STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355091	A. BUILDING _____ B. WING _____	01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MEDICAL CENTER NURSING HOME	612 CENTER AVE N ASHLEY, ND 58413

(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	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 01/07/14 and completed on 01/09/14, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interviews, the facility failed to provide individualized activities consistent with residents' preferences and interests for 2 of 5 sampled residents (Resident #2 and #4) dependent on staff to provide activities and 2 supplemental resident interviews (Resident #11 and #12). Failure to offer activities and implement an individualized activity program may negatively impact residents' quality of life. Findings include: - During initial tour on 01/07/14 at 10:15 a.m., Resident #11 stated, "There's nothing to do except watch TV," and Resident #12 stated, "[There] isn't much activities."	F 248	It is the policy of The Ashley Medical Center to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well being of each resident. A Quality Assurance study is planned to provide activities that satisfy on going daily needs, interests, physical, mental & psychosocial well being of each Resident. The Questions that Residents will be asked 1) Are you satisfied with the Activity Program offered? 2) A Monthly list will be provided at Resident Council of new activities that Resident can choose 1 activity per month. Ten Residents will be studied for Resident satisfaction with activity program and report to QA committee quarterly. Responsibility: Activity Director	

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.

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F 248	Continued From page 1 - During a confidential staff interview, a staff member stated, "They [activities] don't do much with some of them [the residents]. Just sit there all day [residents]. And it's [activities] always the same thing every week. Why can't they do something different?" The staff member stated other staff members have voiced concerns about the lack of activities as well, but the activities do not change. During an interview on 01/08/14 at 4:08 p.m., when asked for an explanation of the facility's activity participation logs, an activity staff member (#7) gave the following descriptions: * Company: "Visitors from outside the facility." * Devotions: "Devotions [read] right before breakfast or right before lunch." * Hair cuts and Settings: "They get haircuts every 6-8 weeks." * Looking Good: "We acknowledge their concern for their appearance." * Morning Greeting: "'Hi. Good morning.' I check it if they respond." * Newspaper: "We read it about 11:00 a.m. on Thursdays and Saturdays." * One-to-one: "A little visit by us or staff, CNA doing cares and talking to the resident." * Radio/TV: "Everyone in the dining room at meal time. The radio is on or the tv is on in the background." * Group Reading: "Little reading after lunch, Country Living [magazine] . . ." * Tape [in] Dining Room: "A tape in the tape recorder, CD, before lunch." * Video: "A video for entertainment in the afternoon, with popcorn." * Walking/Wheelchair: "If walking on own or with restorative aide, or in wheelchair."	F 248	A QA Study was completed on 10 Residents on 2/4/14 on what activities of interest Residents would like provided and what Sunday activities Residents would like provided. Resident #35280 stated activities are fine and would like to go out when the weather is good. She said Sundays she listens to church on the TV. Resident #42948 stated that all things in activities are fine for her. Resident #34043 Stated doesn't bother me. Nothing else she would want to do. Sundays are supposed to be a day of rest. She watches church on TV and roommate listens too. She listens to McCoy in the morning. Channel 6 has the Baptist minister on and Channel 11 has the Lutheran minister on at lunch time. Resident #38138 State nothing to do but watch TV. I explained that we have singfest in the afternoon as she would have enjoyed this in he past she said all we do is go down there and listen. I'd just like to sit here and watch TV. Resident unmotivated to do much other than watch TV when presented with other options. Resident #34066- Stated that all activities are ok and enjoys Sunday popcorn and movie. Resident #33560- Stated she would like nothing different.	

