabies versus Bullous Impetigo (a bacterial skin infection). Review of the Physician's Orders dated 01/26/15, revealed the Physician ordered Permethrin cream and Stromectol tablets to be administered prophylactically, and Contact Isolation Precautions to be initiated on 01/26/15.</p> <p>Observation, on 01/26/15 at 2:00 PM, revealed Resident #6 to be sitting up in a chair fully dressed, and to be actively scratching at his/her lower right leg area. Interview with Resident #6, on 01/26/15, at the time of observation, revealed the rash and itching had been going on "forever". Resident #6 revealed the rash would "go away a little then come right back". Continued interview revealed it was very irritating and embarrassing especially in church. Further interview revealed he/she no longer attended church like he/she used to enjoy doing, because of the rash and itching.</p> <p>Observation, on 01/26/15 at 2:10 PM, of Resident #6's skin assessment, performed by LPN #1, revealed the resident to have a rash with scabs to both legs with three (3) red areas to his/her lower to middle back.</p> <p>7. Record review revealed the facility admitted Resident #7 on 05/17/14, with diagnoses which included status post Cerebrovascular Accident (CVA) with Left Hemiplegia (paralysis to one side of the body), Esophagitis, Barrett's Esophagus, Esophageal Reflux, Alzheimer's disease and Dementia. Review of the Quarterly MDS Assessment dated 12/15/14, revealed the facility assessed Resident #7 to have a BIMS score of</p>	F 309			

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F 309	<p>Continued From page 111</p> <p>eight (8) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #7's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #7's Physician Orders revealed Permethrin cream was ordered on 07/21/14; however, further review of the 07/21/14 order revealed no documented evidence Resident #7 was placed on contact isolation precautions, as per the facility's policy. Review of the Physician's/PA's Notes revealed on 08/12/14, the PA documented Resident #7 had been treated with Permethrin cream two (2) times for a "rash" noted on his/her upper extremities and trunk, with orders for Cocoa Butter lotion to his/her dry skin following the Permethrin treatment, and for the Physician to "follow-up". Continued review of the Physician's Orders revealed on 08/12/14, Cocoa Butter Lotion was ordered and Permethrin cream was again ordered on 08/20/14.</p> <p>Review of Resident #7's "Nursing" Notes revealed on 08/20/14 at 7:38 PM, the nurse documented Resident #7 had "dried scabbed areas to upper arms and trunk" with new orders received.</p> <p>The facility provided "Weekly Nursing Note" documents which revealed on 10/14/14 Resident #7 had scabbed areas on the left should and left leg, with a notation the resident is known to scratch and pick at areas, and the Physician had seen the resident on 10/08/14, with the Physician noting his/her rash and "chronic itch" currently had a treatment in place.</p>	F 309			

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F 309	<p>Continued From page 112</p> <p>Review of the "Weekly Nursing Note" documentation revealed on 10/21/14 the nurse noted Resident #7's skin was intact with the narrative noting the resident had "small scattered dried scabs noted to left shoulder and a few scattered on left upper leg and abdomen", with a treatment in place.</p> <p>Review of the PA's 10/31/14 Note revealed Resident #7 was seen by the PA for a "rash" on his/her trunk, upper extremities and neck. Continued review of the 10/31/14 Note and Physician's Orders revealed the PA ordered Cetaphil body wash on shower days, Triamcinolone cream mixed with Cetaphil lotion apply to skin twice a day for ten (10) days, then use Cetaphil daily PRN, and use Dreft hypoallergenic laundry detergent for clothes/linens.</p> <p>Review of the " Weekly Nursing Note " dated 11/04/14, 11/12/14, 11/19/14, 11/25/14 and 12/02/14, revealed the nurses documented the resident's skin had scattered dried healing scabs.</p> <p>However, review of the 11/30/14 "Nursing" Note revealed the nurse noted Resident #7 was observed to "scratch self", having to "contort self somewhat to reach" left shoulder and left leg due to having Left Hemiplegia. Continued review of the 11/30/14 Note revealed the nurse noted Resident #7 had "old scratch marks and small scabs on" his/her left shoulder and left leg, and the resident "cites itching as cause of self-scratching". Per the 11/30/14 Note, an Advanced Practice Registered Nurse (APRN) and the resident's PA were notified of areas on the left side of Resident #7's body with new orders</p>	F 309			

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F 309	<p>Continued From page 113 received.</p> <p>Review of the Physician's Orders revealed Aquaphor Lotion was ordered on 11/30/14 and Claritin (allergy medication) was ordered 12/01/14.</p> <p>Review of the 12/07/14 "Nursing" Note revealed Resident #7 had an "abrasion/excoriation" to the back of his/her neck and back measuring 7 cm by 3 cm with "green drainage" and odor present. The Note revealed an APRN was notified and orders received for Keflex 500 milligrams (mgs) by mouth twice a day for seven (7) days, and Bactroban (antibiotic ointment) to be applied to the affected area and covered with a dry dressing twice a day until healed. Review of the 12/08/14 "Nursing" Note revealed the order for treatment to the area on Resident #7's neck and back was changed to Silvadene cream (a topical antibiotic used to treat and prevent infections of the skin) to be covered with a dry pad twice a day until healed.</p> <p>Further review of the "Weekly Nursing Note" revealed on 12/09/14, the resident had a "wound on back of neck and down back " with orders for an antibiotic related to infection in the wound.</p> <p>Review of the PA's Note dated 12/11/14, revealed Resident #7 had "scratched the back" of his/her neck "so bad" there was a large excoriated area with erythema (redness). Per the 12/11/14 Note, Resident #7 had received Keflex (an antibiotic medication) and the area on his/her neck was "improving". The PA noted Resident #7 also had "excoriation" to his/her trunk and extremities secondary to "itching", with "multiple things" having been tried without "much improvement".</p>	F 309			

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F 309	<p>Continued From page 114</p> <p>Further review of the Note and PA's orders dated 12/11/14, revealed the PA ordered to continue the antibiotic, Atarax for the Pruritus and Prednisone. Review of the 12/17/14 PA's Note revealed Resident #7 was seen for follow-up for the Pruritus and Cellulitis, with the PA noting the resident's "skin looks better", with orders to continue with the Atarax.</p> <p>However, Review of Resident #7's "Skin Inspection Report" revealed from 08/26/14 through 12/09/14, the resident's skin was noted as "skin intact, even though the PA and Physician had been treating Resident #7 for a skin rash.</p> <p>Resident #7's "Wound Assessment Report" forms were requested from 12/09/14 through 01/24/15; however, no documented evidence of those was provided.</p> <p>Continued review of the "Weekly Nursing Note" documentation revealed the nurses noted Resident #7 to have intact skin on 12/30/14, 01/06/14, 01/13/15 and 01/20/15.</p> <p>Further review of the "Nursing" Notes revealed the area on Resident #7's neck and back was monitored and treated until 01/01/15 at 11:54 AM, when a nurse noted the "abrasion to back of neck" was now "resolved", and the Silvadene treatment was discontinued. Additional review of the "Nursing" Note dated 01/24/15 at 8:34 AM, revealed Resident #7 had a skin tear to his/her left lower extremity which the resident stated "it itched so I scratched it". Review of the 01/24/15 Note revealed the area was open and measured approximately 4 cm by 1 cm with erythema noted around it. Further review of the 01/24/15 Note revealed new orders were received for treatment</p>	F 309			

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F 309	<p>Continued From page 115 of the area. Further review revealed a "Nursing" Note dated 01/26/15, which stated the Physician had ordered contact isolation, Permethrin cream and Stromectol tablets "per orders for Scabies prophylactic".</p> <p>Review of the Physician's Note dated 01/26/15, revealed Resident #7 had a "rash", and his/her roommate had received treatment for Scabies. Continued review of the Note and Physician's Orders dated 01/26/15, revealed orders for Permethrin cream and Stromectol tablets to be administered prophylactically, with Contact Isolation Precautions to be initiated on 01/26/15</p> <p>Observation, on 01/26/15 at 1:47 PM, of Resident #7's skin assessment performed by LPN #1, revealed the resident to have a rash to both feet and between the toes, on the back, the chest, abdomen, legs and upper left arm. Further observation revealed scabs were scattered on the chest, abdomen, arm and legs. However, review of the current "Weekly Nursing Notes" and "Nursing" Notes revealed no documented evidence Resident #7 had the areas of rash observed.</p> <p>Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of the itching or rash was and reported staff was not utilizing any type of contact isolation precautions.</p> <p>8. Record review revealed the facility admitted Resident #8 on 01/28/14, with diagnoses which included Depressive Disorder, Anxiety, Irritable Bowel Syndrome, Sicca Syndrome (an autoimmune disease), Joint Disease and Lupus Erythematous (an inflammatory autoimmune disease causing scaly red patches on the skin,</p>	F 309			

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OMB NO. 0938-0391

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F 309	<p>Continued From page 116 especially on the face). Review of the Quarterly MDS Assessment, dated 01/14/15, revealed the facility assessed Resident #8 to have a BIMS score of six (6) out of fifteen (15), indicating the resident was severely cognitively impaired. Review of Resident #8's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #8's Physician Orders revealed on 06/30/14, Hydrocortisone Cream was ordered to be applied to a rash each shift and Benadryl orally as needed for itching for seven (7) days. Continued review revealed on 07/06/14, and 07/14/14 Hydrocortisone Cream and Benadryl were re-ordered and on 07/15/14, a steroid dose pack was ordered. Further review of the Physician's Orders revealed on 07/27/14, Permethrin Cream was ordered. However, further review of the 07/27/14 order revealed no documented evidence Resident #8 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of the Physician's and PA's Notes revealed on 08/22/14, the Physician documented Resident #8 had a "rash", with no new orders noted.</p> <p>Review of the PA's Note dated 10/09/14, revealed Resident #8 had a "rash" which was dry and scaly on his/her arms, some on his/her hands and some "scattered" on the abdomen and trunk. Continued review of the 10/09/14 PA Note and Physician's Orders revealed diagnoses of "Dermatitis" and "Xerosis", with orders for Cetaphil body wash on shower days, Triamcinolone cream mixed with Lac-Hydrin</p>	F 309			

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F 309	<p>Continued From page 117</p> <p>lotion to upper extremities and trunk twice a day for ten (10) days, then Lac-Hydrin lotion daily for dry skin and notify the PA if "rash" did not improve. However, review of the "Skin Inspection Report" revealed on 10/09/14, the nurse documented Resident #8's skin was intact. Review of the "Skin Inspection Report" on 10/16/14, revealed the resident's skin was noted as "skin not intact-existing". The "Wound Assessment Report" for 10/16/14 was requested; however, no documented evidence was provided.</p> <p>Review of the "Skin Inspection Report" revealed on 10/30/14, Resident #8's "skin intact". However, review of the "Wound Assessment Report" dated 10/30/14, revealed the resident had a rash on his/her "entire chest" area with the cause noted as "unknown", with the narrative stating "rash was almost resolved when today resident began to scratch again", with treatment applied and Physician notified.</p> <p>Review of the 10/31/14 PA's Note revealed the PA had performed a follow-up visit related to the "rash", which had not improved. Continued review of the 10/31/14 Note revealed Resident #8 had received "new clothes" and the PA ordered a Prednisone pack and Dreft detergent for his/her clothes. Review of the "Wound Assessment Report" for 11/06/14, revealed Resident #8 had a rash on his/her entire chest area, with the cause documented as "unknown". Review of the PA's 11/07/14 Note revealed she had followed up on Resident #8's rash had "improved", but the PA noted it might require a "maintenance steroid if necessary". Review of the PA's Note dated 11/10/14, revealed the PA was again following up on Resident #8's "rash", and the PA ordered Prednisone again.</p>	F 309			

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F 309	<p>Continued From page 118</p> <p>Continued review of the "Wound Assessment Reports", dated 11/13/14, 11/20/14, 11/21/14, 11/27/14, 12/04/14, 12/08/14, 12/11/14 and 12/18/14 revealed the nurse continued to note Resident #8 had a rash on his/her entire chest area, with the cause documented to be "self-inflicted scratching/picking".</p> <p>Review of the Physician's Note dated 12/18/14, revealed Resident #8 had an "itch" on the left hand, and had received Prednisone "chronic for rash". Review of the Physician's Note dated 01/26/15, revealed Resident #8 still had a "rash" for which he ordered to "treat as Scabies exposure". Continued review of the Note and the Physician's Orders, for 01/26/15 revealed the Physician ordered contact isolation precautions, Permethrin cream and Stromectol tablets to be administered prophylactically.</p> <p>Observation, on 01/26/14 at 2:20 PM, of a skin assessment performed by LPN #1, revealed Resident #8 to have a rash to the top of his/her feet, a rash with scabs and blisters to his/her back, shoulders, arms, legs, and torso.</p> <p>9. Record review revealed Resident #9 was re-admitted to the facility on 01/02/14, with diagnoses which included Pneumonia, Acute Kidney Failure, Muscle Weakness, Difficulty Walking and Cognitive Communication Deficit. Review of the Annual MDS Assessment dated 12/30/14, revealed the facility assessed Resident #9 to have a BIMS of three (3) out of fifteen (15), indicating severe cognitive impairment. Review of Resident #9's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an</p>	F 309			

