STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING _____ B. WING _____	03/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ON BROADWAY	1351 N BROADWAY FARGO, ND 58102

(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 March 27, 2017 and completed on March 30, 2017, the sample included five (5) residents for complete review, sixteen (16) residents for focused review, and three (3) closed records for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 281 SS=E	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy and procedure, review of professional reference, and staff interview, the facility failed to ensure staff assessed the response to pain medications for 4 of 18 sampled residents (Resident #10, #11, #12, and #14) who received as needed (PRN) pain medications. Failure to assess the residents' response to a PRN pain medication in a timely manner limited the staff's ability to assess the effectiveness of the pain medication and may have resulted in the resident experiencing unrelieved pain. Findings include: "Nursing 2017 Drug Handbook, 37th edition (ed.), Wolters and Kluwer, Pennsylvania, pages 75 and	F 281	It is the practice of this facility to follow up on PRN pain medications according to professional standards of practice. 1. Re-education given to Nurses to provide follow up assessment for residents sampled within 1 hour of administering PRN pain medications. 2. All residents who receive PRN pain medications have the potential to be affected. 3. Re-education provided to RN's and LPN's to do a follow up assessment on residents within 1 hour of receiving PRN pain medication. Nurses will utilize the	5/4/17

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

Electronically Signed | 04/19/2017

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F 281	Continued From page 1 726, stated, ". . . acetaminophen [Tylenol] . . . Analgesic . . . peak [highest level of pain relief at] 1/2 - 2 hr [hour] . . . Norco [hydrocodone] . . . Analgesic . . . peak 1/2 to 2 hr . . ." Berman and Snyder, "Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice," 10th ed., Pearson Education, Inc., New Jersey, page 1106 and 1109, stated, ". . . NONOPOID ANALGESICS/NSAIDS [nonsteroidal anti-inflammatory drugs] FOR MILD PAIN - *Acetaminophen OPIOID ANALGESICS FOR MODERATE PAIN - *Hydrocodone . . . Assess pain prior to and 60 minutes after administration. . . . Evaluate the effectiveness of pain control measures used through ongoing assessment. . . ." Review of the facility policy titled "Pain management/Pain prevention" occurred on 03/30/17. This policy, revised 07/10/16, stated, ". . . The nurse or the medication aide will follow up within 1 hour after the administration of a PRN pain medication and will ask the resident for the follow-up level of pain and documented [sic]. . . ." - Review of Resident #10's medical record occurred on March 27-29, 2017. Diagnoses included myalgia, chronic pain syndrome, migraines, arthritis, and knee pain. An annual Minimum Data Set (MDS), dated 03/12/17, identified moderately impaired cognition and frequent pain rated a 9 on a 10 point scale. The current care plan stated, ". . . I have alteration in comfort related to joint pain secondary to arthritis . . . chronic pain syndrome and generalized pain. . . . Observe and report undesired medication side effects or changes needed to current pain	F 281	PRN tab in the EMAR to see if PRN pain medications have been administered and document the resident's response to the medication. 4. The Quality Nurse or designee will audit 5 PRN pain medications per week for 4 weeks and monthly thereafter for 3 months and quarterly for 1 year to verify that PRN pain medications have documented follow up within 1 hour of administration of the medication. Audits will begin on 4/20/17 and will be reviewed at the facility QAPI meeting for continued compliance.	

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F 281	Continued From page 2 mngmt [management] as needed. . . ." The physician's orders identified, "Norco 5-325 milligrams (mg) give 1 tablet orally every 4 hours as needed for pain." Review of the medication administration record (MAR) and progress notes for February and March 2017 showed staff administered the Norco 5-325 mg 33 times, assessed Resident #10 on 15 occasions two to eight hours after administering the pain medication, and failed to assess his/her pain relief on one occasion. - Review of Resident #11's medical record occurred on March 27-29, 2017. Diagnoses included osteoarthritis, shoulder pain, and chronic hip/leg pain. A quarterly MDS, dated 01/11/17, identified rarely/never makes self understood to others, absence of spoken words, severely impaired cognition, and lacks short term memory. The current care plan stated, "Pain to L) [left] shoulder (osteoarthritis) increased with mobility. Hx [history] of chronic back pain, R) [right] leg and R) hip pain. . . . Assess my pain using facial pain scale. . . ." The physician's ordered identified, "Tylenol (Acetaminophen) 325 mg give 650 mg via J-tube (jejunostomy) (an opening made into the abdomen and the small intestine to insert a tube) every fours hours as needed for pain. Review of the MAR and progress notes for August, September, and October 2016 showed staff administered Tylenol 650 mg 28 times and assessed Resident #11 on 10 occasions two to six hours after administering the pain medication. During an interview on 03/28/17 at 4:50 p.m., an	F 281		