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F 248	Continued From page 2 During an interview on 01/09/14 at 8:53 a.m., an activities staff member (#7) (when asked about documentation of one to one visits), stated they would make a "check mark" on the activity log for things such as a brief visit. The staff member stated, "If it's just a chat in the hallway or something then no, we wouldn't [write a narrative note]." The staff member identified they would write a narrative note if the one to one was "something unusual or different" or if the visit was for "a substantial length of time." - Review of Resident #4's medical record occurred on all days of survey. Diagnoses included Parkinson's disease, dementia, depression, and a cerebrovascular accident (CVA) with left-sided weakness. The current Minimum Data Set (MDS), dated 11/03/13, identified moderately impaired cognition, moderate depression, and extensive assistance from one person for locomotion. Resident #4's current activities care plan, dated 02/07/13, stated, ". . . Problem . . . Participation out of room activities is limited due to CVA & being [literate [sic], but does know some numbers . . . Goals . . . will participate in some non physical group activities daily [times] 90 days . . . Approaches . . . Activity calendar in residents room . . . Praise resident for attempts of participation . . . Provide 1 - 1 (one to one) contact frequently and routinely . . . Convey attitude of respect and trust . . . TV & telephone & radio in room, enjoys family visits, 1 -1 visit with staff . . . Encourage sing a longs, chapel & other spiritual activities, reading groups, special programs, bingo. . . . Observe for signs of tiredness during activities . . . Family brings	F 248	Resident said on Sundays she stays busy with church services and enjoys watching a movie in the afternoon. Resident #34585- Stated that the Residents are blessed with what they have. She said on Sunday she is busy listening to ministry on TV. Resident #33104- States she has enough to do to keep up with her crocheting. And then she asked what else to I want to do? She said she is 98 years old. What else do I need to do? Resident #42758- Stated she would like to find three other people to play Skip Bo with. She said her daughter usually takes her out on Sundays. (Have Volunteer Play Skip Bo with Resident 1 X weekly.) Resident #34935- Likes to sing, Likes to go to Piano & Accordion Music. She said Sundays is for rest and company. Findings: Residents seem content with activities at The Ashley Medical Center. One Resident would like a Skip Bo card group. Will look for a group of Skip Bo players. Plan to follow up weekly times three. Monthly times three and quarterly times three. The QA study will be reported to QA committee quarterly. Responsibility: Activity Director	

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F 248	Continued From page 3 snacks for him in room . . . Likes to watch TV. Likes to watch staff and visitors go by his room. Has a learning disability. Likes lots of attention. Doesn't like anyone in his way when pedaling W/C [wheelchair] down hallway. Like [sic] to look outside. He is hard to understand." Resident #4's most recent Activities Progress Note, dated 02/25/13, stated, ". . . He enjoys coming to Bingo, Special Programs, Chapel. 1-1 visits from staff and family. . . . Will continue to invite/monitor activities. . . ." Resident #4's only activities assessment, dated 02/15/01, identified current interests as music, writing (signs name only), spiritual/religious activities, walking/wheeling outdoors, watching TV, talking/conversing, parties/social events, radio, and community outings. Observation on 01/07/14 from 2:03 p.m. until 4:04 p.m. showed Resident #4 in his room, asleep in his recliner without a TV or radio on. At 4:04 p.m., a certified nursing assistant (CNA) (#11) transferred him to his wheelchair and assisted him to the bathroom. The CNA then left the room, and Resident #4 sat in his wheelchair in his room until approximately 5:15 p.m. Observation on 01/08/14 at 9:14 a.m. showed Resident #4 in his recliner with his eyes closed. The TV was on, and set to a TV guide channel which showed what shows were on. At 10:12 a.m., two CNAs (#3 and #12) transferred the resident to his wheelchair and assisted him to the bathroom. The CNAs then transferred the resident back into his wheelchair. The CNAs left the room, and Resident #4 remained in his wheelchair, facing away from the TV. At 10:56	F 248	The Activity Department will implement one new activity a month. Expanded Activity Calendars will be completed. A list of new activities will be provided for individual residents to choose from. Responsibility: Activity Director A movie and popcorn will be put on the Calendar on Sunday afternoons and CNA or CNA helper will take roster of attendees. Attendance roster will be posted in dining room and CNA Helper or CNA will chart on attendance on Roster. Education will be completed at monthly CNA meeting on February 26, 2014 and a meeting for Activity staff one time yearly on February 10, 2014.Responsibility: Activity Director& Charge Nurse. It is the policy of the Ashley Medical Center to provide an on going program of activities designed to meet, in accordance with the Comprehensive assessment, the interests and Physical, mental and psychosocial well-being of each Resident. The Activity Director will educate the activity staff on proper documentation. No socialization during meal time will be charted as an activity.	