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F 309	<p>Continued From page 119 intervention for weekly skin assessments.</p> <p>Review of Resident #9's Physician Orders revealed: on 06/09/14, Resident #9 was identified to have a rash to his/her back with Hydrocortisone Cream to be applied twice each day for ten (10) days; on 07/06/14, Hydrocortisone Cream and oral Benadryl were ordered; and on 07/22/14, Permethrin Cream was ordered for the treatment of Scabies. However, further review of the 07/22/14 order revealed no documented evidence Resident #9 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of the EMR "Skin Inspection Report" revealed on: 08/26/14, 09/02/14, 09/09/14, 09/16/14, 09/23/14, 09/30/14, 10/07/14, 10/14/14, 10/21/14, 10/22/14, 10/27/14, 10/28/14 nurses documented Resident #9's skin as "skin intact". However, review of the EMR "Wound Assessment Report" dated 10/28/14 revealed the nurse documented Resident #9 had a "right upper shoulder rash" which measured 8 cm by 8 cm, with the "cause" documented as "unknown", and was "pending treatment orders". Review of the "Nursing" Note dated 10/28/14, revealed Resident #9 was complaining of "itching", the PA was notified and orders were received for Zyrtec 10 mg by mouth daily for two (2) weeks. Review of the Physician's Order dated 10/28/14 revealed the order for Zyrtec.</p> <p>Review of the EMR "Skin Inspection Report" dated 11/04/14 revealed the nurse noted Resident #9's skin as "intact". However, review of the EMR "Wound Assessment Report" dated 11/04/14 revealed Resident #9 had a "rash" to his/her "right upper shoulder", with the "cause"</p>	F 309			

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F 309	<p>Continued From page 120</p> <p>noted to be "unknown", and the area was "pending treatment orders". However, review of the Physician's Orders revealed no documented evidence of a treatment order received, and no documented evidence the "rash" was monitored until 11/07/14.</p> <p>Review of the Physician's and PA's Notes revealed on 11/07/14, the PA had seen Resident #9 for follow-up for a "rash". The Note stated Resident #9 "still" had a "pruritic rash", some maculopapular on his/her anterior chest, abdomen and thighs. Further review of the 11/07/14 Note and Physician's Orders revealed the PA documented the "rash" was questionable for allergy and ordered a Prednisone pack and Triamcinolone cream mixed with Cetaphil to rash areas on extremities and trunk twice a day for one (1) week, and Dreft laundry detergent.</p> <p>Review of the "Wound Assessment Report", dated 11/11/14 revealed Resident #9 continued to have the "rash" on his/her "right upper shoulder", with the "cause" now noted to be "yeast/fungus", with the measurements continuing to be 8 cm by 8 cm. However, the PA noted Resident #9 had a "pruritic rash" on his/her chest, abdomen and thighs. Continued review revealed no documented evidence of the "rash" being documented in those areas of Resident #9's body. Further review revealed the narrative stated orders received on 11/07/14 for Triamcinolone cream mixed with Cetaphil to rash on extremities and trunk twice daily for one (1) week and Cetaphil body wash on shower days.</p> <p>Review of the "Skin Inspection Report" dated 11/14/14 and 11/21/14 revealed nurses documented Resident #9's skin as "intact".</p>	F 309			

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F 309	<p>Continued From page 121</p> <p>However, review of a "Wound Assessment Report" dated 11/18/14 and 11/19/14 revealed Resident #9 continued to have the "rash" on his/her "right upper shoulder" which was noted to be "improving" with measurements of 7 cm by 7 cm. Continued review revealed the nurse documented "no treatment required", even though the treatment ordered on 11/07/14 had been completed on 11/14/14, and no further treatment was in place except the Cetaphil body wash on shower days.</p> <p>Review of a "Wound Assessment Report" dated 11/18/14 and 11/19/14 revealed Resident #9 continued to have the "rash" on his/her "right upper shoulder" which was noted to be "improving" with measurements of 7 cm by 7 cm. Continued review revealed the nurse documented "no treatment required", even though there was currently no treatment in place other than the Cetaphil body wash obtained on 11/07/14.</p> <p>Review of the "Skin Inspection Report" dated 11/25/14, revealed the nurse documented Resident #9's "skin not intact-existing". Review of the "Wound Assessment Report" dated 11/25/14 revealed Resident #9 continued to have the "rash" on his/her "right upper shoulder" which was again noted to be "improving" with measurements continuing to be 7 cm by 7 cm, and the "cause" documented as "unknown". Continued review revealed the nurse documented "no treatment required", even though there was no treatment currently in place other than the Cetaphil body wash obtained on 11/07/14.</p> <p>Review of the "Skin Inspection Report" dated 12/02/14, revealed the "rash" continued on Resident #9's "right upper shoulder", was noted</p>	F 309			

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F 309	<p>Continued From page 122</p> <p>to be "improving" again, with the measurements 6 cm by 6 cm, and the "cause" noted as "unknown". Continued review revealed the nurse documented "no treatment required", even though there was no treatment currently in place to treat the area other than the Cetaphil body wash obtained on 11/07/14.</p> <p>However, review of the PA's Note dated 12/05/14 revealed Resident #9 had a "rash", with Claritin (an allergy medication) ordered. Review of the Physician's Orders revealed the Claritin was discontinued on 01/03/15.</p> <p>Review of the "Skin Inspection Report" dated 12/09/14 revealed the nurse documented Resident #9's skin as "intact". However, review of the "Wound Assessment Report" dated 12/10/14 revealed Resident #9 continued to have a "rash" to his/her "right upper shoulder" which was again noted to be "improving" with measurements of 6 cm by 6 cm, the "cause" noted as "accident/other trauma", and was "pending treatment orders". However, review of the Physician's Orders revealed no documented evidence of a treatment order for the "rash" on 12/10/14.</p> <p>Review of the PA's Note dated 12/11/14 revealed Resident #9 had a "rash" noted on his/her anterior trunk and extremities with excoriation "from scratching". Continued review of the Note and Physician's Order revealed the PA ordered Atarax PRN (as needed) for the resident's "itching".</p> <p>Review of the PA's Note dated 12/15/14 revealed Resident #9 had a "lesion" on the right mid-clavicle, with documentation indicating "try to</p>	F 309			

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F 309	<p>Continued From page 123</p> <p>clarify laundry detergent". Review of the "Skin Inspection Report" dated 12/16/14 revealed the nurse documented Resident #9's skin as "intact". However, review of the "Wound Assessment Report" dated 12/16/14 revealed Resident #9 continued to have a "rash" to his/her right upper shoulder which was again noted to be "improving" with measurements of 6 cm by 6 cm, the "cause" noted as "accident/other trauma", with the 11/07/14 order for Cetaphil body wash on shower days noted. However, review of the Physician's Orders revealed no documented evidence of further treatment obtained for the "rash" on 12/16/14.</p> <p>Review of the "Skin Inspection Report" dated 12/24/14 and 12/30/14 revealed the nurse documented Resident #9's skin as "skin not intact-existing". Review of the "Wound Assessment Report" dated 12/24/14 revealed Resident #9 continued to have a "rash" to his/her right upper shoulder which was again noted to be "improving" with measurements continuing to be 6 cm by 6 cm, the "cause" noted as "accident/other trauma". Continued review of the "Wound Assessment Report" revealed with the 11/07/14 order for Cetaphil body wash on shower days noted. Even though Resident #9 continued to experience the "rash", review of the Physician's Orders revealed no documented evidence of further treatment obtained for the "rash" on 12/24/14 or 12/30/14.</p> <p>Review of the "Nursing" Note dated 01/02/15 at 6:25 PM revealed Resident #9 had a "rash" noted to his/her trunk and bilateral lower extremities, and the PA was at the facility and had assessed the resident. However, review of the PA's Note dated 01/02/15 revealed Resident #9 had a</p>	F 309			

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F 309	<p>Continued From page 124</p> <p>"pruritic rash" on his/her trunk, face and upper extremities. Continued review of the Note and Physician's Orders revealed the PA's orders on 01/02/15 included Prednisone in a tapered dose and Zyrtec by mouth every night for one (1) week.</p> <p>Continued record review revealed Resident #9 was sent to the hospital and admitted on 01/03/15, and re-admitted to the facility on 01/06/15. Review of the Physician's Orders revealed the Zyrtec was re-ordered, and was to be given every day at bedtime. Review of the Comprehensive Care Plan for the risk for impaired skin integrity revealed documentation dated 01/06/15, which stated Resident #9 had returned from the hospital where he/she was treated for Scabies while there. However, there was no documented evidence Resident #9 was placed in contact isolation precautions as per the facility policy when he/she returned from the hospital.</p> <p>Review of the "Nursing" Note dated 01/07/15 at 7:56 PM, revealed orders were received to "repeat Permethrin cream treatment on 01/11/15". Review of the "Nursing" Note dated 01/11/15 at 9:41 PM revealed "Permethrin cream applied topically to body as ordered". However, there was no documented evidence Resident #9 was placed in contact isolation precautions as per the facility policy.</p> <p>Review of the "Wound Assessment Report" dated 01/13/15 and 01/20/15, revealed Resident #9 continued to have the "rash" to his/her "right upper shoulder" which continued to be noted as "improving" even though the measurements continued to remain 6 cm by 6 cm. Continued review revealed the "cause" remained noted as</p>	F 309			

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F 309	<p>Continued From page 125</p> <p>"accident/other trauma", and the 01/06/15 order for Zyrtec was noted. However, there was no documented evidence of additional orders to treat the "rash", even though the nurse noted the Physician was notified on the "Wound Assessment Report".</p> <p>Review of the PA's Note dated 01/20/15 revealed Resident #9 was examined by the PA for "recurrent edema"; however, there was no documentation regarding the resident's rash.</p> <p>Observation, on 01/25/15 at 2:40 PM, of a skin assessment, performed by LPN #1, revealed Resident #9 to have a rash to his/her upper back, shoulders and scabs to both knees.</p> <p>Review of the Physician's Note and Orders dated 01/26/15, revealed Resident #9 had a "rash", with orders received for Permethrin cream and Stromectol tablets as per the Scabies prophylactic, with Contact Isolation Precautions also ordered.</p> <p>Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of the itching or rash was and reported staff was not utilizing any type of contact isolation precautions.</p> <p>10. Record review revealed Resident #2 was admitted to the facility on 05/25/14, with diagnoses which included Anxiety, Chronic Airway Obstruction, Muscle Weakness, Late Effect Cerebral Vascular Disease and Congestive Heart Failure. Review of the Quarterly MDS Assessment, dated 11/16/14, revealed the facility assessed Resident #2 to have a BIMS score of eleven (11) out of fifteen (15), indicating the resident was moderately cognitively impaired.</p>	F 309			

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F 309	<p>Continued From page 126</p> <p>Review of Resident #2's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #2's Physician Orders revealed an order dated 07/27/14, for Permethrin Cream (treatment for Scabies) to be applied from the neck down, leave on for eight (8) to fourteen (14) hours, shower off, wash bed linen and laundry as directed, and repeat the treatment in two (2) weeks. However, further review of the 07/27/14 order revealed no documented evidence Resident #1 was placed on contact isolation precautions, as per the facility's policy. Review of the Physician's Order dated 08/17/14, revealed Cetaphil Lotion was ordered for a rash noted to right axilla and bilateral upper extremities. Review of the Physician's and PA's Notes for Resident #2 revealed the PA noted on 09/25/14, the resident stated his/her "back itches", and he/she had previously had dermatitis involving the upper extremities and chest which had resolved. Continued review of the PA Note revealed Resident #2 had a "faint maculopapular rash on back", which was diagnosed as Dermatitis, the PA thought was "exacerbated by increased heat". Further review revealed the PA's orders included Cetaphil lotion mixed with Triamcinolone cream and to use hypoallergenic laundry detergent. Review of the Physician ' s Note dated 10/08/14, revealed the Physician documented Resident #2 was being seen for follow up of a "recent rash"; however, there was no documented evidence of new orders related to the rash.</p> <p>Continued review of the Physician ' s Orders revealed on 11/05/14, Hydrocortisone (a topical steroid used to treat inflammation of the skin)</p>	F 309			

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F 309	<p>Continued From page 127</p> <p>Cream was ordered for seven (7) days to an ankle rash. Continued review of the Physician's Orders revealed on 11/28/14, the Cetaphil Lotion and body wash was re-ordered. Review of the Order dated 12/12/14, revealed Prednisone (an oral steroid) was ordered each day until 12/16/14. Further review of the Physician's Orders revealed on 01/10/15, one (1) time dose of oral Benadryl (an anti-histamine) was ordered. Review of the Order dated 01/15/15, revealed Triamcinolone Cream mixed with Cetaphil Lotion was ordered again to be applied to a rash on the resident's legs/thighs for seven (7) days. Additionally, review of the Physician's Order dated 01/26/15, revealed Permethrin cream and Stromectol tablets were both ordered, with Contact Isolation Precautions also ordered.</p> <p>Review of the 01/15/15 Note, documented by the PA revealed Resident #2 had a maculopapular rash on his/her legs, "mostly thigh" area, which the resident stated was "better", with "no pruritis today". Continued review of the Note revealed the orders included Cetaphil lotion mixed with Triamcinolone cream.</p> <p>However, review of Resident #2's "Skin Inspection Report", dated 08/26/14, 09/02/14, 09/09/14, 09/16/14, 09/23/14, 09/30/14, 10/07/14, 10/14/14, 10/22/14, 10/28/14, 11/04/14, 11/11/14, 11/28/14, 12/02/14, 12/12/14, 12/16/14, 12/23/14, 12/24/14, 12/30/14, 01/06/15, 01/07/15, 01/13/15, and 01/20/15, revealed the nurses noted the resident's "skin intact". Even though there was documented evidence, in the Physician's/PA's Notes and Physician Orders, Resident #2 had a rash and was receiving treatment.</p> <p>Review of the "Wound Assessment Report" dated</p>	F 309			

