

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER RED OAK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 WILLIAMS ROAD GREENVILLE, NC 27834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 8/23/16 and 8/24/16.	D 000		
D 163	10A NCAC 13F .0504(c) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation. This Rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to assure that a resident with an order for a suprapubic catheter with a flush order every week was a temporary task that could be validated and performed by staff in the facility for 1 of 1 residents (Resident #2) sampled who had a medical condition that required a permanent suprapubic catheter with weekly flushes. The findings are: Review of Resident #2's current FL-2 dated 5/17/16 revealed: -Diagnoses included muscle weakness, urinary tract infection, hypertension, osteoporosis, hypothyroidism and dysphagia.	D 163	Before to Admission from another Assisted Living Home Health Agency was contacted RE: training of staff on flushing of SUPRA - pubic catheter when resident was admitted home health agency was contacted and training was carried out. Resident's doctor agreed with this. Staff has been flushing catheter every other week and	

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

[Signature]

TITLE

Administrator

(X6) DATE

10-10-16

STATE FORM

6599

DBTO11

If continuation sheet 1 of 14

10/21/16 Reviewed accepted w/10/10/16 addendum. RM/leg

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D 163	Continued From page 1 -A physician's order for a suprapubic catheter. Review of Resident #2's resident register revealed an admission date of 4/5/16. Review of Resident #2's Licensed Health Professional Support (LHPS) Quarterly Review dated 7/29/16 revealed: -The LHPS Review was signed by a nurse. -Tasks included ambulation using assistive devices that requires physical assistance, transferring semi-ambulatory or non-ambulatory residents and positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. -Staff Competency Validated was documented with "Yes". Review of a physician's order dated 6/7/16 revealed: -Home health care was ordered. -A Registered Nurse was to perform supra pubic catheter care. -The supra pubic catheter should be changed every 2 weeks, with 18 french foley catheter and 10 cubic centimeter (cc) balloon, plug during the day time and attach to bedside bag every night. -Flush the supra pubic catheter with 20 cc of normal saline on the opposite week of catheter changes. -Registered Nurse to provide Resident #2 with education on proper hand washing technique, signs and symptoms of infection, skin breakdown prevention and falls precautions. Review of Resident #2's record revealed there was no physician certification that non-licensed personnel could be competency validated to perform supra pubic catheter flushes.	D 163	home health has been flushing the catheter on the alternate weeks since they stated at that time that they could only do it q 2 wk. When the survey was on-going the home health agency agreed to do the flushes 1x wk. Whenever a resident is considered for admission necessary tasks and needs are reviewed. Going forward the facility will		

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D 163	Continued From page 2 Review of the June 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the suprapubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation using the initials of staff on 6/28/16 that the catheter was flushed by the Resident Care Coordinator (RCC), a nursing assistant. Review of the July 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the supra pubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation on each Tuesday by a different Medication Aide (MA), using their initials which indicated the catheter had been flushed. Review of the August 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the supra pubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation on each Tuesday indicating that Home Health had performed the catheter flush. Interview with the RCC on 8/23/16 at 10:40 AM revealed: - Resident #2 had a catheter that drained urine. - She had flushed the catheter before. - A Registered Nurse from Home Health came to see Resident #2 every other Tuesday to change the catheter and flush it. - She flushed the catheter on the weeks that Home Health did not come.	D 163	<i>contact DHR to determine appropriate for any tasks beyond those stated in this rule area.</i>	

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D 163	Continued From page 3 -The Registered Nurse from Home Health had trained her and some other staff on how to flush the catheter. Interview with the Registered Nurse from the Home Health agency on 8/23/16 at 4:00 PM revealed: -She or another Registered Nurse came to see Resident #2 every 2 weeks on a Tuesday to change the supra pubic catheter and flush it. -Resident #2 has not had any problems with the catheter until recently with leakage. -The leakage would be addressed by the physician but would not be caused by flushing the catheter. -She performed the staff training at the facility for proper technique of flushing the catheter and documented the completion. Interview with the Administrator on 8/24/16 at 8:30 AM revealed: -Resident #2 was previously in another Assisted Living facility. -She thought that since staff at the other facility were flushing the supra pubic catheter, she could have her staff trained to perform the flushes for Resident #2. -She was not aware that staff could only be trained on a temporary task that was resident specific. -She had a Registered Nurse from the Home Health agency to come and train the MA's and the RCC. -The staff were only performing the flushes twice a month. -It was normally the RCC that performed the catheter flushes twice a month. Interview with a Medication Aide (MA) on 8/24/16 at 10:20 AM revealed:	D 163			