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F 281	Continued From page 3	F 281		

administrative nurse (#4) stated staff are expected to assess the effectiveness of the pain medication administered within one hour.

- Review of Resident #12's medical record occurred on all days of survey. Diagnoses included osteoarthritis (joint pain). The significant change MDS, dated 12/29/16, identified frequent, moderate pain. The resident's current care plan stated, ". . . I have generalized pain . . . Monitor/document for side effects of pain medication. . . ."

Review of Resident #12's MAR and progress notes for October 1 - December 31, 2016 showed staff administered PRN Norco 5-325 mg 1 time, Acetaminophen 4 times, and assessed Resident #12 on all 5 occasions two to three hours after administering the pain medication.

- Review of Resident #14's medical record occurred on all days of survey. Diagnoses included chronic pain syndrome and mononeuropathey (nerve pain). The quarterly MDS, dated 01/20/17, identified constant, moderate pain. The resident's current care plan states, ". . . Alteration in comfort related to pain as evidenced by: left shoulder pain. . . ."

Review of Resident #14's progress notes for July 1- September 30, 2016 showed staff administered Norco 5-325 mg 2 times and assessed Resident #14 on both occasions three to five hours after administering the pain medication.

During an interview on 03/30/17 at 8:35 a.m., an administrative nurse (#1) confirmed staff are

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F 281	Continued From page 4 expected to assess the effectiveness of the pain medication administered within one hour.	F 281		
F 323 SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record review, and review of facility policy, the facility failed to reassess an assistive device used for positioning for 1 of 1 sampled resident (Resident #3) who used a seatbelt for wheelchair positioning. Failure to reassess the safety device after Resident #3's entrapment	F 323	It is the practice of this facility to assess safety devices used for residents according to professional standards of practice. 1. Safe use of seatbelt reviewed for	5/4/17

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F 323	Continued From page 5 during a fall from the wheelchair placed the resident at risk of further falls that could result in pain or a major injury. Findings include: Review of the facility policy titled "Use of Assistive Devices" occurred on 03/30/17. This policy, dated November 1, 2016, stated, "The purpose of this policy is to provide a reliable process for the proper and consistent use of assistive devices for those residents requiring equipment to maintain or improve function and/or dignity. . . . 6. A nurse with responsibility for the resident will monitor for the consistent use of the device and safety in the use of the device. Refusals of use, or problems with the device, will be documented in the medical record. Modifications to the plan of care will be made as needed. - Review of the medical record for Resident #3 occurred March 27-30, 2017. Diagnoses included Parkinson's disease, dementia, muscle weakness, abnormalities of gait and mobility, osteoarthritis, and neuropathy. A quarterly Minimum Data Set, dated 02/22/17, identified moderate cognitive impairment, and functional limitation of range of motion to both lower extremities. The current care plan stated, "Focus . . . I need reminders to ask for help, as I like to do things for myself. I am impulsive. . . . I am able to remove/release seat belt on my own so is not considered a restraint. . . . Interventions/Tasks . . . Please remind me to wear my seatbelt to help with positioning when I'm in my wheelchair and remind him [sic] to tighten some if really lose."	F 323	resident #3. Resident #3 is able to demonstrate self release of the belt without difficulty. 2. All residents who use a seatbelt or chest harness for safety have the potential to be affected. 3. Re-education completed with Nursing team on 4/18/17 to increase awareness of safe use of chest harnesses and seatbelts. The careplan team will review all seatbelts and chest harnesses quarterly and following an incident where the device is involved for continued safe use and effectiveness. Review will be noted in the progress notes in Point Click Care. 4. The Quality Nurse or designee will audit all residents with a seatbelt or chest harness to see that the device has been reviewed by the careplan team weekly for 4 weeks then monthly for 3 months then quarterly for 1 year beginning on 4/20/17.	