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F 309	<p>Continued From page 128</p> <p>01/22/15, revealed the nurse had identified a macular (small, flat, red spots) rash to Resident #2's lower left back, the front of the right lateral thigh and the front of the left inner thigh with treatment orders "pending". Further review of the 01/22/15 Report revealed under "cause" the nurse documented "unknown".</p> <p>Observation on 01/22/15 at 11:30 AM, revealed Resident #2 was lying on the bed in his/her room actively scratching his/her arm.</p> <p>Interview with Resident #2, on 01/23/14 at 9:35 AM, revealed he/she was "itching all over". Resident #2 revealed he/she was told by the facility he/she had dry skin. Additional interview on 01/29/14 at 1:15 PM, revealed the scratching and itching made Resident #2 "feel nervous" like he/she "was withdrawing from something".</p> <p>Observation, on 01/22/15 at 3:30 PM, of Resident #2's skin assessment, performed by RN #1, revealed rash areas on both his/her thighs, the right side of the abdomen, the left axillary (armpit) and lower right side of the back. Observation revealed Resident #2's index finger on the left hand also had two (2) reddened areas and his/her left forearm had reddened areas.</p> <p>Further review of the Physician ' s Notes revealed on 01/26/15, the Physician noted Resident #2 had a "rash" and "pruritis" to his/her bilateral legs. Review of the Physician's Orders dated 01/26/15, revealed Contact Isolation Precautions and Permethrin cream and Stromectol tablets were both ordered.</p> <p>Record review also revealed Resident #2 was Resident #1's room mate who had a microscopic</p>	F 309			

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PRINTED: 11/10/2015
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 129</p> <p>confirmation of Scabies on 01/26/15. However, there was no documented evidence a Dermatology Consult was ordered for Resident #2.</p> <p>Interview with RN #1, on 01/26/15 at 9:15 AM, revealed staff was not utilizing contact isolation precautions with Resident #2 prior to 01/26/15. She stated she did not know what the cause of Resident #2's itching or rash was.</p> <p>11. Record review revealed, Resident #11 was admitted to the facility on 09/03/85, with diagnoses which included Mild Cognitive Impairment, Convulsions and Intellect Disability. Review of the Quarterly MDS Assessment, dated 01/16/15, revealed the facility assessed Resident #11 to have a BIMS score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #11's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments, and to pay close attention to bony prominence.</p> <p>Review of Resident #11's Physician Orders revealed, Permethrin Cream was ordered on 07/27/14. However, further review of the 07/27/14 order revealed no documented evidence Resident #11 was placed on contact isolation precautions, as per the facility's policy. Review of the "Weekly Skin Assessment" form, which was in place prior to the facility implementing the EMR, revealed 07/28/14, the nurse documented Resident #11 to have clean, dry and intact skin; however, also noted the resident continued to have "self-inflicted scratch marks", with no documented evidence of the location of the</p>	F 309			

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F 309	<p>Continued From page 130 scratch marks.</p> <p>Continued review of the Physician's Orders revealed: on 08/01/14 Bacitracin ointment (antibiotic) was ordered to be applied on the left lower leg on 08/01/14 related to scratches, and skin prep to be applied to the scabs on second toe. Review of the "Weekly Skin Assessment" form, which was in place prior to the facility implementing the EMR, revealed on 08/04/14, the nurse documented Resident #11 to have clean, dry and intact skin; however, also noted the resident continued to have "self-inflicted scratches" to his/her bilateral upper and lower extremities. Review of the "Weekly Skin Assessment" form dated 08/18/14, revealed the nurse documented Resident #11 to have clean, dry and intact skin; however, also noted the resident continued to have "scratches on" his/her bilateral upper and lower extremities "where resident" had "scratched self, with a treatment in progress.</p> <p>Review of the EMR "Skin Inspection Report" for the dates of 08/27/14, 09/03/14, 09/10/14, 09/16/14, 09/22/14, 09/29/14, 10/06/14, 10/13/14 and 10/14/14 revealed the nurses documented Resident #11's "skin intact". However, review of the "Weekly Nursing Note" dated 10/14/14, revealed Resident #11 was "currently" being treated for "self-inflicted scratches to left lower leg", which the resident "frequently" picked at "both hands and lower legs".</p> <p>Continued review of the Physician's Orders revealed on 10/17/14, the Bacitracin ointment and skin prep were both discontinued due to the scratches being healed, and Keri Lotion was also discontinued, with Cetaphil Lotion ordered to</p>	F 309			

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F 309	<p>Continued From page 131</p> <p>Resident #11's extremities at bedtime.</p> <p>Further review revealed, Benadryl Cream was ordered on 12/01/14 for scratches and Permethrin cream and Stromectol tablets, both for the treatment of Scabies, with Contact Isolation Precautions was initiated on 01/26/15.</p> <p>Continued review of the facility's EMR "Skin Inspection Report" revealed Resident #11 continued to be assessed by the nurses to have "skin intact for the dates of 10/20/14, 10/27/14, 11/03/14, 11/10/14, 11/18/14, 11/24/14, 12/01/14. However, review of the PA's Note and Physician's Order dated 12/01/14 revealed Resident #11 had "excoriation" to his/her left lower extremity, with an order for Benadryl cream to be applied to the resident's left lower leg scratches two (2) times a day for one (1) week. Review of the "Nursing" Noted dated 12/01/14, revealed the PA had visited Resident #11 and ordered the Benadryl cream for "itching".</p> <p>Further review of the facility's EMR "Skin Assessment Report" revealed the nurses continued to document Resident #11's "skin intact on 12/08/14, 12/15/14, 12/22/14, 12/29/14, 01/05/14, 01/12/15, 01/13/15 and 01/19/15.</p> <p>Review of the Physician's Note and Orders dated 01/26/15, revealed Resident #11 had excoriation to his/her left hand and left leg, with orders which included Aquaphor lotion to body once daily and PRN for Xerosis, Benadryl every six (6) hours PRN for itching times twenty-one (21) days, Permethrin Cream and Stromectol tablets per Scabies prophylactic and Contact Isolation Precautions.</p>	F 309			

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F 309	<p>Continued From page 132</p> <p>Observation, on 01/26/15 at 2:05 PM, of Resident #11's skin assessment performed by LPN #1, revealed the resident had scabs to the left wrist and left leg, and also a rash with scabs to the right arm and abdomen and chest.</p> <p>12. Record review revealed Resident #12 was admitted to the facility on 03/12/14, with diagnoses which included Bronchitis, Muscle Weakness, Congestive Heart Failure and Dementia. Review of the Quarterly MDS Assessment, dated 11/20/14, revealed the facility assessed Resident #12 to have a BIMS score of three (3) out of fifteen (15), indicating severe cognitive impairment. Review of Resident #12's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of Resident #12's Physician Orders revealed: on 06/12/14, an oral steroid was initiated related to a rash; and on 07/27/14, Permethrin Cream was ordered for Scabies treatment. However, further review of the 07/27/14 order revealed no documented evidence Resident #12 was placed on contact isolation precautions, as per the facility's policy. Review of the "Nursing" Note dated 08/12/14 revealed Resident #12 was again treated with the Permethrin cream as ordered; however there was no documented evidence the resident was in contact isolation precautions as per facility policy.</p> <p>Review of the facility's EMR "Skin Assessment Report" revealed the nurses documented Resident #12's "skin intact from 08/19/14 through 11/07/14. Continued review of the "Skin Assessment Report" revealed on 11/14/14 and</p>	F 309			

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F 309	<p>Continued From page 133</p> <p>11/21/14 the nurses documented "skin not intact-existing". The Surveyor requested the "Wound Assessment Report" for the assessment dates of 11/14/14 and 11/21/14; however no documented evidence was provided even though per interview this was the facility's process.</p> <p>Continued review of the EMR "Skin Assessment Report" revealed the nurses documented Resident #12's "skin intact" on 11/28/14 and 12/05/14, and on 12/12/14, the resident's skin was noted as "skin not intact-existing". The Surveyor requested the "Wound Assessment Report" for the assessment dates of 12/12/14; however no documented evidence was provided even though per interview this was the facility's process.</p> <p>Further review of the EMR "Skin Assessment Report" revealed on 12/19/14 Resident #12's "skin intact", and on 12/23/14 the resident's skin was again noted as "skin not intact-existing". The Surveyor requested the "Wound Assessment Report" for 12/23/14; however no documented evidence was provided. Additionally, review of the "Skin Assessment Report" revealed on 12/26/14 and 01/02/15 Resident #12's "skin intact" was again noted. However, review of the PA's Note dated 01/07/15 revealed Resident #12 had a maculopapular rash on his/her trunk "mostly in V-neck area", which the PA noted the Physician was to "assess" the rash in the AM (morning). Record review revealed no documented evidence the Physician assessed the area on the morning of 01/08/15 however. Review of a verbal order obtained from the Physician on 01/08/15 at 11:00 AM, revealed an order was for Cetaphil lotion to areas of dry skin noted on Resident #12's trunk and upper</p>	F 309			

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F 309	<p>Continued From page 134</p> <p>extremities every day and PRN; however, there was no mention of the rash noted by the PA on 01/07/15.</p> <p>Review of the "Skin Inspection Report" dated 01/09/15, revealed the nurse documented Resident #12's "skin intact" even though the PA noted a maculopapular rash on the resident's trunk on 01/07/15. Review of the "Weekly Nursing Note" dated 01/10/15 and 01/16/15 revealed Resident #12 had "dry skin" to both upper extremities and was "encouraged" not to "scratch", and lotion applied as ordered. However, there was no documented evidence of the rash noted by the PA on 01/07/15.</p> <p>Observation, on 01/23/15 at 9:50 AM, revealed Resident #12 dressed in clothing walking in the hallway, actively scratching his/her left arm, with scabbing on the arm. Further observation revealed, Resident #12's clothing had reddish brown blood like spots on the sleeves of his/her shirt.</p> <p>Continued record review revealed Resident #12 was sent to the hospital after becoming "unresponsive" on 01/24/15, was admitted for a diagnosis of Acute Renal Failure. Review revealed Resident #12 returned to the facility on 01/31/15.</p> <p>Review of the facility's "Departmental Notes" revealed a Note documented by the DON on 01/25/15 which stated on 01/08/15 the Physician and she had "went to see" Resident #12 at the request of the PA. Per the Note, Resident #12 was examined by the Physician "related to dry scabbed area to upper extremities" with a new order received for Cetaphil lotion daily and PRN</p>	F 309			

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F 309	<p>Continued From page 135</p> <p>related to Xerosis. However, further record review revealed no documented evidence of a Physician's Note dated 01/08/15 related to the Physician's examination of indicated in the DON's Note dated 01/25/14.</p> <p>13. Record review revealed, Resident #4 was admitted by the facility on 09/13/12, with diagnoses which included Anxiety, Acute Kidney Failure, Chronic Airway Obstruction, Diabetes, Anxiety, Depressive Disorder and Dementia with Behavior Disturbances. Review of the Annual MDS Assessment, dated 02/14/15, revealed the facility had assessed Resident #4 to have a BIMS score of seven (7) out of fifteen (15), indicating severe cognitive impairment. Review of the Comprehensive Care Plan revealed the facility care planned Resident #4 to be at risk for impaired skin integrity on 12/14/14, with interventions which included weekly skin assessments.</p> <p>Review of Resident #4's "Weekly Skin Assessment" forms, which were utilized prior to the EMR, revealed on 07/17/14, the Resident was noted to have small scattered scabs to both arms related to "picking self" and on 07/19/14, multiple scabs were noted to the trunk and arms secondary to "chronic picking" with a rash noted to both forearms.</p> <p>Review of Resident #4's Physician's Orders, revealed Permethrin Cream (treatment for Scabies) was ordered on 07/27/14, to be applied from the neck down, leave on for eight (8) to fourteen (14) hours, shower off, wash bed linen and laundry as directed, and repeat the treatment in two (2) weeks. However, further review of the 07/27/14 order revealed no documented evidence</p>	F 309			

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OMB NO. 0938-0391

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F 309	<p>Continued From page 136</p> <p>Resident #4 was placed on contact isolation precautions, as per the facility's policy.</p> <p>Review of Resident #4's "Weekly Skin Assessment" forms revealed on 08/03/14, Resident #4 was noted to have scattered scabs over both arms from "chronic picking". Even though Resident #4 was noted to be a chronic "picker", there was no documented evidence of new orders having been obtained, after the order from 07/27/14 for the treatment of scabies, until 09/14/14, when the Physician noted a rash on the resident's trunk.</p> <p>Review of the Physician's Note dated 09/14/14, revealed the Physician assessed Resident #4 to have "some lesions on" his/her trunk" and a red and raised rash". Continued review revealed the Physician diagnosed Resident #4 with Tinea corporis (ringworm), and ordered Lotrisone cream to the "rash on the trunk for the ringworm until clear". Continued review of the Physician's Orders revealed Lotrisone (an anti-fungal) Cream was ordered for a rash to Resident #4's trunk on 09/19/14, which was discontinued on 10/17/14.</p> <p>Review of the "Nursing" Note dated 09/19/14, revealed new orders had been received from the Physician which included "apply Lotrisone cream to rash on trunk twice a day until resolved".</p> <p>Review of the "Nursing" Note dated 09/24/14, revealed the nurse documented Resident #4 was "often non-compliant, a picker with sores".</p> <p>Review of the "Nursing" Note dated 09/25/14, revealed "new orders" had been received from the PA, to discontinue all previous skin/bathing orders, no fragrance/colored lotions, use Cetaphil body wash on shower days, Cetaphil body lotion daily to trunk and extremities and Triamcinolone</p>	F 309			

