STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING _____ B. WING _____	04/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE VILLAGE	**4000 24TH AVE S GRAND FORKS, ND 58201**

(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 April 24, 2017 and completed on April 27, 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 two (2) additional residents to verify specific concerns during the survey.	F 000		
F 156 SS=C	483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for	F 156		5/26/17

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

Electronically Signed | 05/19/2017

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F 156	Continued From page 1 Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.)	F 156		

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F 156	Continued From page 2 [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)] (iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)] (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)] (v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)] (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives: (i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office,	F 156		

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F 156	Continued From page 3 adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and (ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community. (g)(13) The facility must display in the facility written information, and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. (g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. (ii) The facility must also provide the resident with	F 156		

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F 156	Continued From page 4 the State-developed notice of Medicaid rights and obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; (g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section. (g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the	F 156		

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F 156	Continued From page 5 Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on review of Medicare Part A notices/files, the facility failed to provide adequate written notices for 3 of 4 residents (Resident #6, #25, and #26) reviewed for termination of Medicare coverage. Failure of the facility to provide notices that contained the correct contact information for the intermediary review limits the residents' ability to exercise their rights related to Medicare Part A.	F 156	The Request for Medicare Intermediary Review letter was updated on April 27. Any resident upon discontinuing Medicare coverage could be affected by the letter. The new form has been in use since April 28 when it was used for a resident who was given notice of Medicare A noncoverage. The other Medicare notices	

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F 156	Continued From page 6 Findings include: Review of Medicare billing records occurred on 04/26/17 at 5:00 p.m. The facility provided Resident #6, #25, and #26 with a demand bill form. These forms lacked the correct contact information for the intermediary review.	F 156	were reviewed, updated if necessary, and changes were communicated to those that would use the documents. In addition to making changes to these forms when we are notified, we will put a process in place to review our forms annually to ensure their accuracy.	
F 278 SS=E	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	F 278		6/1/17

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F 278	Continued From page 7 and false statement in a resident assessment is subject to a civil money penalty or not more than $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 3.0), and staff interview, the facility failed to ensure accurate coding of Minimum Data Sets (MDS) for 4 of 21 sampled residents (Resident #4, #5, #7, and #10). Failure to accurately complete Section H (Bowel and Bladder), Section K (Weight Loss/Gain), Section N (Medications), and Section O (Psychological Therapy) does not allow each assessment to reflect the resident's current status/needs and has the potential to affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: Bowel and Bladder The Long-Term Care Facility RAI User's Manual, revised October 2016, Chapter 3 page H-2, states, ". . . 2. Review the medical record, including bladder and bowel records, for documentation of current or past use of urinary or bowel appliances . . . Check next to each appliance that was used at any time in the past 7 days. Select none of the above if none of the appliances A-D were used in the past 7 days . . . H0100C, ostomy . . . "	F 278	The MDS modifications were completed and submitted for Residents 4, 5, 7, and 10 by May 26. All residents have the potential to be affected by inaccurate coding. The most current MDS will be reviewed for all residents for accuracy in the areas noted during the survey by June 1. Licensed Nurses attended educational sessions on May 10 and 12 to review the plan of correction and the importance of accurate documentation. All RN Care Coordinators will complete MDS Section H, N, and O training and the Licensed Registered Dietitian will complete MDS Section K training through Health Care Academy by June 1. The RN Care Coordinators will audit all MDSs for accuracy in these areas monthly for the next twelve months. The Director of Nursing Services will report the results to the QAPI Team on a monthly basis.	

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F 278	Continued From page 8	F 278		

- Review of Resident #4's medical record occurred on all days of survey. A quarterly MDS, dated 1/25/17, identified the use of an ostomy. Review of the medical record did not indicate Resident #4 had an ostomy during the look-back period. During an interview on 04/26/17 at 5:00 p.m. a care coordinator (#13) stated Resident #4 does not have a ostomy.

Weight Loss/Gain

- The Long-Term Care Facility RAI 3.0 User's Manual, October 2016, page K-9 stated, ". . . K0310: Weight Gain . . . Code 2, yes, not on physician-prescribed weight-gain regimen: if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days . . ."