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F 248	Continued From page 4 a.m., observation showed Resident #4 in his wheelchair with his eyes closed. At 11:33 a.m., Resident #4 went to the dining room for lunch. Observation showed an activity staff member (#8) read daily devotions to the residents at 11:45 a.m., and lunch served at approximately 12:00 p.m. Observation on 01/08/14 at 1:33 p.m. showed Resident #4 in his recliner with his eyes closed and no TV or radio on. At 2:20 p.m., observation showed an activities staff member (#7) inviting residents to play Bingo. The staff member walked by Resident #4's room, invited the resident in the room next door, but failed to invite Resident #4. Resident #4 remained in his recliner with his eyes closed until approximately 4:00 p.m. when CNAs assisted him to the bathroom. Observations throughout the morning of 01/09/14 showed Resident #4 in his recliner with his eyes closed and the TV guide channel on. Resident #4's activity participation logs showed the following: *January 1-8, 2014: Bingo, Video, Company, Volunteer Visit, and Tape- Dining Room: 1 day Devotions: 4 days Group Reading on 3 days Morning Greeting, 1 - 1, Wheelchair, and Radio/TV on 6 days *The January log showed no activity participation on 01/05/14 (Sunday). The log identified Resident #4 as "no response" for Bingo on 01/08/14; however, observation showed him in his recliner with his eyes closed, and staff failed to invite/assist him. The log also identified "refused" for the sing a long on 01/07/14; however,	F 248	Inservice at CNA monthly meeting on 2/26/14.EX: Daily Devos, Small Group, Resident visiting and exercise See Activity Dept. Policy Responsibility: Activity Director See update care plan on Resident #2 and #4 for Act. Dept Job Description for Activity Aide For One to One's and Sensory Resident #2 Revised Activity Assessment. Resident will be taken to musical activity, Reading groups, spiritual/religious activities, Bingo, Special Programs, In-Room Tv-Church Service (Lutheran), Show her plants, will read cards and mail to her on A 1 to 1 basis, Telephone in room, Sensory 3 times weekly, 1 to 1visits 3 times weekly, Resident to be involved with quilt square Cutting holding material, quilt square lining up, Feel quilt square material & look at the color of the quilt material. Family visits Routinely & Frequently 1-2 times a week.	

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F 248	Continued From page 5 observation showed Resident #4 in his recliner with his eyes closed during that activity. The one to one log contained two entries, both dated 01/08/14, which stated, "Resident was mumbling, calling out sister's name, [and] said has lots of pain. . . . 1 - 1 - Resident was calling out. 'Ma, Ma.' I said, 'What's wrong.' He said, 'I want to get up.' . . ." *December 2013: Morning Greeting, Radio/TV, and Wheelchair: 25 days One to Ones: 23 days Devotions: 17 days Bingo and Volunteer Visits: 3 days Chapel, Birthday Party, Sing a Long, Dining Room Fun, Haircut, In Room Activity, Looking Good, Pet Therapy, Resident Council, Sun Room, Tape- Dining Room, and Telephone: 1 day Group Reading: 4 days Newspaper: 2 days *The December log showed no activity participation on December 1, 8, 15, 22, and 29 (Sundays). The one to one log included one entry, dated 12/12/13, which stated, ". . . Coughing [and] clearing his throat a lot - Noisy." *November 2013: Morning Greeting, Radio/TV: 25 days One to One: 24 days Wheelchair: 23 days Devotions: 19 days Group Reading: 16 days Volunteer Visits: 4 days Piano Music: 3 days Bingo, Chapel, Sing a Long: 2 days Company, Haircut, Looking Good, Pet Therapy, Sun Room, Tape- Dining Room: 1 day *The November log showed no activity participation on November 3, 10, 17, and 24	F 248	Visiting sunroom & show Resident the birds have Resident Sequence a deck of cards and put in correct suit, sorting and matching Games, memory game, pastoral visits, invite to Bible Study. When weather is nice take to café for a treat, bus rides, take outside to set on the deck and have a treat or drink & watch for birds and other animals & one to one visit. Read Ashley Newspaper in small group setting 1X weekly. Take to structured activity chapel – offer Holy Communion, Piano Music, Sing-a-long, Bingo, Reading Groups. Update Activity Assessment & Care Plan completed/reviewed yearly on all Residents with annual MDS/Care Plan along with an updated Progress Note with quarterly MDS. QA of all Low functioning Residents that sensory was completed, one to ones were completed, pastor visiting monthly and attending 1-2 structured activities a week. QA studies will be completed weekly for 3 weeks, Monthly for 3 months, Quarterly X three. Report to QA Committee Quarterly. Responsibility: Activity Director	

