STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. BUILDING _____ B. WING _____	03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON INN	3550 HIGHWAY 468 WEST PO BOX 207 BLGS 28 &34 WHITFIELD, MS 39193

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey from 3/5/19 through 3/7/19. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid requirements for participation. The SA cited deficiencies at F656, F657, and F677. The facility was licensed for 85 beds, and had a census of 70 at the time of the survey.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		4/28/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/26/2019

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 656	Continued From page 1 rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to implement the care plan related to Activities of Daily Living (ADL) care for one (1) of 18 care plans reviewed, Resident #9 Findings include: A review of the facility policy titled "Nursing Documentation", dated December 2016, addressed the care plan, which included that care plans were initiated on admission, updated on re-admission, or whenever resident care changes happened. The policy did not include implementation of the care plan. A review of Resident #9's comprehensive care plan revealed a problem with an onset date of 12/11/17, of "Resident requires assistance with ADLs", with a goal of having ADLs met and hygiene maintained over the next 90 days with a target date of 4/4/19. Approaches included to	F 656	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On March 5, 2019, following notification of the resulting observation of Resident #9, Resident #9 was assessed by the Director of Nursing. Resident was noted to have residue on both sides of her mouth. Oral care was provide for Resident #9 on March 5, 2019, by the Treatment Nurse to ensure no residue is on the lips, side of mouth, or chin. Resident #9's face was clean and had no negative outcome. On March 5, 2019, Resident #9's Care Plan was reviewed by the Director of Nursing and found to be updated to include oral care. The Director of Nursing counseled Certified Nursing Assistant (CNA) #1on the importance of providing	

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F 656	Continued From page 2 complete oral care after meals and at bedtime and to wash hands and face before and after meals and as needed (PRN). An observation on 03/05/19 at 11:45 AM, of Resident #9 in her room, revealed the resident lying in bed with dry crusty residue on her upper lip, both sides of her mouth, under her lower lip, and a line of residue from the the left corner of her mouth down to her chin. A review Resident #9 's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/14/19, revealed Resident #9 was assessed by staff to be severely impaired and was totally dependent on staff for personal hygiene. An observation and interview on 03/05/19 at 03:03 PM, of Resident #9 in the resident's room, revealed the resident lying in bed with dry crusty residue on her upper lip, both sides of her mouth, under her lower lip, and a line of residue from the left corner of her mouth down to her chin. An interview with Certified Nursing Assistant (CNA) #1 revealed she was assigned to care for the resident and had bathed the resident in bed that morning. The CNA stated she had washed the resident's mouth and provided oral care this morning, but had not done so since. CNA #1 stated it appeared that no one had cleaned the resident's face since this morning, but she would do it now. CNA #1 stated she was supposed to check on the resident every two (2) hours and if she saw a need to clean the resident's face, she was to do it then. CNA #1 stated she had provided care to the resident since this morning, but had not cleaned her mouth or face, and she should have. A review of Resident #9's Activities of Daily Living (ADL) log revealed Personal Hygiene was listed under AM (morning) care and PM (evening) care.	F 656	oral care as needed for Resident #9 on March 5, 2019. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? On March 6, 2019, the Director of Nursing, Head Nurse, and Minimum Data Set Nurse reviewed the resident census and identified all residents that had the potential to be affected by the deficient practice. Of the 72 residents, there are 36 dependent residents that required oral care. Resident #9 was the only resident affected. Beginning March 6, 2019, the Director of Nursing and Head Nurses began re-educating all licensed nurse staff and Certified Nursing Assistants on care plans with emphasis on implementation of residents care plans. This re-education was completed on April 24, 2019. What measures will be put into place, or what systemic changes will you put into place or make to ensure that the deficient practice does not recur? An Oral Care and Activity of Daily Living Care Plan in-service education program with Validation checklist was conducted by the Head Nurse and Director of Nursing with Certified Nursing Assistants beginning March 11, 2019 through April 5, 2019. Beginning March 11, 2019, Certified	