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FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 137</p> <p>cream to rash on chest/arms twice a day for one (1) week. However, review of the Physician's Orders and Medication Administration Record revealed no documented evidence of the orders received from the PA on 09/25/14 were implemented.</p> <p>Review of the "Nursing" Note dated 09/29/14, revealed Resident #4 had experienced a fall, and when the nurse assessed the resident she noted he/she was observed to "actively pick at existing scabrous lesions on arms, causing them to bleed sullenly". Review of the "Nursing" Note dated 10/17/14, revealed the Lotrisone cream ordered by the Physician on 09/19/14 for a rash on Resident #4's trunk was discontinued as the rash was "resolved". Review of the "Nursing" Note dated 11/09/14, revealed Resident #4 was observed to "pick at skin", partially "picked tiny, existing scab off one site, of many present on left upper extremity, with no frank bleed noted". Further review of the Note revealed no documented evidence the Physician was notified to obtain treatment for the areas. However, further review of the "Nursing" Notes revealed no documented evidence of continued monitoring of the scabbed areas on Resident #4's left upper extremity, or of the Physician ever being notified of the areas for treatment orders.</p> <p>Further review of the "Nursing" Notes revealed Resident #4 was sent to the hospital and admitted with a diagnosis of Pneumonia on 01/22/15, and was re-admitted to the facility on 01/27/15.</p> <p>However, review of Resident #4's "Skin Inspection Report" from 09/28/14 to 01/18/15, revealed the nurses noted the resident's "skin not</p>	F 309			

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F 309	<p>Continued From page 138</p> <p>intact-existing". Review of the "Wound Assessment Report" from 08/05/14 through 01/22/15, revealed no documented evidence Resident #4 had a rash other than Resident #4 was a chronic "picker" during the timeframe. Further review of the "Wound Assessment Report" revealed no documented evidence Resident #4 experienced a rash during the time frame of 08/05/14 through 01/18/15, even though the Physician had been ordering treatment for a rash.</p> <p>Further review of the Physician's Orders revealed on 01/27/15, after Resident #4 was re-admitted to the facility, an order for Permethrin cream to be applied topically from the neck down, leave on for eight (8) to fourteen (14) hours, then wash off.</p> <p>Observation, on 01/28/15 at 4:51 PM, of a skin assessment performed by RN #1, revealed Resident #4 was actively scratching his/her arms. Further observation revealed numerous reddened areas and scabs to both legs and left arm.</p> <p>14. Record review revealed Resident #13 was admitted to the facility on 06/13/13, with diagnoses which included Dementia, Chronic Kidney Disease, Subdural Hemorrhage and Insomnia. Review of the Quarterly MDS Assessment dated 11/05/14, revealed the facility assessed Resident #13 to have a BIMS score of five (5) out of fifteen (15), indicating the resident was severely cognitively impaired. Review of Resident #13's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments.</p> <p>Review of the facility's EMR "Skin Inspection</p>	F 309			

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F 309	<p>Continued From page 139</p> <p>Report" for the dates of 08/25/14, 09/01/14, 09/08/14, 09/15/14, 09/29/14, 10/07/14, 10/14/14, 10/21/14, 10/28/14 revealed the nurses documented Resident #13's "skin intact". Review of the date 10/30/14 revealed the nurse documented Resident #13's "skin not intact-existing". The "Wound Assessment Report" for the assessment date of 10/30/14 was requested; however, no documented evidence was provided, even though per interview this was the facility's process.</p> <p>Continued review of the facility's EMR "Skin Inspection Report" for the dates of 11/04/14, 11/11/14, 11/18/14, 11/25/14 and 12/02/14, revealed the nurses documented Resident #13's "skin intact". However, review of the "Wound Assessment Report" dated 12/02/14 revealed Resident #13 had a "rash" on his/her "entire abdomen" and "entire chest" area, with the "cause" noted as "unknown". Continued review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen measured 45 cm by 45 cm and the "rash" on his/her chest area measured 45 cm by 45 cm, with a note stating treatment in progress of Triamcinolone cream mixed with Cetaphil lotion applied to the rash every shift for one (1) week. Review of the telephone order dated 12/02/14, revealed orders for Prednisone in a tapered dose, and the Triamcinolone cream mixed with Cetaphil lotion to be applied to the rash.</p> <p>Review of the PA's Note and Physician's Order dated 12/05/14 revealed Resident #13 had a "pruritic" maculopapular rash to his/her anterior chest with orders to continue the Prednisone, discontinue any "outside lotion to skin" and use a hypoallergenic laundry detergent. Review of the</p>	F 309			

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F 309	<p>Continued From page 140</p> <p>"Nursing" Note dated 12/06/14 at 10:19 PM revealed Resident #13 was observed by a State Registered Nursing Assistant (SRNA) to be "scratching" his/her left arm causing an 1 cm by 1 cm "skin tear". Continued review of the "Nursing" Note revealed Resident #14 was "still scratching at area" when he entered the resident's room to assess the area. Further review revealed the Physician was notified and orders received for treatment of the skin tear.</p> <p>Review of the "Skin Inspection Report" for the dates of 12/09/14, revealed Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 12/09/14 revealed Resident #13 had a "rash" on his/her "entire abdomen" and "entire chest" area, with the "cause" noted as "self-inflicted scratching/picking" which continued to measure 45 cm by 45 cm on the abdomen and 45 cm by 45 cm on the chest area. The "Wound Assessment Report" noted treatment in progress of Triamcinolone cream mixed with Cetaphil lotion applied to the rash every shift for one (1) week, which was ordered on 12/02/14.</p> <p>Review of the "Skin Inspection Report" for 12/15/14, revealed Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 12/15/14 revealed Resident #13 now had an "abrasion" noted to his/her right buttock, with the "cause" documented as "self-inflicted scratching/picking" which measured 2 cm by 2 cm. Continued review of the "Wound Assessment Report" revealed an order dated 12/15/14, which noted to cleanse the abrasion with normal saline, pat dry and cover with a non-adherent pad and change everyday until healed.</p>	F 309			

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F 309	Continued From page 141 Review of the "Skin Inspection Report" for the date of 12/16/14, revealed the nurse documented Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 12/16/14, revealed Resident #13 continued to have the "rash" on his/her "entire abdomen" and "entire chest" area and an abrasion on the right buttock. Continued review of the "Wound Assessment Report" revealed the nurse documented the "cause" of the rash on the abdomen as "unknown", and the "cause" for the rash on the resident's chest, and abrasion on the right buttock as "self-inflicted scratching/picking". Further review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen now measured 30 cm by 30 cm, the "rash" on his/her chest area now measured 30 cm by 30 cm and the abrasion on the right buttock continued to measure 2 cm by 2 cm. Additionally, review of the "Wound Assessment Report" revealed for the chest and abdomen rash the nurse's narrative note stated "scabs noted to entire abdomen and upper chest" with "healed rash" and "no evidence of rash noted", even though the nurse documented the rash with measurements on the Report. Further review revealed the nurse documented "no treatment required" for the rash on Resident #13's chest and abdomen, and noted the treatment ordered on 12/15/14 for the right buttock abrasion. Review of the "Skin Inspection Report" for 12/23/14 and 12/30/14, revealed the nurse documented Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 12/23/14 and 12/30/14, revealed Resident #13 continued to have the "rash" on his/her "entire abdomen" and	F 309			

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F 309	<p>Continued From page 142</p> <p>"entire chest" area and an abrasion on the right buttock. Continued review of the "Wound Assessment Report" revealed the nurse continued to document the "cause" of the rash on the abdomen as "unknown", and the "cause" for the rash on the resident's chest, and abrasion on the right buttock as "self-inflicted scratching/picking". Further review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen now measured 25 cm by 25 cm, the "rash" on his/her chest area now measured 25 cm by 25 cm and the abrasion on the right buttock now measured 0.8 cm by 1 cm. Additionally, review of the "Wound Assessment Report" revealed for the chest and abdomen rash the nurse's narrative note stated "scabs noted to entire abdomen and upper chest" with "healed rash" and "no evidence of rash noted", even though the nurse documented the rash with measurements on the Report. Further review revealed the nurse documented the right buttock abrasion had "improved" and the resident was "cooperative with treatment", no new orders noted.</p> <p>Review of the "Nursing" Note dated 01/05/15, revealed the abrasion to Resident #13's right buttock was "resolved" and the order for treatment was discontinued.</p> <p>Review of the "Skin Inspection Report" for 01/06/15, revealed the nurse documented Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 01/06/15, revealed Resident #13 continued to have the "rash" on his/her "entire abdomen" and "entire chest" area. Continued review of the "Wound Assessment Report" revealed the nurse continued to document the "cause" of the rash on</p>	F 309			

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F 309	<p>Continued From page 143</p> <p>the abdomen as "unknown", and the "cause" for the rash on the resident's chest as "self-inflicted scratching/picking". Further review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen continued to measure 25 cm by 25 cm and the "rash" on his/her chest area continued to measure 25 cm by 25 cm. Additionally, review of the "Wound Assessment Report" revealed for the nurse's narrative note stated "scabs noted to entire abdomen and upper chest due to previously documented body rash, rash healed, scabs in place", and "no treatment required" was noted.</p> <p>Review of the "Skin Inspection Report" for 01/13/15 revealed the nurse documented Resident #13's "skin intact". However, review of the "Wound Assessment Report" dated 01/13/15, revealed Resident #13 continued to have a "rash" on his/her "entire abdomen" and "entire chest", with the "cause" noted as "unknown" for the abdomen rash and as "self-inflicted scratching/picking" for the chest rash. Further review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen continued to measure 25 cm by 25 cm and the "rash" on his/her chest area continued to measure 25 cm by 25 cm. Additionally, review of the "Wound Assessment Report" revealed for the nurse's narrative note stated "scabs noted to entire abdomen and upper chest due to previously documented body rash, rash healed, scabs in place", and "no treatment required" was noted.</p> <p>Review of the PA's Note and Physician's Order dated 01/20/15 revealed Resident #13 had a "pruritic" rash in the "shirt area", with orders received for Triamcinolone cream to be mixed</p>	F 309			

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F 309	<p>Continued From page 144</p> <p>with Cetaphil lotion and applied to the rash on the resident's "trunk and arms". Review of the "Skin Assessment Report" dated 01/20/15 revealed the nurse documented Resident #13's "skin not intact-existing". Review of the "Wound Assessment Report" dated 01/20/15 revealed Resident #13 continued to have the "rash" on his/her "entire abdomen" and "entire chest" area, with the "cause" for the abdomen rash noted as "unknown", and the "cause" for the chest rash documented to be "self-inflicted scratching/picking". Continued review of the "Wound Assessment Report" revealed the "rash" on Resident #13's abdomen measured 25 cm by 25 cm and the "rash" on his/her chest area measured 25 cm by 25 cm, with a note stating treatment in progress, and the PA's order for the Triamcinolone cream mixed with Cetaphil lotion to be applied to the trunk and arms every day.</p> <p>Review of the Physician's Orders dated 01/28/15, revealed Permethrin Cream, for Scabies treatment, and Contact Isolation Precautions were ordered.</p> <p>Observation, on 01/28/15 at 4:26 PM, of Resident #13's skin assessment performed by LPN #1, revealed scabbed areas to the resident's back, shoulders, neck, buttocks, lower left leg, chest, abdomen and both arms.</p> <p>15. Record review revealed, Resident #16 was admitted to the facility on 01/16/15, with diagnoses which included Rehabilitation, Pneumonia, Encephalopathy, Muscle Weakness, Difficulty Walking, Paralysis Agitans (a shaking palsy) and a personal history of falls. Review of the BIMS, dated 01/23/15, revealed the facility assessed Resident #16 to have a score of fifteen</p>	F 309			

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F 309	<p>Continued From page 145</p> <p>(15) which indicated the resident was cognitively intact and interviewable. Review of Resident #16's Comprehensive Care Plan dated 01/16/15, revealed the facility had care planned the resident to be at risk for impaired skin integrity related to an "ulcer type area/corn on bottom of" left foot with interventions which included to "observe any impaired areas" for signs/symptoms of infection.</p> <p>Review of the facility's EMR "Skin Inspection Reports" dated 01/16/15, revealed the nurse documented Resident #16's "skin not intact-existing". Review of the "Wound Assessment Report" dated 01/16/15, revealed the nurse documented a "bruise" to the resident's left upper forearm area, with the "cause" noted as "accident/other trauma"; a surgical incision to his/her left cheek; left and right inner shin abrasion, with the "cause" documented to be "accident/other trauma"; and an abrasion to the resident's right rear forearm, with the "cause" identified as "accident/other trauma". Further review of the "Wound Assessment Report" revealed the nurse noted "pending treatment orders" for everything but the "bruise" which she noted "no treatment required". However, review of the Physician's Orders revealed no documented evidence of orders received for treatment of the areas dated 01/16/15.</p> <p>Review of the facility's EMR "Skin Inspection Reports" dated 01/22/15, revealed the nurse documented Resident #16's "skin not intact-existing". Review of the "Wound Assessment Report" dated 01/22/15, revealed the nurse documented the "bruise" to the resident's left upper forearm area remained, with the "cause" noted as "accident/other trauma"; the surgical incision to his/her left cheek remained;</p>	F 309			