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F 248	Continued From page 6 (Sundays). The one to one log included one entry, dated 11/13/13, which stated, ". . . 1 -1- Res. [Resident] Ref. [refused] Bingo - has severe pain - nursing aware. Hollering so I took him to the nurses station, so he could talk to the nurse. Drove him around [and] gave him some cold thickened water [and] took him back to his room [and] never heard a sound out of him. He was given some Tylenol. . . ." Observation and interview showed one to one visits occurred as part of routine care, and devotions and group readings occurred as part of the residents' noon meal. The facility failed to develop and implement a meaningful and individualized activity program for Resident #4 specific to his interests and preferences. - Resident #2's medical record, reviewed on all days of survey, identified diagnoses of Alzheimer's disease, depression, glaucoma, and macular degeneration. The quarterly MDS, dated 12/18/13, identified the resident had severely impaired cognition and required extensive-to-total assistance for all Activities of Daily Living (ADLs). The initial activity assessment, dated 02/27/12, identified Resident #2 as interested in ". . . music, reading . . . spiritual/religious activities . . . watching tv . . . gardening/plants, talking/conversing . . . parties/social events." The current care plan stated, ". . . Approaches: . . . In room tv and telephone, encourage family visits . . . gets frequent company and activity staff will encourage low functioning activities as tolerated, likes to listen to weekly church service on television and enjoys the music, due to confusion act [activity] staff will read cards to her,	F 248	Resident #4 Activity Log QA will be done weekly times three, monthly times three, & quarterly times three in order to ensure that Resident was invited to all activities. Will be reported to QA committee quarterly. Responsibility: Activity Director Resident #4 watches TV Guide channel as this is KSJB AM – The Jamestown Radio Station. In the past this Resident always listened to McCoy Ministries, weather and news. The POA stated this and Bingo is his favorite activities. A movie and popcorn will be added to activity calendar on Sundays. Responsibility: Activity Director Resident #4 Does play Bingo, Connect Four, 1-1's, Basic sorting of change, matching activity with nuts and bolts, matching activity with deck of cards, sensory 3x a week, 1-1 3x's weekly. Updated Activity Assessment. Revised Daily Activity Log. Hired a New Activity Aide for Sensory's & 1-1's, Family Requests Resident to call Sister once a week. Review each Resident's care plan with annual MDS & update and individualize care plan with each Residents Interests upon completion of MDS. Documentation of this on activity progress notes. Responsibility: Activity Director	2/27/2014

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F 248	Continued From page 7 group reading and daily devotions out for all meals to DR . . . family makes major decisions asks that she be taken to bingo and church on Fridays." The Activity Progress Note, dated 04/11/13, further identified, ". . . Family visits frequently . . . She does attend some activities [with] encouragement such as devotions, [with] assist. Looks [at] her cards [and] other mail [with] 1 assist due to confusion, Ashley paper read to her in a group setting, watches some tv in room [and] DR [dining room], group reading, 1-1 visits from staff [and] family . . . Staff fix her hair in the absence of daughter, piano music, guitar music. . . ." Review of activity participation logs for November 1, 2013 - January 8, 2014 showed the following: *November 1-30, 2013: Accordion Music, Bingo, Cafe, Pet Therapy, Tape [in] Dining Room Bingo, Video: 1 day Chapel/bible Study and Sing Along: 2 days Company, Newspaper, and Piano Music: 3 days Hair Settings: 5 days Volunteer Visits: 6 days Walk/wheelchair: 19 days Morning Greeting: 22 days Devotions, Group Reading, Looking good, One-to-One, and Radio/TV: 25 days * December 2013: Accordion music, Bingo, Dining Room Fun [tree decorating], In room activities [tv], Resident Visiting, Sun Room, and Christmas Party: 1 day Chapel/bible Study: 2 days	F 248		

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F 248	Continued From page 8 Newspaper, Sing Along, and Tape [in] Dining Room: 3 days Hair Settings: 4 days Volunteer Visits: 7 days Piano Music: 8 days Company: 10 days Walk/wheelchair: 22 days Devotions, Group Reading, Morning Greeting, and Radio/TV: 24 days Looking Good and One-on-One: 25 days * January 1-8, 2014: Accordion Music, Bingo, Dining Room Fun [coffee and cookies], Hair Settings, Tape [in] Dining Room, Video, and Volunteer Visits: 1 day Company, Morning Greeting, Newspaper, and One-to-One on 2 days Devotions, Group Reading, Looking Good, Radio/TV, and Walk/Wheelchair on 6 days Observations showed the following: * 01/07/14 at 1:55 p.m., 3:10 p.m., 3:30 p.m., 4:20 p.m., 5:00 PM., 01/08/14 at 10:00 a.m., 10:20 a.m., 1:30 p.m., 3:45 p.m., and 01/09/14 at 9:30 a.m., Resident #2 lying in bed, with eyes closed. * 01/08/14 at 8:50 a.m. and 12:25 p.m., Resident #2 sitting in her wheelchair in the dining room. * 01/09/14 at 8:58 a.m., Resident #2 in physical therapy. During an interview on 01/09/14 at 12:15 p.m., a managerial activity staff member (#8) reported, "The CNAs know when the activities are scheduled. They won't get her up. They tell us [Resident #2] needs her insulin . . . needs to sleep, or needs toileting and not to take her." She further stated, "Family wants her [Resident #2] to go [to activities]."	F 248		