Review of Resident #10's medical record occurred on all days of survey. The progress note dated 01/5/17, stated, ". . . MDS -10.0% change over 180 day(s) . . . wt [weight] loss is beneficial with loss of edema in her LE (lower extremity) . . . she is on a nutritional supple [supplement] and snack TID [three times a day] . . ." The progress note dated 04/11/17, stated, ". . . MDS . . . -7.5% [weight loss] change over [180 days] . . . she is also on a nutritional supple at breakfast and supper. . . ."

The quarterly MDS, dated 10/12/16, identified Resident #10's weight being 136 pounds. The Annual MDS, dated 01/12/17, identified Resident #10's weight at 123 pounds and coded as a weight gain and no weight loss. The quarterly MDS, dated 04/12/17, identified Resident #10's weight at 118 pounds and coded as a weight gain

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and no weight loss. The facility failed to code the weight loss on 01/12/17 and 04/12/17.

During an interview on 04/25/17, a dietary manager (#7) confirmed that Resident #10's MDS should had been coded for a weight loss and not weight gain for the look-back period.

Medications

The Long-Term Care Facility RAI Manual, revised October 2016, page N - 9, stated, ". . . temazepam is a hypnotic . . ."

- Review of Resident #7's medical record occurred on all days of survey. Medications included temazepam in the evening for sleeplessness.

A quarterly MDS, dated 01/27/17 identified Resident #7 received an antianxiety medication for seven days in the look back period.

During an interview on 04/26/17 at 3:26 p.m. an administrative nurse (#12) confirmed she coded temazepam as an antianxiety, rather than a hypnotic.

Psychological Therapy

The Long-Term Care Facility RAI User's Manual, revised October 2016 Chapter 13 page O-21 and Appendix A page 17 states, ". . . For purposes of the MDS, providers should record services for . . . psychological, when the following criteria are met: - the physician orders the therapy; - the physician's order includes a statement of frequency, duration, and scope of treatment; - the

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F 278	Continued From page 10 services must be directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by qualified personnel; . . . - the services must be reasonable and necessary for treatment of the resident's condition. . . . Psychological Therapy; The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth. . . ." - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included Alzheimer's dementia, brief psychotic disorder, and restlessness/agitation. An annual MDS, dated 01/22/17, identified severely impaired cognition and 15 minutes of psychological therapy. A progress note, dated 01/19/17, stated, "[a psychiatrist] visited and Dr. [Doctor] decreased her morning Risperdal [an antipsychotic medication] . . . Continue to monitor and update Dr. as needed." During an interview on 04/26/17 at 5:00 p.m., a care coordinator (#13) confirmed facility staff miscoded psychological therapy for Resident #5.	F 278		
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,	F 281		6/1/17

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F 281	Continued From page 11 must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, review of professional reference, and staff interview, the facility failed to reassess the effectivness of medications given to residents on an as needed (PRN) basis in a timely manner for 3 of 21 sampled residents (Resident #14, #17, and #18) and 1 closed record resident (Resident #24) identified with PRN medications. Failure to evaluate the resident's response to PRN medications limited the nursing staffs' ability to assess whether the medication achieved the desired effect or if the resident experienced any side effects or adverse reactions from the medication. Findings include: Review of the facility policy titled "Medication Administration" occurred on 04/26/17. This policy, revised January 2017, stated ". . . Medication Administration Record . . . Pain is assessed for effectivness and documented within two hours. . . . PRN Medications . . . As nursing assessment indicates, documentation is placed in Progress Notes concerning reasons for giving and the effect of the medication. . . ." Berman and Snyder, "Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice," 9th ed., Pearson Education, Inc., New Jersey, page 862-870, states, ". . . Process of Administering Medications: When administering any drug, regardless of the route of	F 281	The Licensed Nurses will chart the effectiveness of future PRN medications given to Residents 14, 17, and 18 within two hours of administration. All residents receiving PRN medications have the potential to be affected. Licensed Nurses with the potential to administer PRN medications were educated on May 10 and 12 on the requirement to follow up on PRN medications within two hours. The Licensed Nurses not in attendance at the meeting were sent the meeting minutes to review. The policy on Medication Administration will be updated to reflect this practice by June 1. The Assistant Director of Nursing (ADON) or designee will be responsible to complete a minimum of ten audits of the timeliness of PRN medication follow up each week for one month, followed by ten audits monthly for eleven months. The ADON will report the results of the audits monthly at the QAPI Team meetings.	