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F 309	<p>Continued From page 146</p> <p>the left and right inner shin abrasion both remained, with the "cause" documented to be "accident/other trauma"; and the abrasion to the resident's right rear forearm remained, with the "cause" identified as "accident/other trauma". Further review of the "Wound Assessment Report" revealed the nurse noted "pending treatment orders" for everything but the "bruise" which she noted "no treatment required". However, review of the Physician's Orders revealed no documented evidence of treatment orders on 01/22/15, six (6) days later for treatment of the areas first observed on 01/16/15.</p> <p>Review of the facility's EMR "Skin Inspection Reports" dated 01/27/15, revealed the nurse documented Resident #16's "skin not intact-existing". Review of the "Wound Assessment Report" dated 01/27/15, revealed the nurse documented Resident #16 had "self-inflicted scratches" to his/her lower back which measured 3 cm by 2 cm, with the "cause" noted to be "self-inflicted scratching/picking". Further review of the "Wound Assessment Report" revealed the nurse noted "no treatment required", even though other residents in the facility had been treated for Scabies on 01/26/15. Review of the Physician's Orders revealed no documented evidence of orders for treatment of the "self-inflicted scratches" on 01/26/15, even though the nurse documented the Physician was notified.</p> <p>Review of the "Wound Assessment Report" dated 01/29/15 and 02/02/15, revealed the nurse documented Resident #16 continued to have the "self-inflicted scratches" to his/her lower back which remained 3 cm by 2 cm, with the "cause" noted to be "self-inflicted scratching/picking".</p>	F 309			

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F 309	<p>Continued From page 147</p> <p>Further review of the "Wound Assessment Report" revealed the nurse noted "no treatment required", even though other residents in the facility had been treated for Scabies on 01/26/15. Review of the Physician's Orders revealed no documented evidence of orders for treatment of the "self-inflicted scratches", even though the nurse documented the Physician was notified.</p> <p>Continued review of the "Wound Assessment Report" dated 01/29/15 and 02/02/15, revealed the nurses documented the "bruise" to the resident's left upper forearm area remained "unchanged"; the surgical incision to his/her left cheek was noted to be "unchanged"; the left and right inner shin abrasion were noted to be "improved"; and the abrasion to the resident's right rear forearm was also noted to be "improved". Further review of the "Wound Assessment Report" revealed the nurse noted "pending treatment orders" for all the areas, except the "bruise" on the resident's left forearm which she noted "no treatment required". However, review of the Physician's Orders revealed no documented evidence of treatment orders for the areas which the nurse noted to be "pending treatment orders" on 01/29/15 and 02/02/15, even though record review revealed the areas were first identified on 01/16/15.</p> <p>Review of the Physician's Orders revealed no documented evidence of orders for treatment of the skin issues identified from 01/16/15 through 02/02/15.</p> <p>Interview with Resident #16, on 02/04/15 at 8:05 AM, revealed the resident reported itching on his/her back for about two (2) weeks. Continued interview revealed Resident #16 did report the</p>	F 309			

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OMB NO. 0938-0391

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F 309	<p>Continued From page 148</p> <p>itching to staff, but was not aware of any new treatment orders. Resident #16 stated the nurses put some lotion on the itching areas, but it only helped for a short time.</p> <p>Observation, on 02/04/15 at 9:58 AM, of a skin assessment performed by LPN #2, revealed a rash to Resident #16's upper back and across both shoulders. Interview with Resident #16, at the time of observation, revealed the resident stated he/she wasn't able to reach all the places that itched, so he/she had to stand against the doorway to rub it back and forth in order to scratch the itching areas. Resident #16 stated he/she had been infected with Scabies in 1957, and stated the current itching felt just like when he/she had Scabies.</p> <p>Staff interview revealed Resident #16's spouse also resided in the facility on the other wing where residents had been treated for Scabies and the resident frequently visited his/her spouse. However, the facility failed to identify the "self-inflicted scratches" to Resident #16's back first noted by the nurses on 01/27/15 as possible signs and symptoms of Scabies. Even though the nurses noted on 01/27/15 Resident #16 had "self-inflicted scratches" on his/her back, there was no documented evidence the facility continuously monitored him/her to ensure a rash had not developed until 02/04/15, during the Surveyor's observation of the resident's skin assessment.</p> <p>Further record review revealed Physician's Orders dated 02/04/15, for Permethrin cream, Benadryl by mouth every six (6) hours PRN for "itching" and Aquaphor ointment to be applied to the resident's body every day and PRN. Resident</p>	F 309			

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F 309	<p>Continued From page 149</p> <p>#16 was discharged home on 02/05/15.</p> <p>Interview with the Speech Therapist (ST), on 02/06/15 at 1:45 PM, revealed Resident #16 reported to the ST, about one (1) week after his/her admission that he/she was itching. She stated she reported the resident's complaint to the nurse as well as to her manager. She could not remember the nurse; however, she stated her manager said she was aware of Resident #16's complaint of itching and had reported it to nursing as well.</p> <p>Interview with the Therapy Director, on 02/06/15 at 3:05 PM, revealed she did not observe a rash on Resident #16, but the resident had complained of itching while in therapy. She stated she reported this during a morning meeting with the DON and Administrator. Continued interview revealed Resident #16 reported to the Therapy Director he/she had Scabies "along time ago" and the itching felt just like it did then. She further stated, she recalled, including the resident's statement in her report during the morning meeting.</p> <p>Staff interviews revealed residents had been exhibiting itching and rashes from six (6) months up to one (1) and two (2) years.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #13, on 01/26/15 at 7:30 AM, revealed she was responsible for providing direct care to the facility's residents. Further interview revealed, residents had been itching, scratching and digging at their skin for at least one month; however, the rash had been in the facility for at least six (6) months to one (1) year. Further interview revealed, some of the residents had</p>	F 309			

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F 309	<p>Continued From page 150</p> <p>been treated for scabies in the past; however, not all at one time and at times, just one of the residents in a semi-private room would receive the treatment. Further interview revealed, contact isolation precautions were not consistently implemented or adhered to. Continued interview revealed, the residents would itch and dig at their skin to the point the residents had scabs and scratches on their skin, some to the point of bleeding. Further interview revealed, it was indirectly communicated to her to keep quiet and just do the job and not discuss the rashes. Further interview revealed, the facility had provided treatment for scabies to her once before; however, due to the facility denying any resident had scabies, and the fear of losing her job, SRNA #13, sought treatment for scabies by independent practitioners multiple times. Further interview revealed, she was very hesitant to talk with the State Surveyors for fear of losing her job because it was rumored threats had been made to terminate the employee that reported the issue.</p> <p>Interview with SRNA #6, on 01/26/15 at 1:14 PM, revealed the residents had been complaining of a rash and/or itching for at least one (1) year. Further interview revealed he had reported the rash and itching to the nurses. Continued interview revealed he had suffered from the same type of rash and itching as the residents; however, could not afford to seek medical treatment and reported the facility denied the residents had scabies and did not provide him treatment.</p> <p>Interview with SRNA #1, on 01/26/15 at 9:10 AM, revealed she was responsible for providing care to the facility's residents. Further interview revealed, the residents had been suffering with a</p>	F 309			

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F 309	<p>Continued From page 151</p> <p>rash "for awhile", further reported at least six (6) months. Continued interview revealed she had reported the resident's rash to the all of the nurses she worked with and that the treatments did not seem to be helping.</p> <p>Interview with LPN #1, on 01/26/15 at 11:50 AM, revealed residents have had a rash for "a long time". Further interview revealed the rash and itching had been reported to either the Physician and or the PA. Further interview revealed the PA usually came in to evaluate the rashes. Continued interview revealed, the treatment provided was not resolving the rash. Further interview revealed the non-resolving rashes had been reported to the DON.</p> <p>Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for rashes. She stated the rashes had been reported to the Physician, Physician's Assistant and to the DON. Continued interview revealed, treatment was being provided; however, it was not resolving the rashes. Further interview revealed she was not aware if the facility was tracking and trending the resident rashes to determine patterns, clusters, effectiveness of treatment, or other data for infection control purposes. Continued interview, on 02/05/15 at 3:20 PM, revealed when residents had been treated for scabies in July 2014, August 2014, September 2014 or in January 2015, the rooms were cleaned but not thoroughly. Further interview revealed, the furniture was not cleaned or removed from the rooms and some of the residents that received treatment were placed in contact isolation precautions; however, it was not strict and the whole wing was not in isolation and not decontaminated.</p>	F 309			

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F 309	Continued From page 152 Interview with Registered Nurse (RN) #1, on 01/26/15 at 9:15 AM, revealed several of the residents currently had rashes and had previously been treated for scabies. Continued interview revealed, she did not know what the cause of the rash and itching was and the staff was not utilizing contact isolation precautions. She stated residents were receiving treatments for the rash and itching and "sometimes it helped". Further interview revealed the Physician, Physician's Assistant and Director of Nursing were aware of the rashes. Continued interview, on 01/30/15 at 3:20 PM, revealed the residents had complaints of itching and a rash "on and off since April 2014". Further interview revealed, Resident #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12 and #14, have all had unresolved rashes for several months. Interview with the Medical Director, on 01/26/15 at 10:19 AM, revealed he was aware several residents had rashes; however, he was not aware of how many. He stated his PA usually evaluated and treated residents with rashes. Per interview, revealed there were a "few" residents in the facility with a rash, and the rash "comes and goes for about four (4) months"; however, the etiology (cause) had not been identified. Continued interview revealed he was not aware the facility had fourteen (14) residents with rashes and thirteen (13) of those were residing on the B Wing. The Medical Director stated he needed to consult with the nursing staff, and stopped the interview and left the conference room. Continued interview at 11:15 AM, revealed he planned to send "a couple residents" for a Dermatologist consult on 01/26/15 and "a couple residents" on 01/27/15. The Medical Director revealed the number of resident rashes on the B	F 309			

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F 309	<p>Continued From page 153</p> <p>Wing was an issue, and with the number of rashes there were, an investigation should have been initiated to determine if the etiology was of a contagious nature. According to the Medical Director, all residents with rashes did not need to consult a Dermatologist for diagnosis, and most of the residents in the facility were diagnosed with Contact Dermatitis, dry skin or Psoriasis.</p> <p>Interview with the Physician's Assistant (PA), on 02/04/15 at 2:30 PM, revealed to confirm a resident had scabies, they needed a dermatology consult with microscopic scrapings to be positive. Further interview revealed, should the microscopic findings result as negative (no mite or egg observable), then they (the resident) "do not have scabies" or "the likelihood is very low the resident has it". Continued interview revealed she was not aware the facility had a Scabies policy.</p> <p>Interview with the DON, on 01/23/15 at 11:25 AM, revealed a negative test for scabies was confirmation the resident did not have scabies. Further interview revealed, several residents had been treated for scabies. However, none of the residents had tested positive for scabies; therefore, there was no possibility of a scabies infestation. Further interview revealed, residents in the facility did have rashes; however, the Physician and PA were providing treatment. Continued interview on 01/29/15 at 10:06 AM, revealed in the past six (6) months, two (2) residents had went for a Dermatology consult. Further interview revealed both consults were initiated by the family not the facility. Further interview revealed the facility had not initiated any Dermatology consults related to the diagnosis and treatment of the ongoing and non-resolving</p>	F 309			

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F 309	<p>Continued From page 154</p> <p>rashes. Continued interview revealed upon the State Survey Agency entrance to the facility, she did not know the exact number of residents with a rash due to the facility's infection control program did not tract and trend for rashes or itching without a rash. Further interview revealed, had the facility tracked and trended the resident's rashes and itching, the facility may have identified this to be an ongoing and unsolved issue. However, the Physician and PA had not diagnosed any resident to have scabies and none of the residents tested, had a positive result prior to 01/26/15.</p> <p>Interview with the Administrator, on 01/28/15 at 4:01 PM, revealed two (2) of the three (3) residents sent for a Dermatology consult on 01/26/15 resulted positive for Scabies. Continued interview revealed there was an emergency Quality Assessment Committee meeting held, after the two (2) residents confirmed positive, with the decision to treat all residents on B Wing for scabies. Further interview revealed Resident #13, who resided on A Wing, would received treatment for scabies as well. Further interview revealed, since no resident on A wing had confirmed positive, no other residents on A Wing would be treated. Continued interview revealed, he was aware residents in the facility had rashes; however, he was not aware of the number of residents or the number of different treatments unsuccessfully implemented. Continued interview revealed the facility should have identified there was an issue and taken action to obtain a diagnosis and treatment for the residents; however, none of the residents had previously tested positive.</p> <p>The facility provided an acceptable Credible</p>	F 309			

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F 309	<p>Continued From page 155</p> <p>Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimate cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective 	F 309			

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F 309	<p>Continued From page 156</p> <p>Equipment (PPE) was distributed and each department was notified of the precautions in place.</p> <p>5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.</p> <p>6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.</p> <p>7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.</p> <p>8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p>	F 309			

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F 309	Continued From page 157 9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS)	F 309			

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F 309	<p>Continued From page 158</p> <p>Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be</p>	F 309			

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F 309	<p>Continued From page 159</p> <p>completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified</p>	F 309			

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F 309	<p>Continued From page 160</p> <p>of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In</p>	F 309			

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F 309	<p>Continued From page 161</p> <p>addition, common areas were cleaned according to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on</p>	F 309			

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F 309	Continued From page 162	F 309			
F 441 SS=K	<p>that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>	F 441			