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F 656	Continued From page 3 A review of Resident # 9's Treatment Chart for March 2019, revealed treatments of "Clean mouth with lemon glycerin swab Q (every) shift and Oral Care Q shift." Each of these treatments had no initials for the A shift (7 AM-3 PM) on March 1st, 3rd, or 4th. There was no other treatments regarding cleaning the resident's face, mouth or oral care listed on the Treatment Chart. The chart listed CNAs as responsible for completing the interventions. An interview on 03/07/19 at 10:05 AM, with Registered Nurse (RN) #1, who was the Charge Nurse, revealed it was expected that CNAs should observe dependent residents at least every two (2) hours and provide hygiene care if needed, per care plan. An interview with RN #2, MDS/Care Plan Nurse, on 03/07/19 at 02:20 PM, confirmed the care plan for Resident #9 had an intervention to wash hands and face before and after meals and PRN. The MDS nurse stated that if the resident's mouth had residue on it, nursing staff should have cleaned it as needed. She stated that if the Treatment Chart/Treatment Administration Record (TAR) was not initialed for oral care/lemon glycerine swab, then there is no way to know if the care was done. The RN confirmed the TAR or ADL sheet did not include the intervention of washing hands and face before and after meals and PRN and believed the TAR should match the interventions on the care plan.	F 656	Nursing Assistants will be monitored by the Licensed Practical Nurse three times per week for 30 days, then once a week for 30 days, then once a month thereafter to ensure that residents care planned for oral care is implemented. Any resident found to be in need of oral care will receive oral care at that time by the Licensed Practical Nurse. The failure to complete the oral care will be noted by the Licensed Practical Nurse on the Oral Care/Care Plan Validation Checklist. The Certified Nursing Assistants responsible for completing Oral Care will be re-educated at that time by the Licensed Practical Nurse. The Licensed Practical Nurse will communicate in writing to the Director of Nursing on the Oral Care Audit/Care Plan Validation Checklist any issues with the Certified Nursing Assistants staff for appropriate follow-up. These documented observations will be submitted to the Director of Nursing each Friday for review and follow-up as necessary. The Director of Nursing will report weekly any issues to the Nursing Home Administrator. All newly hired Certified Nursing Assistants will be educated on Jaquith Nursing Home's Hygiene policy with emphasis on the oral care. The Director of Nursing and /or the Minimum Data Set Nurse will also conduct training/education on care planning for newly hired nurses and current licensed nurses monthly for two months then twice a year. This training will include a discussion on developing care plan,	

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F 656	Continued From page 4	F 656	initiating a care plan on admission, initiating a care plan on re-admission and updating the care plan due to any resident's changes in condition. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Beginning March 11, 2019 the Director of Nursing will review the Oral Care/Care Plan Validation Checklist Forms weekly for one monthly, then month thereafter to ensure oral care is being implemented as care planned. The results will be reported weekly to the Nursing Home Administrator. The Nursing Home Administrator and Director of Nursing will report monthly to the Quality Assurance and Performance Improvement committee the results of the Oral Care/Care Plan Validation Checklist. The effectiveness of the corrective actions will be reviewed at that time and changes will be made as necessary to ensure compliance.	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician.	F 657		4/28/19

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F 657	Continued From page 5 (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to revise a care plan for oral care following re-entry to the facility for one (1) of 18 resident's care plans reviewed, Resident#26. Findings include: Review of the Facility Policy titled "NURSING DOCUMENTATION", dated December 2016, revealed: It is the professional responsibility of all licensed nurses to provide an accurate, in-depth clinical record of care for assigned residents. Documentation criteria included: Care Plans-Updated upon re-admission and whenever resident care changes. Record review of the Care Plan with a Problem	F 657	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On March 7, 2019 following the notification of the failure to revise Resident #26 care plan following Resident #26 re-entry into the facility, the plan of care for Resident #26 was revised to include mouth care including the use of Glycerin swabs every four (4) hours until bedtime by the Minimum Data Set nurse. Resident # 26 was assessed by Director of Nursing on March 7, 2019 and was found with no negative outcome related to the deficient practice.	