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administration, the nurse must do the following: . . . 6. Evaluate the client's response to the drug. . . . In all nursing activities, nurses need to be aware of the medications that a client is taking and record their effectiveness as assessed by the client and the nurse on the client's chart. . . . Skill 35-1 Administering Oral Medications: . . . Evaluation: Return to the client when the medication is expected to take effect (usually 30 minutes) to evaluate the effects of the medication on the client. . . ."

- Review of Resident #14's medical record occurred on all days of survey. Diagnoses included skin irritation/itching.

The record showed a physician's order for Hydroxyzine 25 milligrams (mg) by mouth every eight hours as needed for itch. Review of the medication administration record (MAR) and progress notes for August, September, and October 2016 showed staff administered Hydroxyzine 25 mg 12 times and assessed Resident #14 on 11 occasions two to eight hours after administering the medication.

- Review of Resident #18's medical record occurred on all days of survey. Diagnoses included polyosteoarthritis. The current care plan stated, ". . . I have chronic pain r/t [related to] arthritis . . . Evaluate the effectiveness of pain interventions . . . Review for alleviating of symptoms . . . my satisfaction with results, impact on functional ability and impact on cognition . . ."

The record showed a physician's order for Acetaminophen [Tylenol] 650 mg by mouth every six hours PRN for pain/fever. Review of the MAR

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F 281	Continued From page 13	F 281		

and progress notes for March and April 2017 showed staff administered Acetaminophen 650 mg four times and assessed Resident #18 on three occasions 2 hours after administering the medication.

- Review of Resident #24's medical record occurred on all days of survey. Diagnoses included obsessive-compulsive behavior, psychosis, anxiety, and depression. The quarterly MDS, dated 09/21/16, identified severely impaired cognition, delirium, depression, and physical and verbal behavioral symptoms. The current care plan stated, ". . . I use anti-anxiety medications (Xanax) r/t Anxiety disorder. I also suffer from an Obsessive/Compulsive DO [disorder]. . . . Administer ANTI-ANXIETY medications as ordered my MD/NP [medical doctor/nurse practitioner] . . . Observe/document/report PRN any adverse reactions to ANTI-ANXIETY therapy . . ." The physician orders included Xanax 2 mg PRN for manic delusions QID [four times a day], Ambien 5 mg PRN for insomnia, and Tramadol 50 mg every 6 hours PRN for pain

Review of Resident #24's MAR and progress notes for September and October 2016 showed the following:
* Staff administered Xanax 30 times and assessed Resident #24 on 14 occasions two to seven hours after administering the medication.
* Staff administered Ambien four times and assessed Resident #24 on four occasions two to four hours after administering the medication.
* Staff administrated Tramadol three times and assessed Resident #24 on three occasions three to four hours after administering the medication.

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	355112	A. BUILDING _____ B. WING _____	04/27/2017

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F 281	Continued From page 14 On 21 occasions facility staff failed to assess the efficacy of Resident #24's PRN pain medication within two hours per the facility policy. - Review of Resident #17's medical record occurred on April 26-27, 2017. Diagnoses included bilateral lower extremities amputation and a history of phantom limb pain and mastoidectomy surgery on 02/14/17. Physician orders included Percocet 5/325 milligrams (mg) one tablet every four hours as needed (PRN) for pain rated one to five on a zero to ten scale and two tablets every four hours as needed for pain rated six to ten on a zero to ten scale and Oxycontin 10 mg PRN at night for pain. Review of the March and April 2017 MAR and progress notes showed staff administered PRN Percocet and PRN Oxycontin. On 12 occasions the staff assessed the efficacy over two to four hours after administering PRN Percocet and on one occasion over two hours after administering PRN Oxycontin. On thirteen occasions facility staff failed to assess the efficacy of Resident #17's PRN pain medication within two hours per the facility policy. During an interview on 04/27/17 at 9:15 a.m. an administrative nurse (#2) confirmed staff are required to follow up within 2 hours regarding the effectivness of antianxiety, sedative, and analgesic PRN medications.	F 281		
F 327 SS=E	483.25(g)(2) SUFFICIENT FLUID TO MAINTAIN HYDRATION (g) Assisted nutrition and hydration.	F 327		6/1/17