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STREET ADDRESS, CITY, STATE, ZIP CODE

RED OAK ASSISTED LIVING

**2920 WILLIAMS ROAD
GREENVILLE, NC 27834**

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D 280	Continued From page 7	D 280		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a Licensed Health Professional Support (LHPS) review was completed by the nurse within 30 days of physician orders for fingerstick blood sugar (FSBS) checks, physical /occupational therapy, fluid restriction and onset of anti-embolic compression stockings, assistance with a wheelchair and transfers and that action was	D 280		

UPON ADMISSION
FOR EACH RESIDENT
THE LHPS NURSE
WILL BE NOTIFIED
AND DOCUMENTATION
OF SUCH WILL BE

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D 280	Continued From page 8 taken on a recommendation by the nurse for 1 of 4 sampled residents (#3). The findings are: Review of the current FL-2 dated 5/19/16 revealed: - Diagnoses of Type 2 Diabetes, arteriosclerotic heart disease, chronic combined with acute on chronic systolic persistent atrial fibrillation, and malaise. - Orders for oxygen therapy for continuous use at 2 liters per minute. - Fingerstick blood sugar (FSBS) checks before meals and at bedtime. Review of the resident's record revealed an order dated 5/20/16 for an evaluation by physical therapy (PT) / occupational therapy (OT). Review of the resident's previous FL-2 dated 1/29/16 just prior to admission to the hospital on 2/03/16 revealed: - Diagnoses of Diabetes Mellitus, arthritis, diverticulosis, hypercholesterolemia, hypertension and chronic kidney disease. - Orders for compression stockings to be applied each morning and removed each bedtime. - Resident was semi-ambulatory with a rollator. Review of a physician visit on 6/17/16 for Resident #3 revealed: - Signs and symptoms of heart failure. - A subsequent order for a 2 liter fluid restriction and a low sodium diet. Review of a subsequent order for Resident #3 dated 7/08/16 revealed fluid restriction to be 64 ounces per day. Review of home health nurse visit notes revealed: - Skilled nurse visits on 6/09/16 and 6/10/16	D 280	noted on the attached log. THE ADMINISTRATOR WILL BE RESPONSIBLE FOR REVIEWING THIS LOG MONTHLY. SEE ATTACHED	

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D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 8/23/16 and 8/24/16.	D 000		
D 163	10A NCAC 13F .0504(c) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (c) Competency validation of staff, according to Paragraph (a) of this Rule, for the licensed health professional support tasks specified in Paragraph (a) of Rule .0903 of this Subchapter and the performance of these tasks is limited exclusively to these tasks except in those cases in which a physician acting under the authority of G.S. 131D-2(a1) certifies that non-licensed personnel can be competency validated to perform other tasks on a temporary basis to meet the resident's needs and prevent unnecessary relocation. This Rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to assure that a resident with an order for a suprapubic catheter with a flush order every week was a temporary task that could be validated and performed by staff in the facility for 1 of 1 residents (Resident #2) sampled who had a medical condition that required a permanent suprapubic catheter with weekly flushes. The findings are: Review of Resident #2's current FL-2 dated 5/17/16 revealed: -Diagnoses included muscle weakness, urinary tract infection, hypertension, osteoporosis, hypothyroidism and dysphagia.	D 163		

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

TITLE

(X6) DATE

STATE FORM

0099

DBTO11

If continuation sheet 1 of 14

[Signature]

Administrator

9-23-16

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D 163	Continued From page 1 -A physician's order for a suprapubic catheter. Review of Resident #2's resident register revealed an admission date of 4/5/16. Review of Resident #2's Licensed Health Professional Support (LHPS) Quarterly Review dated 7/29/16 revealed: -The LHPS Review was signed by a nurse. -Tasks included ambulation using assistive devices that requires physical assistance, transferring semi-ambulatory or non-ambulatory residents and positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter. -Staff Competency Validated was documented with "Yes". Review of a physician's order dated 6/7/16 revealed: -Home health care was ordered. -A Registered Nurse was to perform supra pubic catheter care. -The supra pubic catheter should be changed every 2 weeks, with 18 french foley catheter and 10 cubic centimeter (cc) balloon, plug during the day time and attach to bedside bag every night. -Flush the supra pubic catheter with 20 cc of normal saline on the opposite week of catheter changes. -Registered Nurse to provide Resident #2 with education on proper hand washing technique, signs and symptoms of infection, skin breakdown prevention and falls precautions. Review of Resident #2's record revealed there was no physician certification that non-licensed personnel could be competency validated to perform supra pubic catheter flushes.	D 163	Company only: Check list are used to make sure staff members have LHPS completed Attached form 1 & 2.	8-24-16