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F 657	Continued From page 6 Onset date of 6/20/11, revealed Resident #26 required total assistance with Activities of Daily Living (ADL). The Goal: Resident will have all ADL's met and hygiene maintained over the next 90 days. Target Date: 4/18/19. Approaches included oral care every shift. Record review of the Physician's Orders for Resident #26, dated 2/26/19, revealed an order for Mouth care, including the use of Glycerin swabs every four (4) hours. On 03/07/19 at 08:51 AM, interview with Registered Nurse #2 (RN), Minimum Data Set (MDS) Nurse, revealed that Resident #26 had a new order for mouth care to be performed every four (4) hours upon re-entry on 2/26/19. She stated that mouth care should be done every four (4) hours . She revealed that the Care Plan was last updated on 1/14/19, and that she did not update the care plan with the new order to include every four (4) hours for mouth care. She stated that it would be important to update the care plan because anyone who reads the care plan should know how to be able to take care of the resident. Record review of the Identification and Summary Sheet, for Resident #26, revealed that the facility admitted the resident on 6/20/11, with diagnoses of Huntington's Chorea, Dementia, Psychosis, Dysphasia and Percutaneous Endoscopic Gastric Tube. Review of the Quarterly MDS, dated 1/4/19, Section C, revealed the staff assessed Resident #26's cognitive skills for daily decision making as severely impaired.	F 657	Oral care was provided for Resident #26 by the Treatment Nurse on March 7, 2019. The Director of Nursing counseled Registered Nurse #2 (Minimum Data Set Nurse) on updating and revising care plans on March 8, 2019. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? On March 7, 2019, the Director of Nursing, Head Nurse and Minimum Data Set Nurse reviewed the census to determine other residents who were affected by the deficient practice. The facility has determined that 72 resident had the potential to be affected by the deficient practice. Resident #26 was the only resident affected. To ensure care plans are updated/revised, beginning March 11, 2019, any new physician orders for residents re-entering the facility the previous day began being reviewed in the morning stand up meeting during business hours. Care plans are checked at that time by the Director of Nursing, Head Nurse and Minimum Data Set Nurse to ensure care plans have been updated with special emphasis on oral care. What measures will be put into place, or what systemic changes will you put into place or make to ensure that the deficient practice does not recur?	

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F 657	Continued From page 7	F 657	Beginning March 11, 2019 the Director of Nursing and Head Nurses began re-educating all licensed nurse staff on the facility policy "Nurse Documentation" with emphasis on properly updating care plans for residents with new orders and ensuring the updating of care plans for residents that re-enter of the facility. Beginning March 11, 2019, Resident Care Plans will be checked weekly by the Head Nurses or Director of Nursing for the next three months, then monthly for three months and then quarterly thereafter to ensure care plan accuracy. The Director of Nursing and /or the Minimum Data Set Nurse will also conduct training/education on care planning for newly hired nurses and current licensed nurses monthly for two months then twice a year. This training/education will include a discussion on developing care plan, initiating a care plan on admission, initiating a care plan on re-admission and updating the care plan due to any resident's changes in condition. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Beginning March 11, 2019, Resident Care Plans will be checked weekly by the Head Nurses or Director of Nursing for the next three months, then monthly for three months and then quarterly thereafter to ensure care plan accuracy. The results	

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F 657	Continued From page 8	F 657	will be documented on Weekly Care Plan Calendar Checklist form and provided to the Nursing Home Administrator and Director of Nursing for any necessary follow-up action. The Nursing Home Administrator and Director of Nursing will report these results monthly to the Quality Assurance and Performance Improvement committee. The effectiveness of the above system will be evaluated at that time and changes will be made as necessary to ensure compliance.	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to provide Activity of Daily Living (ADL) care to maintain good personal hygiene for two (2) of three (3) residents reviewed for ADL care, Resident #9 and Resident #26. Findings include: Review of the Facility Policy titled, "Resident Personal Hygiene", dated January 2017, revealed: This policy provides guidelines for assisting residents with daily hygiene and grooming. This policy applies to all facility residents and employees. Daily personal	F 677	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On March 5, 2019, following notification of the resulting observation of Resident #9, Resident #9 was assessed by the Director of Nursing. Resident was noted to have residue on both sides of her mouth. Oral care was provided for Resident #9 on March 5, 2019, by the Treatment Nurse to ensure no residue is on the lips, side of mouth, or chin. Resident #9's face was clean and had no negative outcome.	4/28/19