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F 327	Continued From page 15 (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- (2) Is offered sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide fluids to maintain proper hydration for 9 of 14 sampled residents (Resident #1, #2, #4, #5, #10, #11, #12, #13, #14) who require staff assistance for fluid intake. Failure to provide assistance/encouragement with fluid intake may result in dehydration, constipation, and urinary tract infections (UTIs). Findings include: Review of the facility form titled "NURSING ASSISTANT SKILLS VALIDATION ASSIST TO DINE" occurred on 04/27/17. This form, dated 03/01/17, stated, ". . . 14. . . . Offer fluids during all interactions with the resident to promote hydration. . . ." Review of the facility policy titled "Memory Care Neighborhood Policy and Procedure, Hydration" occurred on 04/27/17. This policy, dated August 2012, stated, ". . . Procedure: . . . 2. Fluids (e.g., water, juices, and coffee) will be offered mid-morning, mid-afternoon, and mid-evening. 3. Residents at high risk for dehydration due to restless pacing, medication use, agitation, or	F 327	The Licensed Registered Dietitian (LRD) will assess Residents 1, 2, 4, 5, 10, 11, 12, 13, and 14 for dehydration risk by May 23. All residents have the potential to be affected. A written communication will be sent by May 23 to all direct care nursing staff with educational information about offering fluids. The nursing staff will also complete a Health Care Academy educational module on dehydration by June 1. To ensure that staff continue to offer fluids with cares, the Staff Development RN or their designee will be responsible to complete a minimum of twenty care observations weekly for three weeks followed by twenty observations monthly for the next eleven months. The Director of Nursing Services will report the results of the audits monthly at the QAPI Team meeting.	

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other conditions, will be offered/encouraged to drink more frequently. . . ."

- Review of Resident #10's medical record occurred on all days of survey. Diagnoses included Alzheimer's Disease. The annual Minimum Data Set (MDS), dated 01/12/17, identified severely impaired cognition. The resident's current care plan stated, ". . . I need assistance with all decision making . . . I have a potential impairment to skin integrity of the heels r/t [related to] dry skin . . . Encourage good nutrition and hydration in order to promote healthier skin. . . ."

Observation on 04/25/17 at 11:00 a.m. showed a certified nursing assistant (CNA) (#1) assisted Resident #10 to the bathroom. Upon completion of cares, the CNA (#1) transferred Resident #10 to the activity area. The CNA (#1) failed to offer Resident #10 fluids.

During an interview on 04/27/17 at 8:15 a.m. a nurse manager (#2) confirmed staff should offer fluids with cares.

- Review of Resident #11's medical record occurred on all days of survey. Diagnoses included Dementia. The quarterly MDS, dated 01/21/17 identified severely impaired daily decision making and total assistance with eating.

Observation on 04/25/17 at 10:45 a.m. showed two CNA's (#3 and #4) assisted Resident #11 to the bathroom. Upon completion of cares, the CNA's (#3 and #4) transferred Resident #11 to the activity area. The CNA's (#3 and #4) failed to offer Resident #11 fluids.

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F 327	Continued From page 17 - Review of Resident #1's medical record occurred on all days of survey. Diagnoses included dementia and Parkinson's. A quarterly MDS, dated 01/25/17, identified moderately impaired cognition. The current care plan stated, "Focus: I have a potential for Urinary Tract Infections r/t [related to] Disease Process (positioning of bladder.) . . . Interventions . . . Encourage me to have adequate fluid intake. . . ." Observation on 04/25/17 at 10:40 a.m. showed a CNA (#1) assisted Resident #1 to the bathroom. Upon completion of cares, the CNA (#1) transported the resident to the lounge. The CNA (#1) failed to offer Resident #1 fluids. - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included dementia with behaviors. A quarterly MDS, dated 01/19/17, identified severely impaired cognition. Observation on 04/25/17 at 10:34 a.m. showed two CNAs (#1 and #3) transferred Resident #2 into bed, checked Resident #2's incontinence product and stated it was dry, transferred the resident back into her wheelchair, and transported her to the lounge. The CNAs (#1 and #3) failed to offer Resident #2 fluids. Observation on 04/25/17 at 3:05 p.m. showed two CNAs (#3 and #6) performed perineal cares for Resident #2. Upon completion of cares, one CNA (#3) transported the resident to the lounge. The CNAs (#3 and #6) failed to offer Resident #2 fluids.	F 327		

