STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING _____ B. WING _____	02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	**3400 NEBRASKA DRIVE BISMARCK, ND 58503**

(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 02/06/17 and completed on 02/09/17, the sample included 5 residents for complete review, 16 residents for focused review, and 3 closed records for review.	F 000		
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than	F 278		3/16/17

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

Electronically Signed | 03/13/2017

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F 278	Continued From page 1 $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.13), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 3 of 21 sampled residents (Resident #11, #18, and #19). Failure to correctly code Section O (Special Treatments, Procedures, and Programs) does not allow each assessment to reflect the resident's current status/needs and may affect the care provided to the residents. Findings include: The Long-Term Care Facility RAI Manual, revised October 2016, page O-39, stated, ". . . O0500J, Communication . . . Code activities provided to improve or maintain the resident's self-performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record." - Review of Resident #11's medical record occurred on all days of survey. The current MDS, dated 11/23/16, identified six days of a Restorative Nursing Communication Program during the seven day look-back period. Resident #11's restorative nursing plan of care, dated	F 278	It is the intent of this facility to continue to complete MDS assessments accurately as evidenced by the following: 1. The most recent MDS was reviewed for Resident□s #11, #18 and #19 regarding coding in communication under restorative nursing. These three resident□s needed modifications. Upon review of the facility roster, no other MDS□s needed modifications. The MDS□s have been modified and resubmitted to CMS and the North Dakota Department of Human Services. If the correction(s) affect payment the facility will do billing adjustments accordingly. 2. All resident□s coded for communication under restorative nursing on the MDS have the potential to be affected. 3. Current policy related to MDS Completion was reviewed and remains unchanged. Education was provided to the staff members completing the MDS area O0500J to be sure that only communication programs were coded in this area and not cognitive programs. Nursing staff were educated on 02/21/17 and 2/22/17 regarding accurate coding. 4. The date of correction will be on or before March 16, 2017. 5. The Quality Assurance Coordinator	

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F 278	Continued From page 2 02/25/15, identified, ". . . Restorative Nursing Goals: Resident to participate [with] cognitive maintenance program. 3-5 x/wk [times per week] to maintain highest cognitive status. . . . Plan of Therapy: RNT [restorative nurse therapist] to complete orientation questions [with] date, time. Daily events. Complete trivia, reminscing [sic] about family and occupation. . . ." - Review of Resident #18's medical record occurred February 8-9, 2017. The current MDS, dated 12/07/16, identified three days of a Restorative Nursing Communication Program during the seven day look-back period. Resident #18's restorative nursing plan of care, dated 10/03/14, identified, ". . . Restorative Nursing Goals: . . . Res. [resident] to participate with cognitive program to maximize executive functioning and memory. . . . Plan of Therapy: . . . Cognition - Trivia, wordfinds, crosswords, etc. . . ." - Review of Resident #19's medical record occurred February 8-9, 2017. The current MDS, dated 11/09/16, identified six days of a Restorative Nursing Communication Program. Resident #19's restorative nursing plan of care, dated 08/11/14, identified, ". . . Restorative Nursing Goals: . . . Res. to participate with cognitive activities to maintain highest cognitive functioning . . . Plan of Therapy: Cognition: as indicated and able to participate . . ." Resident #11, #18, and #19's medical records lacked evidence of specific, individualized activities designed to improve or maintain functional communication skills.	F 278	and/or designee will audit the next MDS□s completed on resident□s #11, #18, and #19 before the MDS's are submitted to assure that correct coding was completed. Random audits will be done on 4 completed MDS's a week, prior to submission, to assure correct coding. These audits will be conducted weekly X4 weeks, monthly X3 months, and then quarterly X2. Results will be immediately reported to the Director of Nursing. If concerns are identified, immediate corrective action will be taken. The Quality Assurance Coordinator will report to the Quality Assurance Committee at each scheduled meeting and necessity of further monitoring will be determined.	