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F 677	Continued From page 9 grooming needs will be met in order to maintain the dignity and health of all residents. Residents will be encouraged to receive oral care at least daily and PRN, with staff assistance as needed. Resident #26 On 03/05/19, at 11:30 AM, an observation of Resident #26 revealed dry, tan, crusty matter on the resident's lips and tongue. The Residents mouth was open. During an observation on 03/06/19 at 04:30 PM, Resident #26 had tan, crusty matter observed on the tongue and lips. The Resident appeared to be mouth breathing, with the tongue pushing toward the lips. Tan crust was noted on the left side of the resident's chin. On 03/06/19 at 05:02 PM, observation of Resident #26 and interview with LPN #1, confirmed that the resident had tan, crusty secretions on his lips, tongue and chin. LPN #1 stated, "Looks like he could could use some mouth care. The crusts on his chin could be secretions from his mouth." On 03/06/19 at 04:52 PM, interview with Licensed Practical Nurse #1 (LPN), revealed nurses perform oral care for Resident #26. LPN #1 stated that it should be documented on the Treatment Chart (TC) and upon his review of the the Treatment Chart, he stated, "I don't see it on here. I think his mouth care is once a day and as needed (prn). I thought it would be on the TC." On 03/06/19 at 05:16 PM, during an interview and observation of Resident #26, the Director of Nursing (DON) confirmed the tan crusts on the lips, tongue and left side of chin, she stated,	F 677	Oral care was provided for Resident #26 by the Treatment Nurse on March 7, 2019. The Director of Nursing counseled Registered Nurse #2 (Minimum Data Set Nurse) on updating and revising care plans on March 8, 2019. Resident # 26 was assessed by Director of Nursing on March 7, 2019 and was found with no negative outcome related to the deficient practice. Following the notification of Activities Of Daily Living (ADL) not being provided to Resident #9 and Resident #26, the Care Plan, Activities Of Daily Living (ADL) Sheets, Treatment Administration Record (TAR) of Resident #9 were updated to include oral care before and after meals and as need. Following the notification of Activities Of Daily Living (ADL) not being provided to Resident #9 and Resident #26, the Care Plan, Activities Of Daily Living (ADL) Sheets, Treatment Administration Record (TAR) and Physician Orders of Resident #26 were reviewed and updated to include mouth care including the use of Glycerin swabs every four (4) hours until bedtime by the Minimum Data Set nurse. How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken? On March 7, 2019, the Director of	

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F 677	Continued From page 10 "That certainly should not look like that, that needs to be taken care of right now. He's a mouth breather and would need more frequent mouth care." The DON revealed that the nurses perform the mouth care for all residents with Percutaneous Endoscopic Gastrostomy (PEG) tubes and that it would be documented on the Treatment Chart (TC). On 03/07/19 at 08:51 AM, interview with Registered Nurse #2, Minimum Data Set (MDS) Nurse, revealed that Resident #26 had a new order for mouth care upon re-entry from the hospital on 2/26/19. She stated that mouth care should be done every four (4) hours . Record review of the March 2019 Treatment Chart, the March 2019 Medication Chart, and the March 2019 Activity of Daily Living (ADL) records, revealed that oral care was not found to be listed on these records. Record review of the Identification and Summary Sheet for Resident #26 revealed that the facility admitted resident on 6/20/11, with diagnoses of Huntington's Chorea, Dementia, Psychosis, Dysphagia and Percutaneous Endoscopic Gastric Tube. Review of the Quarterly MDS, dated 1/4/19, revealed that the resident was totally dependent on staff for Personal Hygiene and staff assessed Resident #26's cognitive skills for daily decision making as severely impaired. Resident #9 An observation on 03/05/19 at 11:45 AM, of Resident #9 in her room, revealed the resident lying in bed with dry crusty residue on her upper lip, both sides of her mouth, under her lower lip, and a line of residue from the the left corner of her mouth down to her chin.	F 677	Nursing, Head Nurses and Minimum Data Set Nurse reviewed the census to determine other residents who were affected by the deficient practice. The facility has determined that 72 residents had the potential to be affected. Resident #9 and Resident #26 were the only residents affected. Beginning March 11, 2019 the Director of Nursing and Head Nurse re-educated the Certified Nursing Assistants and the licensed nursing staff on Policy (J550-08) Residents Personal Hygiene with emphasis on proper care of oral hygiene and Activities Of Daily Living (ADL) Care Plan. All newly hired Certified Nursing Assistants will be checked off by the Director of Nursing or Head Nurse on oral hygiene to ensure competency during orientation then quarterly thereafter. Scheduled Certified Nursing Assistants were checked off on oral care by the Director of Nursing and Head Nurse beginning March 11, 2019. What measures will be put into place, or what systemic changes will you put into place or make to ensure that the deficient practice does not recur? Beginning March 11, 2019, the Head Nurse or Director of Nursing will assess oral care for all residents who are unable to provide oral care for themselves after lunch meals twice a week for a month then weekly for a month. Licensed nurses	