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F 323	Continued From page 6 Nursing documentation, dated 09/02/16, stated, "Resident was in his room sitting in his WC [wheelchair] watching TV [television]. RA [Resident Assistant] was assisting a different resident ambulate in the hall when he glanced at resident and noticed he was in a funny position and called for assistance. RA and Med Tech [medical technician] found resident on his knees in front of his WC with the WC seatbelt around his chest and under his armpits. Resident had just returned from playing Bingo. Resident was continent and denied needing to void. Resident stated that he 'slipped out of the chair.' . . . Assessment was done, no injuries noted; resident assisted into his recliner." The record showed the most recent facility assessment for the seatbelt occurred on 01/12/2016. Documentation failed to show a nurse assessed the seatbelt for safety after this episode of entrapment in the wheelchair as per policy.	F 323		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must	F 431		5/4/17

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F 431	Continued From page 7 employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, facility record review,	F 431	It is the practice of this facility to monitor	

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F 431	Continued From page 8 review of professional reference, and staff interview, the facility failed to ensure proper labeling of an insulin pen during 1 of 2 observations and storage of medication in 1 of 6 medication refrigerators. Failure to ensure labeling of insulin pens with the most current physician order may result in medication errors and failure to maintain the medication refrigerator temperature within an acceptable range has the potential to affect the potency and efficacy of the medication. Findings include: LABELING OF MEDICATION Observation during a medication pass on 03/28/17 at 9:05 a.m. on 3 South showed a staff nurse (#9) administered Lantus insulin 12 units to supplemental Resident #25. The medication label stated "Lantus 10 units every am [morning]." The current physician order, dated 03/22/17, stated "Lantus 12 units SQ [subcutaneous] in the am x [times] one week. The facility failed to update the medication label to coincide with the physician order. During an interview on 03/30/17 at 9:45 a.m., a staff nurse (#9) confirmed the label on Resident #25's Lantus insulin pen did not match the physician's order. STORAGE OF MEDICATION Review of a facility form titled, "Night Nurse Duties" occurred on 03/30/17. This form identified the following, ". . . check & record medication refrigerator temperature nightly (36-46 F)	F 431	the safe storage and labeling of medications in accordance with professionals standards of practice. 1. Medication refrigerator on identified unit was found to have a broken thermometer, which was replaced immediately. Refrigerator temperature was monitored throughout and found to be at 38 degrees after thermometer replaced. Resident #25 insulin pen was labeled with a sticker that refers to the chart for the current medication order as per policy. 2. All medication refrigerators in the facility have the potential to be affected. All residents with insulin pens have the potential to be affected. 3. Re-educate Nurses to check the refrigerator temperature as soon as they open the door to get a true temperature. Night Nurses will record on the log each night when they check the temperature. Re-educate Nurses to place a "Refer to Chart" sticker on any insulin pen when a new order is received and the label does not match the order. 4. The Quality Nurse or designee will complete audits starting on 4/20/17 on completion of the refrigerator log weekly for 4 weeks then monthly for 3 months then quarterly for 1 year. Log temperatures should be in the 36-46 degree range. The Quality Nurse or designee will	

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F 431	Continued From page 9 [Fahrenheit] . . ." Review of the January 2017 facility form titled, "Night Nurse Duties", showed the following: * On January 29 the medication refrigerator temperature read "34 degrees F. . . ." * The form lacked documentation of the refrigerator temperatures for 11 out of the 31 days. Review of manufacturer's instructions for NovoLog FlexPen stated, "Do not freeze NovoLog. Do not use NovoLog if it has been frozen . . . Store opened and unopened NovoLog pens in the refrigerator at 36°F to 46°F (2°C to 8°C). . . ." Review of package insert for Xalatan (latanoprost ophthalmic solution), located at https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020597s044lbl.pdf stated, "Store unopened bottle(s) under refrigeration at 2° to 8°C (36° to 46°F). . . " Observation of the medication storage areas occurred on 03/29/17 from 10:30 a.m. to 11:25 a.m. with a staff nurse (#10) and showed a temperature of 32 degrees in the 2 South refrigerator. The refrigerator contained nine insulin pens (NovoLog and Lantus), two bottles of latanoprost ophthalmic solution, and one bottle of Lorazepam. Observation of the same refrigerator on 03/30/17 at 10:15 a.m. showed the temperature remained at 32 degrees F. During an interview on 03/30/17 at 10:30 a.m., a	F 431	complete audits on all insulin order changes starting on 4/20/17 weekly for 4 weeks then monthly for 3 months then quarterly for 1 year for labeling of the insulin pens per policy.	