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F 278	Continued From page 3 During an interview on 02/08/17 at 12:19 p.m., a nursing staff member (#13) agreed cognition therapy and communication therapy were different, and staff should not code communication therapy on the MDS.	F 278		
F 280 SS=E	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or	F 280		3/16/17

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F 280	Continued From page 4 resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (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. (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	F 280		

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F 280	Continued From page 5 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 observation, record review, resident interview, and staff interview, the facility failed to review and revise the comprehensive care plan to reflect the resident's current status for 8 of 21 sampled residents (Resident #1, #2, #3, #7, #12, #13, #14, and #20). Failure to revise the care plan limited staffs' ability to communicate care needs and ensure continuity of care for each resident. Findings include: - Observation throughout the survey showed a thick cushion on the seat of Resident #1's wheelchair. Review of Resident #1's medical record occurred on all days of survey. The current care plan stated, ". . . Potential for pressure ulcers related to dry skin, aging, . . . [history of] reddened and raw skin to inner buttocks. . . ." The facility failed to include the wheelchair cushion as an intervention. - Observation throughout the survey showed a thick cushion on the seat of Resident #2's wheelchair. Review of Resident #2's medical record occurred	F 280	It is the intent of this facility to remain in compliance with F-280 1. The care plans were updated for Resident□s # 1, #2, #3, #7, #12, #13, #14, AND #20. 2. All Resident□s have the potential to be affected. 3. The process of updating care plans has been reviewed by the nurse management team. The team leaders and clinical coordinators will continue to update them with any changes. The MDS nurses will review with each MDS and make appropriate changes. Education was provided to all nursing associates on 2/21/17 and 2/22/17 with emphasis placed on being sure that care plans are accurate at all times and that any inaccuracies are reported to the team leader immediately so that the resident can be assessed and the care plan updated. The process for care conferences is also being changed. Instead of having a care conference quarterly with the family, twice a year, the team leader and direct care staff will meet with the resident and social worker on the neighborhood to review the plan of care.	

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F 280	Continued From page 6 on all days of survey. The current care plan stated, ". . . Potential for pressure ulcers related to dry skin, aging, incontinence . . . diabetes . . . chronic dermatitis. . . ." The facility failed to include the wheelchair cushion as an intervention. - Observation throughout the survey showed a thick cushion on the seat of Resident #3's wheelchair. Review of Resident #3's medical record occurred on all days of survey. The current care plan stated, ". . . Potential for pressure ulcers related to dry skin, aging, impaired mobility . . . hx [history] of MASD [moisture associated skin disorder] to coccyx. . . ." The facility failed to include the wheelchair cushion as an intervention. -Observations on February 6-8, 2016, showed Resident #7 wore his prevalon boots in bed and in the wheelchair. Review of Resident #7's medical record occurred on all days of survey. Diagnoses included pressure ulcer of right heel. The resident's current care plan stated, ". . . Heels up (sic) boots when in bed. . . ." During an interview on 02/09/17 at 8:35 a.m., a nurse manager (#3) confirmed Resident #7's care plan should include wearing prevalon boots when in the wheelchair and in bed. - Observation on 02/06/17 at 1:36 p.m., 02/06/17 at 3:29 p.m., and 02/07/17 at 9:35 a.m. identified staff checked and changed Resident #12's	F 280	4. Date of correction will be on or before March 16, 2017. 5. The Quality Assurance Coordinator or designee will do random audits on 5 residents a week to assure that the care plan is accurate. These audits will be conducted weekly X4 weeks, monthly X3 months, and then quarterly X2. Results will be immediately reported to the Director of Nursing. If concerns are identified, immediate corrective action will be taken. The Quality Assurance Coordinator will report to the Quality Assurance Committee at each scheduled meeting and necessity of further monitoring will be determined.	

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F 280	Continued From page 7 incontinence brief as she lie in bed. Review of Resident #12's medical record occurred on all days of survey. The current care plan identified, ". . . Bowel and Bladder incontinence . . . Approach . . . Habit training before and after meals, at HS [bed time] and PRN [as needed] per resident's request . . ." During an interview on 02/08/17 at 3:40 p.m., a certified nursing assistant (CNA) (#11) stated Resident #12 sometimes requests to use the toilet, otherwise staff check and change her in bed. During an interview on 02/09/17 at 9:45 a.m., a supervisory nurse (#12) identified Resident #8's care plan was incorrect. - Observation throughout the survey showed a thick cushion on the seat of Resident #13's wheelchair. Review of Resident #13's medical record occurred on all days of survey. The care plan stated, ". . . Potential for pressure ulcers related to dry skin, aging, impaired physical mobility, incontinence. . . . Stage 2 pressure ulcer to left upper/inner buttocks. . . ." The facility failed to include the wheelchair cushion as an intervention. During an interview on 02/09/17 at 9:30 a.m., two administrative nurses (#3 and #5) stated when a resident requires a wheelchair cushion, staff should add the cushion to the resident's care plan.	F 280		