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- Review of Resident #4's medical record occurred on all days of survey. Diagnoses included Alzheimer's dementia, urinary tract infection, and restlessness/agitation. An annual MDS, dated 1/22/17, identified severely impaired cognition.

Resident #4's current care plan stated, ". . . Focus: I have a nutritional problem or potential nutritional problem r/t diabetes mellitus type 2 . . . Interventions: Hydration list-offer fluids upon every encounter . . . "

Observation on 04/25/17 at 9:40 a.m. showed a CNA (#11) assisted Resident #4 into the bathroom and after providing personal cares, walked the resident back to the recliner, gave her the call light, and left the room. The CNA failed to offer fluids.

- Review of Resident #5's medical record occurred on all days of survey. Diagnoses included dementia and restlessness and agitation. A quarterly MDS, dated 1/25/17, identified moderate impaired cognition.

Observation on 04/25/17 at 4:10 p.m. showed two CNAs (#8 and #9) assisted the resident into the bathroom. After providing personal cares, walked the resident back to his recliner, gave him a cookie and left the room. The CNA failed to offer fluids.

- Review of Resident #12's medical record, occurred on all days of survey. Diagnoses included dementia with behavioral disturbance. The annual MDS, dated 01/16/17, identified severely impaired cognition and long and short

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term memory loss.

The current care plan stated, ". . . I have an ADL [activities of daily living] self-care deficit r/t [related to] Dementia, Confusion. My overall status may fluctuate and decline due to disease processes and cognitive deficit r/t dementia dx [diagnosis]. . . . EATING: I need extensive assist of one for eating. . . ."

Observations showed the following:
* 04/25/17 at 9:25 a.m., two CNAs (#3 and #4) transferred Resident #12 to the bed, checked the brief, repositioned her, and left the room. The CNAs failed to offer fluids.
* 04/25/16 at 11:15 a.m., two CNAs (#3 and #4) checked and changed Resident #12, transferred her to the wheel chair, combed her hair, and left the room. The CNAs failed to offer fluids.
* 04/26/17 at 10:15 a.m., a CNA (#14) and a staff nurse (#15) transferred Resident #12 to the bed, checked the brief, lowered the bed, gave her the call light, and left the room. The CNA and staff nurse failed to offer fluids.

- Review of Resident #13's medical record, occurred on all days of survey. Diagnoses included dementia with behavioral disturbance and UTIs. The quarterly MDS, dated 01/15/17, identified severely impaired cognition, and long and short term memory loss.

Observations showed the following:
* 04/25/17 at 9:35 a.m.: two CNAs (#3 and #4) transferred Resident #13 from the wheel chair to the recliner, adjusted the oxygen tubing, and left the room. The CNAs failed to offer fluids.
* 04/25/17 at 11:10 a.m.: two CNAs (#3 and #4)

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F 327	Continued From page 20 transferred Resident #13 from the recliner to the wheel chair, adjusted the oxygen tubing, and transported her into the lounge. The CNAs failed to offer fluids. * 04/25/17 at 2:50 p.m.: two CNAs (#3 and #6) transferred resident into the wheel chair after she used the bathroom and then transported her to the lounge. The CNAs failed to offer fluids. Review of Resident #14's medical record, occurred on all days of survey. Diagnoses included Alzheimer's Disease, UTIs, and dementia. The quarterly MDS, dated 02/05/17, identified long and short term memory loss. On 04/26/17 at 10:40 a.m., an observation showed a CNA (#16) and staff nurse (#15) assisted Resident #14 with toileting cares, transferred him back to the bed, covered him up with a blanket, and left the room. The CNA and staff nurse failed to offer fluids.	F 327		