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F 431	Continued From page 10 staff nurse (#11) called a facility maintenance staff member (#12) and he verified via phone the medication refrigerator temperature should not measure below 36 degrees F. Failure to maintain medication refrigerator temperatures between 36-46 degrees F. has the potential for the medications to freeze and lose their efficacy and/or potency.	F 431		
F 441 SS=D	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of	F 441		5/4/17

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F 441	Continued From page 11 communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced	F 441		

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F 441	Continued From page 12 by: HAND HYGIENE 1. Based on observation, record review, facility policy and procedure review, and staff interview, the facility failed to follow infection control practices for 2 of 13 sampled residents (Resident #9 and #11) observed during personal cares. Failure to follow infection control practices related to hand hygiene has the potential to spread infection within the facility. Findings include: Review of the facility policy titled "Hand Hygiene" occurred 3/29/17. This policy, revised 01/17/17, stated, ". . . Hand hygiene is to be performed: . . . Before and after direct resident contact . . . assisting resident with personal care . . . assisting a resident with toileting . . . After contact with a resident's . . . body fluids or excretions . . . After removing gloves . . . After completing a duty. . . ." - Review of Resident #9's medical record occurred on March 27-29, 2017. Diagnoses included multiple sclerosis and parkinson's disease. The annual Minimum Data Set (MDS), dated 02/11/17, identified extensive assistance of two required for personal hygiene. Observation on 03/28/17 at 3:35 p.m., showed two certified nursing assistants (CNAs) (#5 and #6) provided Resident #9 with personal cares. The CNA (#6) applied gloves before checking the resident's brief. Both CNAs (#5 and #6) adjusted the foley catheter tubing and dry brief, pulled up the resident's pants, placed the lift sheet under	F 441	It is the practice of this facility to complete hand hygiene and wound care according to professional standards of practice. 1. Re-education provided to CNA's on 3rd floor caring for residents #9 and #11 on hand hygiene policy following removal of gloves and peri-cares. Re-education provided to Nurses re: Clean dressing change policy for resident #14. Underpads stocked in the treatment cart to be used for resident #14 dressing change. 2. All resident have the potential to be affected by hand hygiene. All residents with wound care have the potential to be affected. 3. Re-education to all Nursing staff on hand hygiene with resident care. Re-education to Nurses on clean dressing change policy. 4. The Quality Nurse or designee will audit 10 observations of hand hygiene weekly for 4 weeks then monthly for 3 months then quarterly for 1 year beginning on 4/20/17. The Quality Nurse or designee will audit 2 dressing changes weekly for 4 weeks then montly for 3 months then quarterly for 1 year beginning on 4/20/17.	

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	355047	A. BUILDING _____ B. WING _____	03/30/2017

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F 441	Continued From page 13	F 441		

him, and transferred him from the bed to the wheel chair using a hoyer lift (mechanical total lift), removed the lift sheet, and placed the foley catheter bag into a blue bag under the wheel chair. Both CNAs failed to sanitize their hands after completing cares and/or removing their gloves, and prior to exiting the room.

- Review of Resident #10's medical record occurred on March 27-29, 2017. Diagnoses included cerebral palsy and congenital encephalopathy with left sided hemiparesis (weakness). The quarterly MDS, dated 01/11/17, identified severely impaired cognition, always incontinent of stool and urine, and total assistance required for all activities of daily living (ADLs).