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F 280	Continued From page 8 - Observation of Resident #14 throughout the survey showed the following: * staff failed to assist the resident to use the toilet * the resident failed to ambulate to/from meals * a thick cushion on the seat of his wheelchair Resident #14's quarterly Minimum Data Set (MDS), dated 12/12/16, identified walk in room and walk in corridor did not occur. During an interview on 02/07/17 at 9:13 a.m., a licensed nurse (#1) stated Resident #14 is independent in his room and takes himself to the bathroom. During an interview on 02/08/17 at 7:40 a.m., Resident #14 stated, "I take myself to the bathroom, even though they [staff] don't like it." During an interview on 02/08/17 at 2:50 p.m., a certified nurse aide (CNA) (#2) stated the resident does not walk to meals, but uses his wheelchair. This CNA stated staff assist him to the bathroom when he calls for assistance, and check on him every 2-3 hours. Review of Resident #14's medical record occurred on February 6-8, 2017. The care plan stated the following: * "Category: Bladder and Bowel Function . . . Approach: . . . Habit training before and after meals, at HS [hour of sleep] and PRN [as needed] per request. Do not leave alone while on toilet. . . ." The facility failed to update the care plan to reflect Resident #14's current status with toileting. * "Category: Falls . . . Approach: . . . Ambulate to/from meals with FWW [front wheeled walker]	F 280		

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F 280	Continued From page 9 with extensive assist x [times] 1 with w/c [wheelchair] following . . ." The facility failed to remove this intervention from the care plan. * "Category: Skin Integrity: Potential for pressure ulcers related to dry skin, aging, impaired physical mobility . . . hx. [history] of moisture associated skin damage in peri-rectal area . . ." The facility failed to include the wheelchair cushion as an intervention. - Observation on 02/09/17 at 8:14 a.m. showed Resident #20 with oxygen on at 2 liters per minute per nasal cannula. Review of Resident #20's medical record occurred on February 8-9, 2017 and showed: * 08/29/14, a physician order, "Oxygen @ [at] 2 liters per nasal cannula. Titrate to keep sats [oxygen saturation level] > [greater than] 90% [percent]." * 09/02/16, a nursing order, "Phase IV [restorative therapy] program to complete left upper extremity AROM [active range of motion]-PROM [passive range of motion] to distal extremity daily." During an interview on 02/08/17 at 10:10 a.m., an administrative nurse (#6) stated nursing staff are responsible to enter the intervention of a restorative nursing therapy program onto the mobility section of the care plan. Resident #20's care plan stated the following: * Category: Disease Management: Alteration in comfort related to history of . . . URI [upper respiratory tract infection], shortness of breath with exertion and while lying flat . . . Approach: Oxygen per nasal cannula at 2-4 Liters PRN. . . ."	F 280		

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F 280	Continued From page 10 The facility failed to update the oxygen intervention to match the physician order. * "Category: Falls: Impaired physical mobility: . . ." The facility failed to include restorative therapy as an intervention.	F 280		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care. 483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference, and staff interview, the facility failed to ensure 1 of 13 sampled residents (Resident #13)	F 309	It is the intent of this facility to remain in compliance with F-309 as evidenced by the following:	3/16/17