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F 248	Continued From page 9 Observations during survey showed staff failed to provide meaningful and individualized activities specific to Resident #2's physical and cognitive abilities. Other than meals and one physical therapy session, Resident #2 laid in her bed in silence with her eyes closed.	F 248		
F 309 SS=G	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, review of facility policy and procedure, review of professional literature, and staff interview, the facility failed to ensure 1 of 1 sampled resident (Resident #1) received the care and services necessary to attain the highest degree of safety possible while being fed in his room. Failure to ensure a resident with a known risk of aspiration was alert and positioned properly prior to administering medications and/or providing food/liquid resulted in the resident aspirating. Findings include: The facility policy titled "Nursing Swallow Screen," revised January 2012, stated, "Prerequisite to proceed with Swallow Screen: Able to have head of bed at 90 degrees, Patient is awake [and] alert	F 309	Resident #1 who was found to be affected by this practice is no longer a resident at AMC. A process is already in place that when a resident has a noted cough with feeding, pockets food, is noted to have a delayed or frequent swallow, that the AMC trained facilitator (who has been trained by St. Alexius speech therapy department) be notified. The facilitator will complete the necessary assessments and will make a recommendations to the HCP and/ or family for possible bedside swallow evaluation which is provided by St. Alexius via telemedicine.	

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ASHLEY MEDICAL CENTER NURSING HOME	612 CENTER AVE N ASHLEY, ND 58413

(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 309	Continued From page 10 . . . If any of the above conditions are not met, patient NPO [nothing per mouth] - refer to Speech Language Pathologist (SLP). . . . Poor swallow: No attempt to swallow . . . Delayed swallow, Coughing or choking, Drooling, Wet or gurgly voice . . . If ANY item marked "Yes," patient NPO - immediate referral to SLP. Nancy B. Swigert, "The Source for Dysphagia: Third Edition", LinguiSystems, Inc, 2007, pages 15, 47, 125, 128 and the educational handouts identified, ". . . Signs of oral phase dysphagia include pocketing of food in the cheeks [Observed January 7-8, 2014 during medication administration and while being fed], losing food or liquid out the front of the mouth [Observed January 7-8, 2014 during medication administration and while being fed] . . . Signs of pharyngeal dysphagia are coughing or choking during a meal [Observed 01/08/14 while being fed], . . . Wet [vocal] quality may be related to poor management of secretions [Observed January 7-8, 2014 during cares, during medication administration and while being fed], . . . During the oral intake of medicines, foods and/or liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair. . . . Even a slightly reclined position while eating greatly increases the risk of premature loss of food over the back of the tongue [Observed January 7-8, 2014 during cares, during medication administration and while being fed], . . . Controlling the bolus [bite] size is important . . . As long as the bolus size is controlled to a small amount . . . the bolus can rest in the valleculae and pyriforms [parts of the throat] without aspiration during a delayed swallowing response [Observed January 7-8, 2014 during medication administration and while	F 309	It will be the policy (**attachment 309A**) of the Ashley Medical Center that all residents receive the care and service necessary to attain the highest degree of safety possible while being fed in their room and while receiving medication in their room. Nursing staff will ensure that all residents (including those with a diagnosis of dysphasia) that are eating in their room/and or in their bed, are able to have their head of bed at 90 degrees or are sitting upright in a chair, are awake and alert, their mouth is free of debris and they are able to follow instructions (Nursing Swallow Screen). If any of these conditions are not met the charge nurse will further assess the resident and make a recommendation to the HCP.	

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F 309	Continued From page 11 being fed] . . . It's . . . difficult . . . to determine if pneumonia is due to aspiration unless the pneumonia developed soon after an observable episode of aspiration . . ." Review of Resident #1's medical record occurred on all days of survey. Diagnoses included Alzheimer's dementia, history cerebrovascular accident (CVA), malnutrition, and history of pneumonia. The quarterly Minimum Data Set (MDS), dated 12/31/13, identified severely impaired cognitive skills, no swallowing issues, no nutritional approaches needed, and limited assistance of one person required for eating. Resident #1's current care plan identified, "02/16/13 Focus: Self care deficit . . . Approaches: . . . Feeding assist as needd [sic] May need total assist. Set up asst [assistance] to actual assist. . . . 07/05/13 Focus: . . . Difficulty swallowing . . . Approaches: Monitor [Resident #1] for s/s [signs/symptoms] of aspiration with intake, SOB [shortness of breath], gurgly voice, coughing, [increased] temp [temperature], emesis p [after] intake, Notify MD [medical doctor]/FNP [family nurse practitioner] of any concerns of aspiration, To be upright for all oral intake, supervise [at] mealtimes has nectar thick liquids, To have 1:1 supervision with eating/drinking." The bedside swallowing evaluation, dated 08/13/13, identified, ". . . coughing [with] meals, frequent pneumonia . . . Mechanical Soft . . . Ground meats . . . No mixed or two consistency foods . . . Slow rate, Small amount, 1 tsp. [teaspoon] size . . . Nectar thick liquids . . . Small sip . . . Chin neutral . . . Sitting up 60 min [minutes] after meal . . . Medications crushed in pureed . . . nursing to supervise . . . Assist patient	F 309	The nursing department will perform an assessment on all residents who are admitted with a diagnosis of dysphagia. **Attachment 309 C** See Nursing Swallow Screen **attachment 309B.** Education will be provided to the staff (CNA and nursing staff) on Feb 25, and 26, 2014 entitled "Nutrition Care and Dysphagia in Geriatrics" which has been recommended by St. Alexius Speech Therapy department. A roster will identify employees in attendance. CNA staff have been educated to report to the nurse in charge residents who are eating in their room. The charge nurse will complete the nurse swallow screen keeping in mind those residents who have specific orders on supervision with feeding/eating. Minutes of the meeting on Feb 25 and Feb 26 will note specific education discussion.	