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D 163	Continued From page 2 Review of the June 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the suprapubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation using the initials of staff on 6/28/16 that the catheter was flushed by the Resident Care Coordinator (RCC), a nursing assistant. Review of the July 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the supra pubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation on each Tuesday by a different Medication Aide (MA), using their initials which indicated the catheter had been flushed. Review of the August 2016 Medication Administration Records (MARs) for Resident #2 revealed: - There was an order to flush the supra pubic catheter with 20 cc's of normal saline every week, on Tuesdays. - There was documentation on each Tuesday indicating that Home Health had performed the catheter flush. Interview with the RCC on 8/23/16 at 10:40 AM revealed: - Resident #2 had a catheter that drained urine. - She had flushed the catheter before. - A Registered Nurse from Home Health came to see Resident #2 every other Tuesday to change the catheter and flush it. - She flushed the catheter on the weeks that Home Health did not come.	D 163	- Staff meeting to review how to document correctly on MAR. Rules Never to sign off for another Staff 9-1-16	

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D 163	Continued From page 3 -The Registered Nurse from Home Health had trained her and some other staff on how to flush the catheter. Interview with the Registered Nurse from the Home Health agency on 8/23/16 at 4:00 PM revealed: -She or another Registered Nurse came to see Resident #2 every 2 weeks on a Tuesday to change the supra pubic catheter and flush it. -Resident #2 has not had any problems with the catheter until recently with leakage. -The leakage would be addressed by the physician but would not be caused by flushing the catheter. -She performed the staff training at the facility for proper technique of flushing the catheter and documented the completion. Interview with the Administrator on 8/24/16 at 8:30 AM revealed: -Resident #2 was previously in another Assisted Living facility. -She thought that since staff at the other facility were flushing the supra pubic catheter, she could have her staff trained to perform the flushes for Resident #2. -She was not aware that staff could only be trained on a temporary task that was resident specific. -She had a Registered Nurse from the Home Health agency to come and train the MA's and the RCC. -The staff were only performing the flushes twice a month. -It was normally the RCC that performed the catheter flushes twice a month. Interview with a Medication Aide (MA) on 8/24/16 at 10:20 AM revealed:	D 163	Administrator -Reviewed rules on Temporary task.	8-24-16 ongoing

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D 163	Continued From page 4 -The MA identified her initials on the MARs for documenting the flushing of the supra pubic catheter. -She stated that she documented her initials but a Registered Nurse from Home Health actually performed the task. -She did not mean to document her initials and should have documented "H/H" to indicate Home Health performed the task. -She had attended an in-service back in June 2016 that was taught by the Registered Nurse from Home Health. -During that in-service the staff was instructed on proper technique of flushing the supra pubic catheter. -She had never performed the flushing of the supra pubic catheter on Resident #2. -The RCC or the Registered Nurse from Home Health always flushed the catheter. -The Registered Nurse from Home Health would come to change and flush the catheter every 2 week and the RCC would flush the catheter on the opposite weeks to ensure that the catheter was flushed every week. -She was not aware of any urinary tract infections that Resident #2 had been treated for. -Resident #2 had not verbalized any pain or discomfort. Interview with a second MA on 8/24/16 at 10:30 AM revealed: -She had been validated to perform the catheter flush on Resident #2. -The Registered Nurse from Home Health performed the in-service on how to flush the catheter. -She had never flushed the catheter because she did not feel comfortable performing the tasks. -She thought the RCC had flushed it before but she was unsure.	D 163			

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D 163	Continued From page 5 -The Registered Nurse from Home Health was usually the one that flushed the catheter. -She was not aware of any problems or infections that Resident #2 had with the catheter. -Resident #2 had not reported any issues to her. Interview with Resident #2 on 8/24/16 at 9:28 AM revealed: -She has had the supra pubic catheter for 3 years. -She would have the catheter for the rest of her life. -There was a nurse that came and changed the catheter every 2 weeks. -There was someone else that worked at the facility that flushed the catheter at other times when the home health was not there. -She was not sure if it was the same facility employee that flushed the catheter each time. -Before she moved into the facility, she flushed the catheter herself. -She had been having some problems with the catheter leaking and was going to see the physician. -She had only had one urinary tract infection since she had been there. Interview with the Branch Director at the Home Health agency on 8/24/16 at 10:32 AM revealed: -Resident #2 had an order for a Registered Nurse from Home Health to perform supra pubic catheter changes with flush every 2 weeks and the facility to perform flushes on the alternate week to ensure the catheter was flushed every week. -Resident #2's insurance would not pay for Home Health to come flush the catheter every week. -Their Registered Nurse had provided training to the staff at the facility using instruction with return demonstration on how to flush a supra pubic	D 163			