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F 309	Continued From page 11 receiving antihypertensive medication for blood pressure control received the necessary care and services to attain the highest practicable physical well-being possible. Failure to assess and evaluate the effect of multiple antihypertensive medications, notify the physician of a pattern of hypotension (low blood pressure), obtain an order before holding antihypertensive medications, and failure to assess whether staff should/should not administer antihypertensive medications when the resident displayed low blood pressure readings did not allow for timely adjustments to treatment, had the potential to result in poorly controlled hypertension, and placed the resident at risk for complications of hypo/hypertension. Findings include: "Nursing 2017 Drug Handbook," 37th ed., Wolters Kluwer, Pennsylvania, states regarding the following medications: * Doxazosin, page 485, "Therapeutic class: Antihypertensives. Pharmacologic class: Alpha blockers. . . . ACTION: An alpha blocker that acts on the peripheral vasculature to reduce peripheral vascular resistance and produce vasodilation. . . . ADVERSE REACTIONS: . . . orthostatic hypotension [a blood pressure that decreases when the resident sits or stands] . . . hypotension . . . INTERACTIONS: Drug-drug. Antihypertensives [such as (i.e.) lisinopril, metoprolol, and Norvasc], diuretics [i.e. Lasix]: May increase hypotensive effects. Adjust dosages as necessary. . . ." * Lasix, pages 680-681, "Therapeutic class: Antihypertensives. Pharmacologic class: Loop diuretics. . . . ADVERSE REACTIONS: . . .	F 309	1. In regards to resident #13, the physician was aware of her blood pressures and had made changes to her orders as of 02/07/2017 and 02/08/2017. Nursing staff clarified an order and received parameters for a second blood pressure medication that she was still taking on 02/09/2017. 2. Any resident that is receiving multiple medications for blood pressure with parameters for holding one or more meds has the potential to be affected. 3. Education was provided to the nursing staff on 02/21/17 and 02/22/17 in regards to notifying a physician in the following situations. Anytime that a medication with parameters has been held more than 4 days in the last 7 days, or anytime that a nurse makes the decision to hold a blood pressure medication without parameters because giving the medication with the current blood pressure could cause a negative impact or harm to the resident. 4. Date of correction will be on or before March 16, 2017. 5. The Quality Assurance Coordinator or designee will do random audits on 4 residents a week to assure that all resident□s with blood pressure medications are being given, or held appropriately,and that if they are held that the above criteria are followed accordingly. These audits will be conducted weekly X4 weeks, monthly X3 months, and then quarterly X2. Results will be immediately reported to the Director of Nursing. If concerns are	

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(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 12 orthostatic hypotension . . . INTERACTIONS: Drug-drug. . . . Antihypertensives [i.e. lisinopril, metoprolol, and Norvasc]: May increase risk of hypotension. Use together cautiously. Decrease antihypertensive dose if needed. . . ." * Lisinopril, pages 888-889, "Therapeutic class: Antihypertensives. Pharmacologic class: ACE [angiotensin converting enzyme] inhibitors. . . . ADVERSE REACTIONS: . . . orthostatic hypotension, hypotension . . . INTERACTIONS: Drug-drug: . . . Diuretics [i.e. Lasix] . . . May cause excessive hypotension with diuretics. Monitor BP [blood pressure] closely. . . ." * Metoprolol, pages 964-965, "Therapeutic class: Antihypertensives. Pharmacologic class: Selective beta-adrenergic blockers. . . . ADVERSE REACTIONS: . . . hypotension . . . INTERACTIONS: Drug-drug. Calcium channel blockers [i.e. Norvasc]: May increase hypotensive effects. * Norvasc, pages 129-130, "Therapeutic class: Antihypertensives. Pharmacologic class: Calcium channel blockers. . . . CONTRAINDICATIONS & CAUTIONS: . . . Use cautiously in patients receiving other peripheral vasodilators [i.e. doxazosin] . . ." Review of Resident #13's medical record occurred on all days of survey. Diagnoses included essential (primary) hypertension and hypertensive chronic kidney disease. The care plan, dated 12/20/12, stated, ". . . Decreased cardiac output related to diagnosis of hypertension . . . Approach: . . . Monitor B/P, pulse . . . Notify physician if B/P is consistently above 180/90 . . ." Physician orders included the following	F 309	identified, immediate corrective action will be taken. The Quality Assurance Coordinator will report to the Quality Assurance Committee at each scheduled meeting and necessity of further monitoring will be determined.	