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F 309	Continued From page 12 with meal . . . Recommend modified barium swallow study . . ." The modified barium swallow study had not been completed due to the resident's power of attorney's concern the resident could not tolerate a long trip. A nurse's note, dated 01/07/14, identified at 1:35 p.m., "CNA [certified nursing assistant] stated res [resident] started coughing [and] choking on his lunch [and] then became very lethargic. Res taken from dining room [and] put to bed" . . . at 2:15 p.m., "[doctor] . . . up to see res . . . f/u [follow-up] in 1-2 days. . . ." A physician progress note, dated 01/07/13 [sic], stated, ". . . At lunch today, the patient reportedly choked and has been lethargic and sleeping since. . . . There is audible upper respiratory rattling with respirations. . . . Slight crackles in the lungs bilaterally. . . . Choking incident with possible aspiration . . . He will be monitored for signs of aspiration pneumonia including fever and difficulty breathing." Observation on 01/07/14 at 2:30 p.m. showed a nurse (#1) raise the head of Resident #1's bed to an approximate 45 degree angle (placing Resident #1 at an increased risk of premature loss of food/liquid over the back of his tongue) as he laid with his head tilted back, eyes closed, and mouth open. The nurse placed a pain pill on the tip of Resident #1's tongue and cued him to swallow. When he made no effort to swallow the pill, the nurse (#1) cued him again as she spooned three teaspoons of thickened water into his mouth. The pill slipped between Resident #1's right cheek and teeth (pocketed) (an indication Resident #1 had poor oral skills), and he drooled (an indication Resident #1 did not swallow his	F 309	Weekly handouts entitled "Fishing for People," will be distributed to the staff for one month beginning the week of February 10th, 2014: **(See Attachments 309 D, E, F, G.)** Week 1/Attachment 309D: What is Dysphagia? Week 2/Attachment 309E: Warning Signs of Dysphagia Week 3/Attachment 309F: Screening for Dysphagia Week 4/Attachment 309G: General Dining Guidelines In-servicing on feeding will be done on a yearly basis at the Ashley Medical Center SNF. QA will be done on all residents in which a nursing swallow screen has been completed, monthly X 3 and quarterly X 3 (**attachment 309 H**) and reported to the QA committee quarterly. Responsible Party: Director of Nursing	2/27/2014

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F 309	Continued From page 13	F 309		

secretions) and presented a wet, gurgly vocal quality (an indication Resident #1 did not swallow his secretion and secretions had entered his airway). He gagged when the nurse (#1) used the spoon to retrieve the pill from his cheek, and whispered, "No more." The resident's POA, who sat in a chair at the end of his bed, asked, "Can't it [the pill] be crushed next time?" Resident #1 laid in bed with his head tilted back, eyes closed, mouth open, and drool running down his chin and the pill again resting on the tip of his tongue. The nurse (#1) continued to cue Resident #1 to swallow as she spooned four heaping teaspoons of pudding (placing Resident #1 at an increased risk of aspirating during a delayed swallowing response) followed by six teaspoons of thickened water into his mouth. Resident #1 continued drooling and presented a wet, gurgly vocal quality. The pill eventually disolved in the resident's mouth.

The nurse's notes identified the following:
* 01/07/14 at 8:00 p.m., "Lethargic, refused supper and snack. . . . T [temperature] 99.9 degrees . . . Tylenol po [orally] were given . . . for elevated temperature. . . ."
* 01/08/14 at 8:30 a.m., "Res not very alert eating poorly gags easily . . . Had lg [large] amount of thick green phlegm" . . . at 9:00 a.m., "Res not running a temp is in bed resting [doctor] up to see res at this time orders received . . ."