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F 441	Continued From page 164 From 07/21/14 through 07/23/14, four (4) residents were treated with Permethrin Cream (a cream prescribed for the treatment of Scabies). On 07/27/14, seventeen (17) additional residents were treated with the Permethrin Cream. However, the facility failed to initiate contact isolation for the seventeen (17) residents, failed to adequately decontaminate residents' rooms and common areas, and failed to ensure ongoing monitoring of residents to ensure the treatment was effective. There was no documented evidence the facility tracked and trended the residents with rashes, nor maintained a record of incidents and corrective actions to ensure there were no reinfestations. The facility failed to re-educate staff on the facility's Scabies Policy to ensure decontamination of residents' personal belongings, rooms, and common areas. As a result, the facility re-treated two (2) residents with the Permethrin cream in August 2014, three (3) residents in September 2014 and one (1) resident, for a third time, again in January 2015. Interviews and record reviews revealed multiple residents had unresolved rashes throughout the entire time. There was no evidence the facility performed surveillance and investigation to control the outbreak and cross-contamination using transmission-based precautions. (Refer to F-309) The facility's failure to have an established Infection Control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection to ensure decontamination of the facility and the eradication of scabies has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate	F 441			

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F 441	<p>Continued From page 165</p> <p>Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>Additionally, observation of the laundry area, on 02/05/15 during the validation of abatement of the Immediate Jeopardy revealed a bio-hazardous bag of contaminated linen sitting on the floor and directly touching clean and decontaminated residents' clothing and a bio-hazardous bag of trash, with a contact isolation gown partially out of the bag, on the floor next to and touching a cart containing clean and decontaminated items.</p> <p>Non-compliance continued to exist at a Scope and Severity of an "E", while the facility develops and implements a plan of correction and the facility's Quality Assurance monitors to ensure ongoing compliance.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy, titled "Policies and Practices - Infection Control" revised August 2007, revealed the facility's infection control policies and practices were to prevent, detect, investigate, control infections, establish 	F 441			

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F 441	<p>Continued From page 166</p> <p>guidelines for implementing Isolation Precautions, provide guidelines for the safe cleaning and reprocessing of reusable resident care equipment and to maintain records of incidents and corrective actions related to infections.</p> <p>Continued review revealed all staff would be trained on the infection control policies and practices upon hire and periodically thereafter with the depth of training appropriate to the degree of direct resident contact and job responsibilities. Further review revealed inquires concerning the facilities infection control policies and practices should be referred to the Infection Control Coordinator or the Director of Nursing Services.</p> <p>Review of the facility's policy, titled "Isolation - Categories of Transmission - Based Precautions", revised August 2012, revealed Standard Precautions would be utilized to provide care for residents at all times regardless of their suspected or confirmed infection status. Further review revealed Transmission Based Precautions would be used whenever measures more stringent than Standard Precautions were needed to prevent or control the spread of infection. Per the policy, three (3) types of Transmission Based Precautions had been established based on the Center for Disease Control and Prevention (CDC) which included Contact Precautions. Further review revealed Contact Precautions should be implemented for residents known or suspected to be infected with microorganisms that could be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Per CDC guidelines, Contact Precautions should be used for Scabies. Staff should utilize gloves and contact isolation gowns for resident care.</p>	F 441			

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F 441	<p>Continued From page 167</p> <p>Further review revealed if use of common resident care equipment was unavoidable, staff should adequately clean and disinfect the equipment between resident use.</p> <p>Review of the CDC guidelines, updated 11/02/10, related to a Scabies diagnosis, revealed scabies outbreaks in long-term care facilities were frequently the result of a delayed diagnosis and treatment. Early detection, treatment, and implementation of appropriate isolation and infection control practices was essential in preventing scabies outbreaks. Further review revealed appropriate isolation and infection control practices should be used when providing hands-on care to residents who might have scabies. All persons (staff, relatives, residents, etc) having prolonged direct skin-to-skin contact with an infested person before he/she was treated should be identified and treated, and treatment should be offered to household members of staff who were receiving treatment. Continued review revealed epidemiologic and clinical information about confirmed and suspected scabies residents should be collected and used for systematic review in order to facilitate early identification of and response to potential outbreaks. Per the CDC guidelines, long-term surveillance for scabies was imperative to eradicate scabies from an institution.</p> <p>Review of the facility's policy, titled "Scabies" effective 08/01/12, revealed after a diagnosis of Scabies was often made from the signs and symptoms and treatment should be followed without scrapings. Continued review revealed the procedures included to establish contact isolation immediately, contact the physician, and obtain an order for treatment. Further review revealed the</p>	F 441			

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F 441	<p>Continued From page 168</p> <p>storage area for clean resident clothing should be cleaned before the decontamination process begins. Further review revealed one gown and one set of street clothes should be washed for each resident with the remainder of resident clothing in the clean storage area and not returned to the resident's room until the twenty-four (24) hour decontamination process had been completed. Per the facility's policy, two full sets of bed linens should be washed and set aside on a clean cart with a disinfected cover and kept in a separate area. Continued review revealed common areas should be cleaned before resident bathing/decontamination so the "treated" resident did not use the contaminated areas to prevent cross contamination.</p> <p>Interview with the Director of Nursing (DON), on 01/29/15 at 10:06 AM, revealed the facility utilized the Standards of Best Practice and the Center for Disease Control and Prevention (CDC) guidelines.</p> <p>Review of the clinical records revealed medical treatment for Scabies was administered to: Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14 and Unsampled Residents A, B, C, D, E, F, G and H in July, 2014. Record review revealed Resident #2 required a topical antibiotic ointment for his/her rash on 07/27/14 and Resident #11 on 08/01/14. Continued review revealed Residents #6 and #7 were treated for Scabies in August, 2014, subsequently, Resident #6 required treatment with an oral antibiotic on 09/10/14 and Resident #7 required oral antibiotic treatment on 12/01/14 from complications related to the rashes. Further review revealed Unsampled Resident B, C and I were treated for Scabies in September, 2014. Further review</p>	F 441			

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F 441	<p>Continued From page 169</p> <p>revealed Resident #9 was treated again during the hospitalization between 01/03/15 and 01/06/15, and again on 01/11/15 at the facility. Continued review revealed there was no documented evidence the residents were placed in contact isolation precautions, per the facility's policies and there was no documented evidence the residents were monitored for the effectiveness of the Scabies treatments to ensure eradication of the infestation per the facility's Infection Control Policy and CDC guidelines.</p> <p>Interview and record review revealed no documented evidence the facility decontaminated common areas, educated staff, provided treatment to staff, or implemented an infection control surveillance program for monitoring, tracking and trending and identification of suspicious rashes per the facility's policy and procedures.</p> <p>Review of the facility's Census and Condition, obtained upon entrance to the facility on 01/22/15, revealed the facility had assessed and identified five (5) residents to have a rash.</p> <p>However, observation, on 01/22/15, revealed multiple residents (including Residents #1, #2, #3, #10 and #12) aggressively scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation.</p> <p>Interview with the DON, who was the Interim Infection Control Nurse, on 01/23/15 at 11:25 AM, revealed residents in the facility did have rashes; however, the Physician and PA were providing treatment. She stated she documented on the</p>	F 441			

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F 441	<p>Continued From page 170</p> <p>Census and Condition there were five (5) residents with rashes.</p> <p>Review of the revised Census and Condition, completed, on 01/26/15, after a resident skin assessment sweep for signs and symptoms of rashes after State Surveyor intervention, revealed the facility had assessed an additional nine (9) residents to also have rashes.</p> <p>Further interview with the DON revealed after walking the B Wing hall, with the Physician, on 01/26/15, she had identified eight (8) residents to have rashes. Per interview, the facility completed a sweep of all facility residents, assessing the residents for signs and symptoms of scabies such as a rash, and had identified fourteen (14) residents. Continued interview revealed upon the State Survey Agency entrance to the facility, she did not know the exact number of residents with a rash due to the facility's infection control program did not monitor for rashes or itching without a rash.</p> <p>Further observation during skin assessments for fifteen (15) of the sixteen (16) sampled residents on 01/22/15 through 02/04/15 revealed all residents had rashes and/or scabbing of varying degrees on their bodies.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #13, on 01/26/15 at 7:30 AM, revealed residents had been itching, scratching and digging at their skin for at least one month; however, the rash had been in the facility for at least six (6) months to one (1) year. She stated it was indirectly communicated to her to keep quiet and just do the job and not discuss the rashes. Further interview revealed contact isolation</p>	F 441			

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F 441	<p>Continued From page 171</p> <p>precautions were not consistently implemented or adhered to, per the facility's policy. Per interview, the facility had provided treatment for scabies to her once before; however, due to the facility denying any resident had scabies, and the fear of loosing her job, SRNA #13, sought treatment for scabies by independent practitioners multiple times. Further interview revealed she was very hesitant to talk with the State Surveyors for fear of losing her job because it was rumored threats had been made to terminate the employee that reported the issue.</p> <p>Interview with SRNA #5, on 01/26/15 at 12:10 PM, revealed residents in the facility have had rashes on and off for approximately two (2) years and approximately one (1) year ago, she was aware of several residents treated for scabies. Continued interview revealed she had a rash approximately one (1) year ago and the facility did provide her with treatment. However, the facility never inquired to ensure the rash was resolved. Further interview revealed she did not remember contact isolation precaution being utilized consistently in the past when a resident received treatment for scabies.</p> <p>Interview with SRNA #6, on 01/26/15 at 1:14 PM, revealed the residents had been complaining of a rash and/or itching for at least one (1) year. Continued interview revealed he had suffered from the same type of rash and itching as the residents; however, could not afford to seek medical treatment and reported the facility denied the residents had scabies and did not provide him treatment.</p> <p>Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the</p>	F 441			

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F 441	<p>Continued From page 172</p> <p>residents were receiving treatment for rashes. Further interview revealed she was not aware if the facility was tracking and trending the resident rashes to determine patterns, clusters, effectiveness of treatment, or other data for infection control purposes. Continued interview, on 02/05/15 at 3:20 PM, revealed when residents had been treated for scabies in July 2014, August 2014, September 2014 or in January 2015, the rooms were cleaned but not thoroughly. Further interview revealed the furniture was not cleaned or removed from the rooms and some of the residents that received treatment were placed in contact isolation precautions; however, it was not strict and the whole wing was not in isolation and not decontaminated.</p> <p>Interview with Registered Nurse (RN) #1, on 01/26/15 at 9:15 AM, revealed several of the residents currently had rashes and had previously been treated for scabies; however, staff was not utilizing contact isolation precautions per the facility's policy.</p> <p>Interview with the DON, who was the Interim Infection Control Nurse, on 01/29/15 at 10:06 AM, revealed the facility employed an Infection Control Nurse in July of 2014 when the Physician's Assistant ordered Scabies treatment for seventeen (17) residents and the Infection Control Nurse should have implemented the Scabies policy at that time and again in August 2014 and September 2014 when other cases of Scabies were treated. Further interview revealed the facility's complete infection control program, policies, procedures and guidelines were not followed with each incident. Per interview, had the facility monitored for rashes or tracked and trended the residents' rashes and itching, the</p>	F 441			

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F 441	<p>Continued From page 173</p> <p>facility may have identified this to be an ongoing and unresolved issue. Continued interview revealed Contact Isolation was implemented with each incident; however, interview and record review revealed no evidence contact isolation was implemented, per the facility policy. Further interview revealed the facility's common areas were not decontaminated, all staff was not educated, staff was not offered and/or provided treatment, residents' roommates were not treated with each incident, and monitoring for effectiveness of the treatment with surveillance of suspicious rashes was not performed.</p> <p>Interview with the Medical Director, on 01/26/15 at 10:19 AM, revealed he was aware several residents had rashes; however, he was not aware of how many. He stated he was not aware that on 01/26/15, there was a total of thirteen (13) residents on the B Wing that had current rashes, but that he would check with nursing. He continued by stating he was not following all the residents with rashes and he would not have expected to be notified of each and every rash as he had a Physician's Assistant that the facility would notify about residents' rashes. Further interview revealed with the number of rashes, an investigation should have been implemented to determine if the etiology (cause) was of a contagious nature for infection control purposes.</p> <p>Interview with the Administrator, on 01/29/15 at 2:07 PM, revealed he was aware some residents had rashes; however, was not aware there were that many. Further interview revealed he did review the CDC guidelines for scabies in August 2014 after two (2) residents were treated for scabies; however, he did not question any identification, treatment or infection control</p>	F 441			

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F 441	<p>Continued From page 174</p> <p>practices because he did not have a medical background. He stated he was not aware the CDC guidelines recommended decontaminating residents' belongings and rooms as well as treating the common areas.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimite cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 	F 441			

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F 441	Continued From page 175 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the	F 441			

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F 441	<p>Continued From page 176</p> <p>treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p>	F 441			

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F 441	Continued From page 177 13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff.	F 441			

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F 441	<p>Continued From page 178</p> <p>Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections</p>	F 441			

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F 441	<p>Continued From page 179</p> <p>for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p>	F 441			

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F 441	Continued From page 180 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines. 27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office. 28. The facility's QA process will monitor implemented interventions as follows: The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting. The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting. The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting. The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".	F 441			

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F 441	<p>Continued From page 181</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/discoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p>	F 441			

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F 441	<p>Continued From page 182</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors</p>	F 441			

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F 441	<p>Continued From page 183</p> <p>and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation</p>	F 441			

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F 441	<p>Continued From page 184</p> <p>Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were</p>	F 441			

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F 441	<p>Continued From page 185</p> <p>in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was</p>	F 441			

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F 441	<p>Continued From page 186</p> <p>to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimite cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.</p> <p>Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimite cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the</p>	F 441			

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F 441	<p>Continued From page 187</p> <p>process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the Physician's orders. She stated she monitored the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectol tablets, according to the Physician orders, on 01/27/15.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectol.</p> <p>10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.</p>	F 441			