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	25A404	A. BUILDING _____ B. WING _____	03/07/2019

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F 677	Continued From page 11 An observation of Resident #9, and interview with Certified Nursing Assistant (CNA) #1, on 03/05/19 at 03:03 PM, revealed the resident lying in bed with dry crusty residue on her upper lip, both sides of her mouth, under her lower lip, and a line of residue from the left corner of her mouth down to her chin. CNA #1 revealed she was assigned to care for the resident and had bathed the resident in bed this morning. CNA #1 stated she had washed the resident's mouth and provided oral care this morning, but had not done so since. CNA #1 stated it appeared that no one had cleaned the resident's face since this morning, but she would do it now. CNA #1 stated she was supposed to check on the resident every two (2) hours and if she saw a need to clean the resident's face, she was to do it then. CNA #1 stated she had provided care to the resident since this morning, but had not cleaned her mouth or face and should have. A review of Resident #9's Activities of Daily Living (ADL) log revealed Personal Hygiene was listed under AM (morning) care and PM (evening) care. A review of Resident #9's Treatment Chart for March 2019, revealed treatments of "Clean mouth with lemon glycerin swab Q (every) shift and Oral Care Q shift." Each of these treatments had no initials for the A shift (7 AM-3 PM) on March 1st, 3rd, or 4th. There were no other treatments regarding cleaning the resident's face, mouth or oral care listed on the Treatment Chart. The chart listed CNAs as responsible for completing the interventions. An interview on 03/07/19 at 10:05 AM, with Registered Nurse (RN) #1, who was the Charge Nurse, revealed it was expected that CNAs should observe dependent residents at least every two (2) hours and provide hygiene care if needed.	F 677	on each shift will monitor the documentation twice a week for two months then weekly for a month to ensure the Activities Of Daily Living (ADL) care plans are followed for all residents who are unable to provide oral care for themselves. Any deficiencies found will be corrected at that time and reported to the Director of Nursing for follow-up. The Head Nurse will conduct an audit beginning April 5, 2019 on at least five (5) residents per week for two (2) months to ensure the residents interventions match the Treatment Administration Record (TAR), the Activities of Daily Living Sheet (ADL), and the Care Plans. Any errors noted will be corrected at that time. The results will be documented on the Weekly Care Plan Calendar Checklist and provided to the Nursing Home Administrator and Director of Nursing for any necessary follow-up action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The Director of Nursing will review the Weekly Care Plan Calendar Checklist each week. The Nursing Home Administrator and Director of Nursing will report monthly to the Quality Assurance and Performance Improvement (QAPI) Committee on the outcomes of the Audits. The effectiveness of the above system will be reviewed at that time and changes made as necessary to this plan to ensure	

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F 677	Continued From page 12 An interview with RN #2, MDS/Care Plan nurse on 03/07/19 at 02:20 PM, confirmed the care plan for Resident #9 had an intervention to wash hands and face before and after meals and PRN. The MDS nurse stated that if the resident's mouth had residue on it, nursing staff should have cleaned it as needed. She stated that if the Treatment Chart/Treatment Administration Record (TAR) was not initialed for oral care and/or lemon glycerine swab, then there is no way to know if the care was done. The RN confirmed the TAR nor ADL sheet included the intervention of washing hands and face before and after meals and PRN, and believes the TAR should match the interventions on the care plan. A review Resident #9's quarterly MDS with an Assessment Reference Date (ARD) of 12/14/19, revealed Resident #9 was assessed by staff to be severely impaired and was totally dependent on staff for personal hygiene.	F 677	compliance.	

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	25A404	A. BUILDING **02 - BUILDING 34 0202** B. WING _____	**03/05/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/30/2019

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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	25A404	A. BUILDING **01 - BUILDING 28 0102** B. WING _____	**03/05/2019**

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 3/5/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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