Observation on 01/08/14 at 9:35 a.m. showed the resident's physician discussing medication options with a medical student. The nurse (#1) stated, "We've been crushing his meds [medications] lately, so we'd prefer crushed or liquid form." She failed to inform the physician of the signs/symptoms of aspiration she observed

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F 309	Continued From page 14 while administering Resident #1's pain medication. A physician progress note, dated 01/08/14, stated, "Per nursing report, patient coughed up a lot of thick, green phlegm this morning. He ate poorly for breakfast. . . . Patient is awake but does not respond to questions. He makes an upper respiratory rattling sound with respirations. Some crackles in lungs bilaterally. Choking incident with possible aspiration. . . . Clindamycin 300 mg [milligrams] every 8 hours for 7 days and Rocephin 1 g [gram] im [intramuscular] every 24 hours for 7 days for possible aspiration pneumonia. . . ." A nurse's note, dated 01/08/14 at 11:45 a.m., identified, "Res kept in room for lunch refused meal would not swallow." This conflicts with the observation at 12:10 p.m. when a CNA fed him his noon meal. Observations showed the following: * 01/08/14 at 10:50 a.m., two CNAs (#2 and #3) provided Resident #1's toileting cares. Following cares, one of the CNAs (#2) offered him two sips of thickened water via straw as he lay in bed, with the head of his bed only raised to an approximate 10 degree angle. Resident #1 presented with a wet, gurgly vocal quality that could be heard at the nurses' station (across the hall from his room) for approximately one hour later. * 01/08/14 at 12:10 p.m., a CNA (#2) raised the head of Resident #1's bed to an approximate 55 degree angle. Resident #1 coughed (an indication Resident #1 had poor vocal fold closure and secretions had entered his airway) after the CNA (#2) cued him to sip thickened juice through a straw. He laid in bed with his head tilted back,	F 309		

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F 309	Continued From page 15 eyes closed, and mouth open. The CNA (#2) then spooned a teaspoon of thickened juice into Resident #1's mouth as he lay in bed with his head tilted back, eyes closed, and mouth open. Resident #1 did not respond when the CNA (#2) cued him to swallow, instead he drooled, pocketed some of the juice between his cheek and teeth, coughed, and presented a wet, gurgly vocal quality. The CNA (#2) spooned two more teaspoons of thickened juice into his mouth. Resident #1 demonstrated a two-to-three second delayed swallow (an indication Resident #1 had difficulty eliciting a swallow) and coughed. The CNA (#2) then spooned a teaspoon of mashed potatoes into Resident #1's mouth. He gagged and made a slight chewing motion, with his mouth open and potatoes visible on the roof of his mouth. The CNA (#2) spooned two teaspoons of thickened juice into Resident #1's mouth, and he coughed immediately following the second teaspoon. The surveyor informed the CNA (#2) she should stop feeding the resident as potatoes continued to be visible on the roof of his mouth. The CNA (#2) turned to Resident #1 and asked him if he "wanted more," to which the resident whispered "No." The CNA (#2) then spooned two teaspoons of thickened juice into Resident #1's mouth as he lay in bed with his head tilted back, eyes closed, and mouth open. He demonstrated a two-to-three second delayed swallow followed by a deep cough, and presented a wet, gurgly vocal quality. The surveyor informed an administrative nurse (#4) of Resident #1's signs/symptoms of dysphagia and/or aspiration (pocketing, drooling, delayed swallow reflex, coughing, and wet vocal quality) when the CNA (#2) continued feeding the resident. * 01/08/14 at 1:30 p.m., an unidentified Certified Medication Assistant (CMA) raised the head of	F 309		

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F 309	Continued From page 16 Resident #1's bed to an approximate 55 degree angle as he laid with his head tilted back, eyes closed, and mouth open. The CMA placed a crushed pain pill on the tip of his tongue and cued him to swallow. She stated, "He's asleep. Yeah, it's [the crushed pill] sitting right there." The pill had slipped between Resident #1's cheek and teeth (pocketed), and he gagged when the CMA used a spoon to retrieve the crushed pill from his cheek. She stated, "Most of it's back out. He's not pocketing it anymore. He's sleeping. He's really out of it." The observations during survey demonstrated facility staff were unaware of the proper techniques for feeding Resident #1. The care and services provided placed Resident #1 at an increased risk aspiration, and caused him to take food/liquids into his airway, causing him harm. The nurse's notes identified the following: * 01/08/14 at 1:30 p.m., "Hydrocodone . . . crushed given to res res had problems swallowing med" . . . at 2:00 p.m., "Res resting eyes closed easy respirations" . . . at 2:30 p.m., "Staff discussion regarding swallowing, will modify diet and provide liquids to resident that are thickened and not food if resident unable to d/t [due to] [increased] secretions in throat [and] mouth, staff cont. [continue] to monitor temp [and] lung sounds." * 01/08/14 at 9:00 p.m., "Took sips of thickened liquids. T - 97.5 degrees . . ." During an interview the morning of 01/09/14, an administrative nurse (#4) reported staff have received education regarding the signs/symptoms of aspiration. She also confirmed staff are to ensure residents are alert and awake and positioned properly prior to any feeding attempts.	F 309		