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F 441	Continued From page 188 Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly. 11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning. Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water,	F 441			

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F 441	<p>Continued From page 189</p> <p>followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, "anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p>	F 441			

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F 441	<p>Continued From page 190</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty</p>	F 441			

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F 441	<p>Continued From page 191</p> <p>(60) days, whether treatment had been accepted and if it was effective, whether staff required repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on 01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimite cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.</p>	F 441			

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F 441	<p>Continued From page 192</p> <p>16. Review of Physician orders for 01/28/15 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimite cream to be applied on day 1 and repeated in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on</p>	F 441			

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F 441	<p>Continued From page 193</p> <p>02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice with the DON on 01/28/15 related to accurately performing a resident skin assessment. Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education.</p> <p>18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the "Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting.</p> <p>Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and</p>	F 441			

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F 441	<p>Continued From page 194</p> <p>was tracking the staff members on leave to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.</p> <p>Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO stated the intent was to reach every staff member more than once to ensure continued knowledge retention.</p> <p>Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</p>	F 441			

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F 441	Continued From page 195 Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly. 19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin	F 441			

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F 441	<p>Continued From page 196</p> <p>Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated December 2012, was reviewed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p>	F 441			

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F 441	<p>Continued From page 197</p> <p>20. Review of in-service records revealed the DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p>	F 441			

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F 441	Continued From page 198 Interview with the DON, on 02/06/15 at 1:50 PM, revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the staff responsible. 22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees. 23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the	F 441			

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F 441	<p>Continued From page 199</p> <p>corporate office via the Regional Vice President.</p> <p>24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up.</p> <p>Review of the "Scabies Guidelines" revealed it was comprehensive approach to the prevention, identification and treatment of scabies. Continued review revealed specific guidelines related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated</p>	F 441			

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F 441	<p>Continued From page 200</p> <p>02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning that every resident in the facility had orders for treatment. Continued review revealed medication orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p> <p>Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimite cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies".</p> <p>27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled with the Dermatologist for 02/06/15.</p> <p>28. Interviews and record reviews validated QA monitoring as follows:</p> <p>Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for</p>	F 441			

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F 441	<p>Continued From page 201</p> <p>at least seven weeks, to ensure the treatment was effective and all symptoms of itching and rashes were resolved. She stated the extra weeks would allow identification of re-infestation, as symptoms take two (2) to six (6) weeks to manifest.</p> <p>Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure</p>	F 441			

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F 441	Continued From page 202 new revisions were made as indicated by the resident's response to treatment. She stated any identified concerns with her review of all logs would be addressed immediately by re-education. Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion. Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring on the first Monday of the month.	F 441			
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced	F 490			

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F 490	<p>Continued From page 203</p> <p>by: Based on observation, interview, record review and review of the facility's policy and procedures it was determined the facility's Administration failed to have an effective system to ensure the facility was administered to promote the highest practicable physical, mental, and psychosocial well-being for fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #16) and nine (9) of (9) nine unsampled residents (Unsampled Residents A, B, C, D, E, F, G, H and I) with rashes and/or diagnosis of Scabies. The facility's Administration failed to ensure policy and procedures were implemented to prevent, detect, investigate and control infections; to monitor the effectiveness of treatment for rashes and/or Scabies; and, to ensure decontamination of the facility and the eradication of Scabies. (Refer to F-309 and F-441)</p> <p>Interview and record review revealed a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents. On 07/27/14, seventeen (17) additional residents were treated for Scabies. However, there was no documented evidence on 07/27/14 the facility ensured the "Scabies" Policy was followed to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. Continued review revealed two (2) residents were retreated for Scabies in August 2014 and two (2) residents were retreated in September 2014 plus (1) new resident. Additionally, one resident was retreated for Scabies again on 01/02/15, and a another resident was treated for Scabies on 01/03/15.</p>	F 490			

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F 490	<p>Continued From page 204</p> <p>Staff interview revealed numerous residents were identified with rashes during this time period. However, there was no documented evidence the facility identified the multiple rashes and repeated Scabies treatments as a concern, when it failed to follow its "Scabies Guidelines" to eradicate the condition and prevent re-infestation.</p> <p>The facility's failure to have an effective system in place to ensure it was administered effectively to promote the highest practicable well-being of all residents was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy was identified on 01/30/15, and found to exist on 07/27/14. The facility was notified of the Immediate jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the "Scabies Guidelines", revised August 2012, revealed the purpose was to treat residents infected with the Scabies mite, and prevent the spread of Scabies to other residents and staff. Continued review revealed the facility's Infection Control Committee should coordinate interdepartmental planning to promote a rapid and effective treatment program.</p>	F 490			

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F 490	Continued From page 205 Review of the policy titled "Infection Control", revised August 2007, revealed its purpose was to facilitate the maintenance of a "safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections". Continued review revealed infection control objectives included maintaining records of incidents and corrective actions related to infections. Further review revealed the Administrator had adopted the infection control policies and practices, to reflect the need for preventing the transmission of infection, according to current professional guidelines and recommendations. On 01/22/15, the facility submitted its Census and Condition form which indicated five (5) residents in the building had a rash. However, after the State Survey Agency observed multiple residents itching and scratching during the initial tour on 01/22/15, the facility conducted a skin assessment of every resident and identified a total of fourteen (14) residents to have a rash (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14). In addition, on 02/04/15 the State Survey Agency observed a skin assessment for Resident #16 and identified another rash. Record review and interview revealed a total of twenty-one (21) residents were treated for Scabies in July 2014; two (2) residents were treated again in August 2014; and, two (2) residents were treated again in September 2014 and one (1) resident was newly treated. There was no documented evidence the facility utilized isolation procedures to prevent the spread of infection or performed adequate cleaning and	F 490			

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F 490	<p>Continued From page 206</p> <p>disinfection of resident rooms and common areas. In addition, staff interviews revealed no education was provided related to the rashes and/or Scabies. In addition, record review revealed no documented evidence residents affected were monitored to ensure the effectiveness of treatment; therefore potentially exposing other residents who could have been in contact with the Scabies mites.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, twenty-on (21) residents were treated for Scabies. Further interview revealed two (2) residents were treated for Scabies in August, and three (3) residents received treatment in September. The DON stated the residents treated in July, August and September were placed on contact isolation. However, staff interviews revealed isolation was not consistently implemented. Further interview and their rooms were cleaned; however, she acknowledged there was no facility-wide cleaning of common areas, staff was not offered treatment, no special laundering was conducted, and personal belongings and furniture which could not be disinfected were not removed according to facility practice guidelines. Additionally, she could provide no documented evidence any education for staff, residents or families was provided. In addition, the DON could not say why no one, including herself, felt the ongoing problem of rashes and repeated Scabies treatments required further action.</p> <p>Interview with the corporate Director of Clinical Operations (DCO), on 02/06/15 at 2:48 PM, revealed she had been assigned to the facility since August 2014. She stated she was not aware of the twenty-one (21) residents treated for</p>	F 490			

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F 490	<p>Continued From page 207</p> <p>Scabies in July 2014, but did know about two (2) residents treated in August 2014, or the three (3) residents treated in September 2014. She further stated the facility did not follow its protocol related to Scabies, including the failure to ensure disinfection of common areas used by the residents and failure to provide education to staff.</p> <p>Interview with the Administrator, on 01/29/15 at 2:07 PM, on 01/30/15 at 2:46 PM, and on 02/06/15 at 2:48 PM, revealed he assumed his role at the facility in August 2014. He stated he was responsible for ensuring the facility's policies and procedures were followed. He stated he had no knowledge of the twenty-one (21) residents treated for Scabies in July 2014. The Administrator stated although he knew that residents were treated in August and September 2014 for Scabies, there had been no infection control tracking to determine if the treatment was effective. Further interview revealed, he did review the CDC guidelines for Scabies in August 2014 after two (2) residents were treated for Scabies; however, he did not question any identification, treatment or infection control practices because he did not have a medical background. Continued interview revealed there was no discussion of a Scabies concern at the monthly meetings from August 2014 to January 2015, until after the State Agency Survey was initiated. The Administrator stated the facility did not follow its guidelines for handling Scabies cases when no education was provided to staff. Further interview revealed, to the Administrator's knowledge, there had been no confirmed cases of Scabies until the present time. However, he acknowledged that even with a negative biopsy, an individual could still have Scabies, with the potential for spreading the infestation to other</p>	F 490			

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F 490	<p>Continued From page 208 residents.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimate cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectal tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), 	F 490			

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F 490	<p>Continued From page 209</p> <p>Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place.</p> <p>5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.</p> <p>6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.</p> <p>7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.</p> <p>8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided</p>	F 490			

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F 490	<p>Continued From page 210</p> <p>by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectal dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes</p>	F 490			

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F 490	<p>Continued From page 211 and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON</p>	F 490			

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F 490	<p>Continued From page 212</p> <p>initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed</p>	F 490			

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F 490	<p>Continued From page 213</p> <p>staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were</p>	F 490			

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F 490	<p>Continued From page 214</p> <p>the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the Physician Extended Care Notes,</p>	F 490			

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F 490	<p>Continued From page 215</p> <p>dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/discoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing.</p>	F 490			

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F 490	<p>Continued From page 216</p> <p>Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectal, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including</p>	F 490			

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F 490	<p>Continued From page 217</p> <p>gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets</p>	F 490			

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F 490	<p>Continued From page 218</p> <p>revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave.</p> <p>Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any</p>	F 490			

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F 490	<p>Continued From page 219</p> <p>further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration</p>	F 490			

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F 490	<p>Continued From page 220</p> <p>Records for the B wing residents revealed all were treated with Elimite cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.</p> <p>Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimite cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the Physician's orders. She stated she monitored</p>	F 490			

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F 490	<p>Continued From page 221</p> <p>the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectal tablets, according to the Physician orders, on 01/27/15.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectal.</p> <p>10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.</p> <p>Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for</p>	F 490			

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F 490	<p>Continued From page 222</p> <p>cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly.</p> <p>11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning.</p> <p>Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains,</p>	F 490			

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F 490	<p>Continued From page 223</p> <p>"anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed</p>	F 490			

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F 490	<p>Continued From page 224</p> <p>the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty (60) days, whether treatment had been accepted and if it was effective, whether staff required repeat treatment or now desired to accept treatment for the first time, and whether staff</p>	F 490			

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F 490	<p>Continued From page 225 needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on 01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimite cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.</p> <p>16. Review of Physician orders for 01/28/15 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive</p>	F 490			

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F 490	<p>Continued From page 226</p> <p>scabies treatment, including the Elimite cream to be applied on day 1 and repeated in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on 02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice with the DON on 01/28/15 related to accurately performing a resident skin assessment.</p>	F 490			

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F 490	<p>Continued From page 227</p> <p>Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education.</p> <p>18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the "Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting.</p> <p>Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and was tracking the staff members on leave to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification</p>	F 490			

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F 490	<p>Continued From page 228</p> <p>was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.</p> <p>Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO stated the intent was to reach every staff member more than once to ensure continued knowledge retention.</p> <p>Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at</p>	F 490			

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F 490	<p>Continued From page 229</p> <p>2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly.</p> <p>19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated December 2012, was reviewed.</p>	F 490			

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F 490	<p>Continued From page 230</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p> <p>20. Review of in-service records revealed the DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis</p>	F 490			

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F 490	<p>Continued From page 231</p> <p>was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing</p>	F 490			

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F 490	<p>Continued From page 232</p> <p>compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the staff responsible.</p> <p>22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees.</p> <p>23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the corporate office via the Regional Vice President.</p> <p>24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention</p>	F 490			

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F 490	<p>Continued From page 233</p> <p>and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up.</p> <p>Review of the "Scabies Guidelines" revealed it was comprehensive approach to the prevention, identification and treatment of scabies. Continued review revealed specific guidelines related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated 02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning that every resident in the facility had orders for treatment. Continued review revealed medication</p>	F 490			

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F 490	<p>Continued From page 234</p> <p>orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p> <p>Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimite cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies".</p> <p>27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled with the Dermatologist for 02/06/15.</p> <p>28. Interviews and record reviews validated QA monitoring as follows:</p> <p>Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for at least seven weeks, to ensure the treatment was effective and all symptoms of itching and rashes were resolved. She stated the extra weeks would allow identification of re-infestation,</p>	F 490		

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F 490	<p>Continued From page 235</p> <p>as symptoms take two (2) to six (6) weeks to manifest.</p> <p>Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure new revisions were made as indicated by the resident's response to treatment. She stated any identified concerns with her review of all logs would be addressed immediately by re-education.</p>	F 490			

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F 490	Continued From page 236 Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion. Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring on the first Monday of the month.	F 490			
F 520 SS=K	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of	F 520			

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F 520	<p>Continued From page 237 action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system to identify a Quality Assurance (QA) concern, and develop and implement appropriate plans of action.</p> <p>The facility's QA system's failure to develop and implement appropriate plans of action prevented the facility from ensuring effective measures were in place for appropriate identification, treatment, monitoring and prevention of contagious scabies outbreaks. Record review revealed Permethrin cream, a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents, Residents #5, #6, #7 and #9. On 07/27/14, seventeen (17) additional resident (Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14, and Unsampled Residents A, B, C, D, E, F, G and H) were also treated with Permethrin for Scabies. However,</p>	F 520			