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	355058	A. BUILDING _____ B. WING _____	02/09/2017

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F 309	Continued From page 13 medications for diagnosis of hypertension: * 08/21/13, Norvasc 10 milligrams (mg) daily * 08/19/14, metoprolol 37.5 mg twice daily (BID) with instructions "Hold if pulse < [less than] 60 or SBP [systolic (top/first number) blood pressure] <100. . . ." * 06/11/15, Lasix 20 mg daily * 04/01/16, lisinopril 40 mg daily * 04/14/16, doxazosin 2 mg daily Resident #13's vital sign record and Medication Administration Record (MAR) included the following morning blood pressure readings and nursing interventions: * 12/06/16 - 92/48 * 12/09/16 - 91/50, held Norvasc * 01/06/17 - 93/41, held Norvasc * 01/11/17 - 89/49, held Norvasc and lisinopril * 01/17/17 - 83/47, held Norvasc and lisinopril * 01/19/17 - 90/51 * 01/21/17 - 94/59, held Norvasc and lisinopril * 01/28/17 - 90/50, held Norvasc * 01/30/17 - 94/47, held lisinopril and doxazosin * 02/05/17 - 92/49 * 02/06/17 - "low" * 02/07/17 - 77/44 Resident #13's vital sign record included the following evening blood pressure readings with SBP <100: * December 6-31, 2016 - ranged from 83/50 to 99/51 on eight days * January 1-31, 2017 - ranged from 77/42 to 99/54 on 19 days * February 1-7, 2017 - ranged from 76/51 to 92/49 on six days Review of the MAR, dated 12/06/16 to 02/07/17,	F 309		

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showed staff held Resident #13's metoprolol appropriately, and also held Norvasc six times, lisinopril four times, and doxazosin one time. The record failed to include an order to hold the Norvasc, lisinopril, and doxazosin on the above occasions.

A physician's note, dated 12/09/16, stated, ". . . HTN [hypertension]; mostly controlled and improved on lisinopril, norvasc and metoprolol, doxazosin. First reading of the day is elevated and then later in the day her reading is normal. - Edema: controlled on lasix. . . ."

A nurse's note, dated 02/06/17 at 6:49 p.m., stated, "Resident was complaining after supper that she was weak and didn't feel that she could walk. Resident's BP was low . . . Will update physician."

A physician note regarding "hypertension f/u [follow-up]", dated 02/07/17 at 11:30 a.m., included orders to discontinue doxazosin and decrease norvasc to 5 mg daily.

During an interview on 02/08/17 at 4:45 p.m., a nurse administrator (#5) stated staff should not hold a resident's medication without an order.

During an interview on 02/09/17 at 10:55 a.m., a nurse supervisor (#12) stated staff should notify the physician if they hold a resident's medications, when there are not parameters to do so.

The facility failed to ensure Resident #13 maintained a stable blood pressure by:
1. Failing to assess, evaluate, and report

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F 309	Continued From page 15 Resident #13's hypotensive status progressing over a two month period. 2. Failing to determine the need for Norvasc, lisinopril, and doxazosin before administration on six, eight, and 11 days respectively when her SBP was <100. 3. Failing to obtain an order to hold Norvasc, lisinopril, and doxazosin on seven occasions when staff held these medications.	F 309		
F 328 SS=D	483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments (f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. (g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to … prevent complications of enteral feeding including but not limited to aspiration pneumonia,	F 328		3/16/17

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F 328	Continued From page 16 diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. (h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. (i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. (j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide the necessary care and services for 2 of 6 sampled residents (Resident #13 and #21) with physician's orders for continuous oxygen. Failure to provide oxygen as ordered has the potential for residents to experience complications and/or hospitalization related to inadequate oxygen saturation levels.	F 328	It is the intent of this facility to remain in compliance with F-328 as evidenced by the following: 1. Resident□s #13 and # 21 were observed and staff were educated to be sure that their oxygen was correctly placed and remained on the entire time that they were in the bathroom.	