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D 163	Continued From page 6 catheter. Interview with the Primary Care Provider on 8/24/16 at 11:00 AM revealed: -Resident #2 had a supra pubic catheter that would be required for the rest of her life. -The catheter needed to be flushed every week due to sediment build up and Resident #2's history of frequent urinary tract infections. -Prior to Resident #2's admission to the current facility, she had performed the catheter flush herself. -Resident #2 had frequent urinary tract infections when she was flushing the catheter herself so staff should perform. -She was not aware the trained staff at the facility could not perform the indefinite task of flushing the catheter. -The staff at the facility had been trained because Resident #2's insurance would not cover flushes every week. -She felt the staff at the facility were adequately trained and could successfully perform the catheter flushes. -Resident #2 had only had one urinary tract infection since she was admitted to the facility in April 2016. Interview with the Administrator on 8/24/16 at 2:10 PM revealed: -She spoke with the Power of Attorney for Resident #2 and the Home Health agency. -The Home Health agency will ensure the catheter is flushed every week by a licensed professional. -The staff at the facility would no longer be performing the catheter flushes.	D 163			

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D 280	Continued From page 7	D 280			
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a Licensed Health Professional Support (LHPS) review was completed by the nurse within 30 days of physician orders for fingerstick blood sugar (FSBS) checks, physical /occupational therapy, fluid restriction and onset of anti-embolic compression stockings, assistance with a wheelchair and transfers and that action was	D 280 D 280	-Created Form 3 to Assisted RCC in LHPS Check off. Completion. Reviewed State guidelines on Change of status. -LHPS nurse was At Red Oak during State survey and was able to speak with surveyors for any Clarifications or questions.	9-1-16 8-24-16	

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D 280	Continued From page 8 taken on a recommendation by the nurse for 1 of 4 sampled residents (#3). The findings are: Review of the current FL-2 dated 5/19/16 revealed: - Diagnoses of Type 2 Diabetes, arteriosclerotic heart disease, chronic combined with acute on chronic systolic persistent atrial fibrillation, and malaise. - Orders for oxygen therapy for continuous use at 2 liters per minute. - Fingerstick blood sugar (FSBS) checks before meals and at bedtime. Review of the resident's record revealed an order dated 5/20/16 for an evaluation by physical therapy (PT) / occupational therapy (OT). Review of the resident's previous FL-2 dated 1/29/16 just prior to admission to the hospital on 2/03/16 revealed: - Diagnoses of Diabetes Mellitus, arthritis, diverticulosis, hypercholesterolemia, hypertension and chronic kidney disease. - Orders for compression stockings to be applied each morning and removed each bedtime. - Resident was semi-ambulatory with a rollator. Review of a physician visit on 6/17/16 for Resident #3 revealed: - Signs and symptoms of heart failure. - A subsequent order for a 2 liter fluid restriction and a low sodium diet. Review of a subsequent order for Resident #3 dated 7/08/16 revealed fluid restriction to be 64 ounces per day. Review of home health nurse visit notes revealed: - Skilled nurse visits on 6/09/16 and 6/10/16	D 280			

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D 280	Continued From page 9 revealed 2 plus edema on lower extremities. - Skilled nurse visit dated 7/07/16 revealed there was one plus lower extremity edema. - Skilled nurse visits on 7/13/18 revealed one plus bilateral lower extremity edema. Review of Resident #3's LHPS review dated 2/05/16 included: - Tasks of compression stockings and ambulation with an assistive device. - There was no edema to bilateral extremities observed. Review of Resident #3's LHPS review dated 5/03/16 included: - The resident was currently in a rehabilitation facility. - The resident had a walker and compression stockings. - A recommendation was listed for the facility to notify the nurse when the resident returned to the facility. Review of Resident #3's record revealed there was no documentation of contact with the LHPS review nurse regarding the return to the facility from rehab. Interview on 8/24/16 at 11:10 a.m. with the Resident Care Coordinator (RCC) revealed: - She had not notified the LHPS nurse when the resident returned to the facility for LHPS review. Review of Resident #3's LHPS review dated 8/24/16 revealed: - Tasks to be reviewed of FSBS checks, ambulation with assistive device, compression stockings, fluid restriction and transferring were listed. - The resident was now using a wheel chair	D 280	- LHPS was updated on 8-24-16 during survey	8-24-16	