Observation on 03/28/17 at 8:10 a.m., showed two CNAs (#7 and #8) provided Resident #10 with personal cares. One of the CNAs (#7) applied gloves, removed Resident #10's brief wet with urine, cleansed the perineal area, turned the resident onto her right side, and cleansed the rectal area. The CNA (#7) then applied lotion to the Resident #10's back, removed only her left glove, and placed the lift sheet under the resident. Then the CNA (#7) ran her fingers (left hand) through Resident #10's hair many times stating "you really need a hair cut," before exiting the room to get clean linen. The CNA (#7) failed to sanitize her hands after completing perineal cares and/or removing gloves and prior to completing additional cares and exiting the room.

Observation on 03/28/17 at 8:45 a.m., showed two CNAs (#7 and #8) provided Resident #10 with perineal cares. One of the CNAs (#7)

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F 441	Continued From page 14 applied gloves, provided perineal cares, applied a clean brief, adjusted her shirt, and lowered her onto the bed (touching the control pad on the hoyer lift). The CNA (#7) removed her gloves, pulled up the residents pants, and readjusted her shirt. The CNA (#7) failed to sanitized her hands after completing perineal cares and/or removing gloves and prior to completing additional cares. Observation on 03/28/17 at 11:30 a.m., showed two CNAs (#7 and #8) provided Resident #10 with perineal cares. One of the CNAs (#7) applied gloves, completed Resident #10's perineal cares, turned the resident on her left side and wiped the rectal area, removed her brief wet with urine, and placed a clean brief under her. The CNA (#7) grabbed the Resident #10's right hand and lifted it up, pulled up her pants, adjusted her shirt, placed the lift sheet under the resident, bagged the wet brief, and removed her gloves. The CNA (#7) then moved the hoyer lift, held onto the handles of the wheel chair and moved it closer to the bed, transferred Resident #10 from the bed to the wheel chair, adjusted the vest belt, and sanitized her hands. The CNA (#7) failed to remove her gloves and sanitize her hands after she completed perineal cares and prior to completing additional cares. During an interview on 03/30/17 at 10:00 a.m., an administrative staff (#1) stated she expected all staff to sanitize their hands after completing cares, removing their gloves, and prior to exiting a resident's room. WOUND CARE 2. Based on observation, record review, review of	F 441		

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policies/procedures, and staff interview, the facility failed to ensure staff followed standard infection control practices for 1 of 1 resident (Resident #14) observed during wound cares. Failure to keep ulcer care supplies and surfaces clean may contribute to the spread of infection in the wound.

Findings include:

Review of the facility policy titled "Clean Dressing Change" occurred on 03/30/17. This policy, revised 01/20/17, stated, ". . . Place a barrier cloth or pad next to the resident, under the wound to protect the bed linen and other body sites. Loosen the tape and remove the existing dressing. . . . Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. Wash hands and put on clean gloves. Cleanse the wound as ordered, taking care to not contaminate other skin surfaces or other surfaces of the wound . . ."

- Review of Resident #14's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated 01/26/17, identified an unhealed pressure ulcer. The current physician orders identified, "Apply A&D [vitamin A and vitamin D] ointment to . . . posterior R [right] calf and posterior L [left] calf. Cover areas with telfa. . . ." The resident's current care plan stated, ". . . pressure injuries identified to R and L calves . . . administer treatment per provider orders. . . ."

An observation of wound care on 03/28/17 at 11:27 a.m. showed two nurses (#2 and #3) changed Resident #14's right calf dressing. One

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F 441	Continued From page 16 nurse (#2) held Resident #14's right leg in the air while the other nurse (#3) removed the dressing, exposing the ulcer. The second nurse (#3) obtained a sterile cotton swab, touched both ends of the swab with her soiled gloves, and placed the soiled swab into the ulcer to measure the depth of the ulcer. The nurse (#3) then removed her gloves and washed her hands while the other nurse (#2) lowered Resident #14's open calf ulcer directly onto a visibly soiled Prevalon boot. The ulcer layed on the Prevalon boot until the second nurse (#3) returned from washing her hands. The first nurse (#2) lifted Resident #14's right leg calf ulcer off of the soiled boot as the second nurse (#3) applied A&D ointment and telfa. During an interview on 03/29/17 at 4:00 p.m., a nurse manager (#1) confirmed that dressing changes should follow clean dressing change procedures.	F 441		