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F 328	Continued From page 17 Findings include: - Review of Resident #13's medical record occurred on all days of survey. Diagnoses included pulmonary fibrosis and iron deficiency anemia secondary to blood loss (chronic). The care plan for Disease Management included the intervention, "Oxygen per nasal cannula at 2-4 Liters; titrate to keep sats [saturation] above 90% [percent]." A physician order, dated 10/06/16, stated, "Continuous Oxygen per NC [nasal cannula] - titrate to keep Oxygen saturation > [greater than] 90%." On 02/06/17 at 1:29 p.m., observation showed staff transported Resident #13 to her room. A certified nurse aide (CNA) (#7) placed a gait belt around the resident's waist, removed the oxygen tubing from her nose, and assisted her to ambulate with a walker into the bathroom to the toilet. At 1:38 p.m., the CNA assisted Resident #13 to stand from the toilet, provided perineal cares, adjusted her clothing, and ambulated to the bed. The CNA assisted her to lay down, and then placed the oxygen on the resident at 2 liters per minute (LPM). Staff failed to provide Resident #13's oxygen for approximately 10 minutes. On 02/06/17 at 4:40 p.m., observation showed a CNA (#8) entered Resident #13's room to assist her to the bathroom. The CNA removed the resident's oxygen, set at 2 LPM, and assisted her to ambulate to the toilet. After providing perineal cares, the CNA ambulated with the resident to the bed, positioned her in bed, and at 4:50 p.m.	F 328	2. Any resident that requires continuous oxygen has the potential to be affected. Upon review of the facility roster, it was found that 29 residents were identified as using continuous oxygen and 15 as using PRN oxygen. 3. The current policy related to Oxygen use was reviewed and remains unchanged. Education was provided to all nursing staff on 2/21/17 and 2/22/17 regarding caring for resident□s with continuous oxygen needs. Areas that were emphasized included the importance of never removing a resident□'s oxygen while assisting them to the bathroom as well as reminding and assisting resident□s in placing O2 NC (if it has been removed) while using the bathroom. 4. Date of correction will be on or before March 16, 2017. 5. The Quality Assurance Coordinator or designee will do random audits on 4 residents a week to assure that all resident□s with continuous oxygen have their oxygen on at all times while in the bathroom. These audits will be conducted weekly X4 weeks, monthly X3 months, and then quarterly X2. Results will be immediately reported to the Director of Nursing. If concerns are identified, immediate corrective action will be taken. The Quality Assurance Coordinator will report to the Quality Assurance Committee at each scheduled meeting and necessity of further monitoring will be determined.	

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applied her oxygen. Staff failed to provide Resident #13's oxygen for 10 minutes.

On 02/07/17 at 8:49 a.m., observation showed a CNA (#7) entered Resident #13's room to assist her to breakfast. The resident complained of not feeling well. The CNA removed the resident's oxygen, set at 2 LPM, and ambulated with the resident to the toilet. At 8:52 a.m., the CNA assisted Resident #13 to stand, provided perineal cares, and ambulated to the wheelchair in the resident's room, placed foot rests on the wheelchair, gave the resident a washcloth for her hands/face, and a toothbrush to brush her teeth. The CNA combed the resident's hair, and placed a blanket around her. At 9:02 a.m., the CNA applied Resident #13's oxygen at 2 LPM. Staff failed to provide Resident #13's oxygen for approximately 12 minutes.

During an interview on 02/08/17 at 2:30 p.m., a licensed nurse (#9) stated staff should keep Resident #13's oxygen on when taking her to the bathroom.

- Review of Resident #21's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (lung disease), allergic rhinitis (nasal allergies), primary pulmonary hypertension (lung disease), and heart failure. The physician order dated 12/19/15, stated, ". . . Oxygen @ (at) 1-2 liters continuous via nasal cannula . . ."

Observation on 02/09/17 at 10:25 a.m. showed a CNA (#4) assisted Resident #21 in the bathroom without oxygen. The CNA #4 transferred Resident #21 from the toilet to the wheelchair

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F 328	Continued From page 19 and failed to apply oxygen. The CNA told Resident #21 to put on oxygen that was resting on the wheelchair armrest, but Resident #21 was unable as she was grunting with breaths and hunched forward. The CNA assisted Resident #21 to bed and placed nasal cannula tubing on Resident #21, but the oxygen concentrator was not delivering oxygen. The registered nurse (#10) confirmed the oxygen concentrator was not working. Resident #21 had difficulty speaking, shortness of breath, and grunting. At 10:40 a.m. the CNA placed Resident #21 on a functioning oxygen system. Staff failed to provide Resident #21's oxygen for approximately 15 minutes. During an interview on 02/09/17 at 11:23 a.m., an administrative nurse (#5) confirmed Resident #21 should have oxygen on at all times including in bed and in the bathroom.	F 328		