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D 280	Continued From page 10 assisted by staff. - FSBS range was 72-155. - There was no documentation of the task of PT / OT evaluation and treatment orders. Review of Resident #3's record revealed: - There was not a LHPS review completed within 30 days of the orders or development of the tasks of assistive device needing physical assistance by staff of a wheel chair, transfers and compression stockings after the resident returned to the facility on 5/20/16. - There was not a LHPS for the orders for PT/OT evaluation and for FSBS. - There was not a LHPS review after orders for fluid restriction dated 6/27/16 and 7/08/16. - An LHPS review was not completed until the facility was notified by the surveyor on 8/24/16. Interview on 8/24/16 at 4 p.m. with the LHPS review nurse revealed: - She had not been able to complete the LHPS review on 5/03/16 because the resident had been in the rehab facility when she came out to complete it. - She had not been notified of the resident's return to this facility as recommended on 5/03/16. - The LHPS nurse would have helped the facility to set up a system for the fluid restriction when it was ordered in June 2016. Interview on 8/24/16 at 11:10 a.m. with the Resident Care Coordinator (RCC) revealed: - The orders were written by the providers and she would transfer them to the MARS and treatment sheet. - New orders such as fluid restriction would then be communicated to the staff by the medication aides. - She did not know what happened to the orders	D 280	Updated Fluid restriction on LHPS	8-24-16	

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D 280	Continued From page 11 for fluid restriction. - The kitchen handled the fluid restriction when ordered. - Smaller cups than the usual 8 ounce cups were used at meal times. - Water was passed during the day and snacks with liquids and staff would use smaller cups. - There was not any documentation of fluid served for fluid restriction for Resident #3, everyone just knew to use smaller cups. - She did not know the resident was on fluid restriction and that is was a LHPS task to be reviewed by the nurse. - The LHPS nurse had not been in the facility to complete a LHPS review for the new tasks since 5/03/16 when the resident was still in the rehab facility. - There was not a system in place to ensure the nurse was notified when LHPS tasks developed or were ordered. Interview on 8/24/16 at 12:40 p.m. with the kitchen manager revealed: - The facility had residents with fluid restriction in the past. - She was not aware Resident #3 was on fluid restriction. - She was notified today, 8/24/16, about Resident #3 being on fluid restriction. - Fluid restriction would usually be on the diet list used in the kitchen. - No one in the kitchen area documented amounts served to residents with fluid restriction. - Smaller fluid cups were used than the normal 8 ounces. Observation on 8/24/16 at 12:20 p.m. in the dining room of Resident #3 revealed: - The resident's lower extremities appeared not to be edematous.	D 280			

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D 280	Continued From page 12 - A regular sized water glass about 6- 8 ounces was on the table next to her. Interview with Resident #3 on 8/24/16 at 12:20 p.m. revealed the resident was doing well and had no problems. Review of facility progress note by the facility owner/nurse dated 8/24/16 at 12:10 a.m. revealed: - The owner/nurse spoke with a nurse at the the resident's physician's office today. - She informed the nurse it was not possible to count all of the resident's fluids as she might get a drink from the machine or water from the sink. - Small cups were being used at meals. - The nurse at the office told her she did not have to document the intake and output but to continue the "96 ounces" of intake as well as possible until physician visit next week. Interview with three medication aides (MA) at shift change on 8/24/16 at 3:40 p.m. revealed: - None of the MAs had been aware of any residents on fluid restriction currently. - They had not been informed about any restrictions for Resident #3. - One of the MAs had completed fluid restriction before for a resident but in another facility and the amounts given were documented on a form. - The small plastic cups were used to give water with medications if on fluid restrictions. - The size of the cups ounces in the cup were unknown. Interview with a fourth Medication Aide, on 8/24/16, at 2:20 pm revealed: - The Medication Aide usually passed fluids at 10:00 a.m., and with snacks or when residents asked.	D 280	- Documentation of conversation placed in residents chart.	8-24-16

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D 280	Continued From page 13 - She was not aware of any residents on fluid restrictions. - She did not know Resident #3 was on fluid restrictions. Interview with a Nursing Assistant, on 8/24/16, at 2:24 p.m. revealed: - The Nursing Assistant passed fluids at 10:00 am, with snacks and when the residents used the call bell to ask. - She is aware of one resident on fluid restrictions and has known for almost two months. - "I use a small cup to give her water". - The cup that she used was smaller than the cups used at meals. - She did not document when giving Resident #3 water.	D 280	LHPS Book made for RCC to complete for new skill sets & New residents To Give to LHPS Nurse upon Arrival to ensure timely completion of LHPS Form 4		