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F 520	<p>Continued From page 238</p> <p>there was no documented evidence on 07/27/14, the facility ensured implementation of the "Scabies" Policy, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. The facility's Quality Assurance failed to identify this as a problem. Therefore, Residents #6 and #7 were again treated for Scabies, in August 2014. Additionally, on 09/10/14, Resident #6 was also treated with Stromectol (an oral medication for treatment of Scabies) and on 01/03/15 with Permethrin cream for Scabies. Also, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15.</p> <p>Observation during initial tour, revealed multiple residents actively scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation. Observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all had rashes of varying degrees on their bodies. The facility's QA system failed to identify, develop and implement plans of action to address: infection control surveillance for scabies or suspicious rashes; the early identification of signs and symptoms for scabies; appropriate procedures for infection control, treatment of suspicious rashes and scabies and the monitoring for the effectiveness of any medications administered for suspicious rashes or scabies to ensure eradication of a contagious infestation. (Refer to F-309, F-441 and F-490)</p> <p>The facility's failure to develop and implement an action plan for the facility's infection control and</p>	F 520			

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F 520	<p>Continued From page 239</p> <p>surveillance of suspicious rashes and or scabies, the early identification of signs and symptoms of scabies, appropriate procedures for infection control of potentially contagious disease and infestations, treatment of suspicious rashes and scabies; and, the monitoring for the effectiveness of any medications administered for suspicious rashes or scabies to ensure eradication of a contagious infestation was likely to cause risk for serious injury, harm, impairment or death. Immediate Jeopardy was identified on 01/30/15 and determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's, Quality Assurance and Process Improvement Meeting" guidelines, Template 2014, revealed the mission of the Quality Assessment and Process Improvement (QAPI) was to improve every life touched by providing exceptional healthcare and exceeding expectations. Further review revealed, the purpose was to monitor core processes to identify trends and variations through appropriate analysis of data from multiple data sources.</p>	F 520			

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F 520	<p>Continued From page 240</p> <p>Further review revealed, a Performance Improvement Project (PIP) was a concentrated effort on a particular problem in one area of the facility or facility wide; it involved gathering information systematically to clarify issues or problems, and intervening for improvements. Further review revealed the facility would conduct PIPs to examine and improve care or services in areas that the facility identified as needing attention. Continued review revealed, the guidelines addressed utilizing Infection Control Surveillance Documents for Patterns and Trends.</p> <p>Review of the facility's policy, titled "Policies and Practices - Infection Control", dated August 2007, revealed the Quality Assessment and Assurance Committee, through the Infection Control Committee, should oversee implementation of infection control policies and practices, and help department heads and managers ensure that they are implemented and followed. Continued review revealed, inquiries concerning the infection control policies and facility practices should be referred to the Director of Nursing Services.</p> <p>Review of the "Scabies Guidelines", revised August 2012, revealed the purpose was to treat residents infected with the scabies mite, and prevent the spread of scabies to other residents and staff. Continued review revealed the facility's Infection Control Committee should coordinate interdepartmental planning to promote a rapid and effective treatment program.</p> <p>Review of the facility's policy, titled "Scabies" effective 08/01/12, revealed procedures which included to establish contact isolation procedures immediately, contact the physician and obtain an order for treatment.</p>	F 520			

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F 520	<p>Continued From page 241</p> <p>The common areas should be cleaned before the resident's bathing/decontamination so the "treated" resident did not use the contaminated areas to prevent cross contamination.</p> <p>Review of the Quality Assurance Meeting Agenda, for 09/25/14, 10/30/14, 11/24/14, and 01/08/15, provided by the facility, revealed there was no documented evidence the facility initiated an action plan for suspicious rashes, implemented a surveillance process for suspicious rashes or monitored the treatments to ensure eradication of the infestation of scabies.</p> <p>On 01/22/15, the facility submitted its Census and Condition form which indicated five (5) residents in the building had a rash. However, after the State Survey Agency observed multiple residents itching and scratching during the initial tour on 01/22/15, the facility conducted a skin assessment of every resident and identified a total of fourteen (14) residents to have a rash (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14). In addition, on 02/04/15 the State Survey Agency observed a skin assessment for Resident #16 and identified another rash.</p> <p>Observation, on 01/22/15, revealed multiple residents scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observations revealed no residents were in contact isolation, as per policy. Also, observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all of the residents had rashes of varying degrees on their bodies.</p>	F 520			

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F 520	<p>Continued From page 242</p> <p>Interview and record review revealed residents in the facility were treated for scabies in July, 2014 and residents had rashes for at least six (6) months to one (1) or two (2) years. There was no documented evidence the facility utilized isolation procedures to prevent the spread of infection or performed adequate cleaning and disinfection of resident rooms and common areas. In addition, staff interviews revealed no education was provided related to the rashes and/or Scabies. Record review revealed no documented evidence that residents affected were monitored to ensure the effectiveness of treatment; therefore potentially exposing other residents who could have been in contact with the scabies mites.</p> <p>Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for rashes. She stated the rashes had been reported to the Physician, Physician's Assistant and to the Director of Nursing. Further interview revealed, treatment was being provided; however, it was not resolving the rashes. Continued interview, on 01/29/15 at 11:25 PM, revealed the WC thought the rashes had been going on for eight (8) months or longer. On 02/05/15 at 3:20 PM, the WC stated the residents had been treated for scabies in the recent past. However, the rooms had not been cleaned thoroughly, as the furniture was not cleaned or removed from the rooms. Some of the residents, who had received treatment were placed in contact isolation precautions; but, the whole wing had not been in isolation or decontaminated.</p> <p>During an interview with the Director of Nursing, on 01/29/15 at 10:06 AM, she stated she co-chaired the QA Committee with the</p>	F 520			

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F 520	<p>Continued From page 243</p> <p>Administrator. The DON stated she was aware several residents had rashes; however, she was not aware of how many rashes were in the facility. Continued interview revealed, the Infection Control Nurse was terminated in November and she (the DON) had been the interim Infection Control Nurse. Continued interview revealed, the Infection Control Committee/Quality Assurance Committee did not address or discuss the treatment of residents for scabies related to the treatments provided in July 2014, August 2014, September 2014 or January 2015. Further interview revealed, infection control issues were discussed however, since there was not a confirmed case of scabies, she did not list it to be discussed during the Committee meeting and she did not track and trend for patterns or monitor for the effectiveness of the medications. Further interview revealed, the facility should have monitored the treatments and appearance of the rashes after the facility treated the residents in July 2014. She further stated the facility should have tracked and trended the rashes to ensure the eradication of the scabies.</p> <p>Further interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, eighteen (18) residents were treated for scabies, two (2) residents were treated in August, and three (3) residents in September received treatment. She stated the issue of scabies was not forwarded for any Quality Assurance (QA) action and no audits or ongoing monitoring to rule out treatment failure, re-infestation, or spread to other residents was performed. The DON further stated the former Staff Development Coordinator was in charge of QA activities at that time, and she did not bring the concern to QA meetings. In addition, the DON could not say why no one,</p>	F 520			

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F 520	<p>Continued From page 244</p> <p>including herself, felt the ongoing problem of rashes and repeated scabies treatments required further action.</p> <p>Interview with the Administrator, on 01/29/15 at 4:01 PM, revealed he was hired by the facility on August 1, 2014 and he co-chaired the QA Committee with the DON. Further interview revealed he was aware two (2) residents were treated in August 2014; three (3) in September 2014 and one (1) in January 2015. He stated he did not have a clinical background and did not question if contact isolation should have been implemented, or if the facility should be decontaminated, the effectiveness of the treatment and the appearance of the rash should have been monitored, or the physician's orders.</p> <p>Additional interview with the Administrator, on 01/30/15 at 2:46 PM, revealed he was responsible for ensuring the facility's policies and procedures were followed, and the QA and Infection Control programs were effective. He further stated the former Staff Development Coordinator (SDC) was in charge of QA until November 2014. Continued interview revealed there was no discussion of a scabies concern at the monthly meetings from August 2014 to January 2015, until after the State Agency Survey was initiated.</p> <p>Further interview with the Administrator, on 02/06/15 at 2:48 PM, revealed he assumed control over the QA process in January 2015 after the former SDC left employment and no longer headed that committee. He stated he had reviewed the QA minutes from July 2014 to the present and found no evidence of any discussion of scabies, rashes or skin concerns. He</p>	F 520			

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F 520	<p>Continued From page 245</p> <p>acknowledged, in view of the number of residents with itching and rashes, and the multiple scabies treatments administered over the course of a few months, a QA concern should have been identified for further review. The Administrator stated although several residents were treated in August and September for scabies, there had been no infection control tracking to determine if the treatment was effective. Continued interview revealed the Administrator acknowledged the facility did not follow its guidelines for handling scabies cases when no education was provided to staff. Further interview revealed, to the Administrator's knowledge, there had been no confirmed cases of scabies until the present time; however, he acknowledged that even with a negative biopsy, an individual could still have scabies, with the potential for spreading the infestation to other residents.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have 	F 520			

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F 520	<p>Continued From page 246 scabies.</p> <p>3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimate cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectal tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director.</p> <p>4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place.</p> <p>5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.</p> <p>6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective</p>	F 520			

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F 520	<p>Continued From page 247</p> <p>learning through observation of staff adherence to isolation procedures and proper use of PPE.</p> <p>7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.</p> <p>8. On 01/27/15, all B wing residents were treated with Elimate cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectal dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal</p>	F 520			

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F 520	<p>Continued From page 248</p> <p>cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimate cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing</p>	F 520			

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F 520	<p>Continued From page 249</p> <p>began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON</p>	F 520			

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F 520	<p>Continued From page 250</p> <p>on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p>	F 520			

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F 520	<p>Continued From page 251</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p>	F 520			

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F 520	<p>Continued From page 252</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/dyscoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were</p>	F 520			

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F 520	<p>Continued From page 253 documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new</p>	F 520			

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F 520	<p>Continued From page 254</p> <p>treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the</p>	F 520			

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F 520	<p>Continued From page 255</p> <p>staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM,</p>	F 520			

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F 520	<p>Continued From page 256</p> <p>Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B</p>	F 520			

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F 520	<p>Continued From page 257</p> <p>wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimate cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.</p> <p>Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimate cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of</p>	F 520			

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F 520	<p>Continued From page 258</p> <p>residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the Physician's orders. She stated she monitored the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectal tablets, according to the Physician orders, on 01/27/15.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectal.</p> <p>10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust</p>	F 520			

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F 520	<p>Continued From page 259</p> <p>mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.</p> <p>Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly.</p> <p>11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the</p>	F 520			

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F 520	<p>Continued From page 260</p> <p>facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning.</p> <p>Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, "anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p>	F 520			

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F 520	<p>Continued From page 261</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to</p>	F 520		

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F 520	<p>Continued From page 262</p> <p>all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty (60) days, whether treatment had been accepted and if it was effective, whether staff required repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on</p>	F 520			

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F 520	<p>Continued From page 263</p> <p>01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimite cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.</p> <p>16. Review of Physician orders for 01/28/15 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimite cream to be applied on day 1 and repeated in one (1) week, and Stromectal tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p>	F 520			

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F 520	<p>Continued From page 264</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on 02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice with the DON on 01/28/15 related to accurately performing a resident skin assessment. Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education.</p> <p>18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the "Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring</p>	F 520			

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF NICHOLASVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SPARKS AVENUE NICHOLASVILLE, KY 40356		
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F 520	<p>Continued From page 265</p> <p>for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting.</p> <p>Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and was tracking the staff members on leave to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.</p> <p>Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO stated the intent was to reach every staff member more than once to ensure continued knowledge retention.</p>	F 520			

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F 520	<p>Continued From page 266</p> <p>Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role</p>	F 520			

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F 520	<p>Continued From page 267</p> <p>in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly.</p> <p>19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated December 2012, was reviewed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or</p>	F 520			

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F 520	<p>Continued From page 268</p> <p>exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p> <p>20. Review of in-service records revealed the DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to</p>	F 520			

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F 520	<p>Continued From page 269</p> <p>make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the staff responsible.</p> <p>22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees.</p>	F 520			

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F 520	Continued From page 270 23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the corporate office via the Regional Vice President. 24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up. Review of the "Scabies Guidelines" revealed it was comprehensive approach to the prevention, identification and treatment of scabies. Continued review revealed specific guidelines	F 520			

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F 520	<p>Continued From page 271 related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated 02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning that every resident in the facility had orders for treatment. Continued review revealed medication orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p> <p>Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimite cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies".</p> <p>27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled</p>	F 520			

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F 520	<p>Continued From page 272 with the Dermatologist for 02/06/15.</p> <p>28. Interviews and record reviews validated QA monitoring as follows:</p> <p>Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for at least seven weeks, to ensure the treatment was effective and all symptoms of itching and rashes were resolved. She stated the extra weeks would allow identification of re-infestation, as symptoms take two (2) to six (6) weeks to manifest.</p> <p>Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued</p>	F 520			

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F 520	<p>Continued From page 273</p> <p>interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure new revisions were made as indicated by the resident's response to treatment. She stated any identified concerns with her review of all logs would be addressed immediately by re-education. Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring</p>	F 520			

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F 520	Continued From page 274 on the first Monday of the month.	F 520			

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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: 06/10/75</p> <p>SURVEY UNDER: NFPA 101 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story Type III (200)</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system</p> <p>SPRINKLER SYSTEM: Complete (wet) sprinkler system</p> <p>GENERATOR: One (1) Type II Diesel generator.</p> <p>A Standard Life Safety Code Short Form Survey was conducted on 05/26/15. The facility was found to be in compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). The facility is licensed for seventy-three (73) beds with a census of sixty-five (65) on the day of the survey.</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.