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F 309	Continued From page 17 The facility failed to 1) ensure Resident #1 was awake and alert prior to administering medications and prior to feeding him, 2) position Resident #1 as close to 90 degrees as possible prior to administering medications and prior to feeding him, 3) control the size of the bolus [bite], offering teaspoon sized bites of food, 4) crush Resident #1's medications per previous bedside swallowing evaluation recommendations, 5) recognize Resident #1's signs/symptoms of dysphagia and/or aspiration (drooling, pocketing, delayed swallow, coughing, wet, gurgly vocal quality), 6) notify the physician of Resident #1's continuing signs/symptoms of aspiration during medication administration and while being fed, and 7) reassess Resident #1's swallow. Failure to implement the above interventions resulted in the resident continuing to aspirate during medication pass and meals.	F 309		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEYS COMPLETED ON 12/19/12. Based on observation, review of facility policy,	F 323	F 323: It is the policy of the Ashley Medical Center that the facility must ensure that the resident remains as free of accident hazards as possible, and that each resident receives adequate supervision and assistive devices to prevent accidents.	

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F 323	Continued From page 18 and staff interview, the facility failed to maintain an environment free of hazardous chemicals in 1 of 1 cupboard storing chemicals on 3 of 3 days of survey (January 7-9, 2014). This practice placed residents with memory loss and/or wandering behaviors at risk of exposure to hazardous chemicals. Findings include: Review of the facility policy titled "Hazardous Cleaning Supply Storage" occurred on 01/09/14. This policy, dated 08/31/07, stated, "Hazardous cleaning supplies will be stored in . . . locked areas. . . ." On 01/07/14 at 4:00 p.m.; 01/08/14 at 8:45 a.m., 12:20 p.m., 3:55 p.m. and 4:30 p.m.; and 01/09/14 at 9:30 a.m., observations of the environment revealed an unlocked cupboard located in the soiled utility room containing the following chemicals: * 1 WD40 * 2 Crew Clining Toilet Bowl Cleaner * 1 Clorox Liquid Bleach * 1 Swisher Select Delimer * 1 Country Fresh Disinfectant Spray * 2 General Purpose Carpet Cleaner * 2 Lysol Disinfectant Antibacterial Kitchen Cleaner * 1 Solidaire Blue Deodorizer The product labels stated the following: * WD40: "Contact may be irritating to eyes. . . . Swallowing may cause gastrointestinal irritation, nausea, vomiting and diarrhea. This product is an aspiration hazard. If swallowed, can enter the lungs and may cause chemical pneumonitis, severe lung damage and death."	F 323	All hazardous chemicals will be secured in a locked cabinet when not in use. The cabinet in question was malfunctioning during the survey and has since been repaired. Housekeeping staff will be trained in safe and secured handling and storage of hazardous chemicals by February 21, 2014. A roster will be kept of all attending and receiving training. A QA will be done monthly X 3 and quarterly X 3 and reported to QA committee quarterly. Responsible Parties: Environmental Service Director.	2/21/2014

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F 323	Continued From page 19 * Crew Clining Toilet Bowl Cleaner: "Eye contact: Corrosive. Causes permanent eye damage, including blindness. Skin contact: Corrosive. Causes permanent damage. Inhalation: May cause irritation and corrosive effects to nose, throat and respiratory tract. Ingestion: Corrosive. Causes burns to mouth, throat and stomach." * Clorox: "May cause severe irritation or damage to eyes and skin. Harmful if swallowed; nausea, vomiting, and burning sensation of the mouth and throat may occur." * Swisher Select Delimer: "Skin: Severe burns, Eyes: Severe burns, Inhalation: Burns, Ingestion: Severe burns." * Country Fresh Disinfectant Spray: "Respiratory irritation. Eye contact may cause burning and irritation." * General Purpose Carpet Cleaner: "May cause eye irritation. May cause mild skin irritation." * Lysol Disinfectant Antibacterial Kitchen Cleaner: "May cause eye irritation." * Solidaire Blue Deodorizer: "Slightly irritating to the eyes. Slightly irritating to the skin." During an interview on 01/09/14 at 9:30 a.m., a managerial maintenance staff member (#9) confirmed he expected chemicals to be kept locked and out of reach of the residents.	F 323		