STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING _____ B. WING _____	05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOME OF COMFORT INC	95 HILL TOP DR KILLDEER, ND 58640

(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 The Standard Medicare/Medicaid recertification and complaint survey started on 04/29/19 and concluded 05/02/19.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		6/6/19

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

Electronically Signed | 05/16/2019

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F 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and resident/staff interviews, the facility failed to treat residents with dignity/respect during 4 of 4 meals observed (noon/evening meals on 04/29/19 and morning/noon meals on 04/30/19). Failure to speak to/feed residents in a dignified manner and/or serve all residents at the same table at once does not enhance residents' dignity or quality of life. Findings include: The facility failed to provide a copy of their policy addressing treating residents in a dignified manner as requested by the survey team. Observation of the noon meal on 04/29/19 showed the following: * At 11:39 a.m. - Table #1 consisted of five residents sitting at the table, with only one of the five residents receiving their meal. The last resident was served his/her meal at 11:47 a.m., eight minutes later. * At 11:41 a.m. - Table #2 consisted of four residents sitting at the table, with only one of the four residents receiving their meal. The last resident was served his/her meal at 12:03 p.m., 22 minutes later.	F 550	F 550 1. The Dietary staff and CNA□s involved were immediately in-services on the proper procedures for maintaining resident dignity during meal times. 2. The facility has determined that all residents have the potential to be affected. 3. Dietary Staff, Nurses and CNA□s involved in providing meal services for the residents will be in-serviced on the proper procedures for assisting residents with meals to ensure resident dignity is maintained during meal times. Dietician will complete education on proper feeding procedures and guidelines at both Nurse/CNA meeting and at Dietary meeting. Promoting and Maintaining Dignity During Mealtimes Policy developed. Education and Review of policy will be completed at dietary meeting and Charge Nurse/CNA meetings. Nursing/CNA meeting is scheduled on 05/21/2019 and Dietary meeting is scheduled for 05/21/2019.	

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F 550	Continued From page 2 * At 11:45 a.m. - Table #3 consisted of one resident who received her meal. At 11:52 a.m. another resident joined the table and received his/her meal at 12:06 p.m., 14 minutes later. * At 11:48 p.m. - Table #4 consisted of three residents sitting at the table, with only two of the residents receiving their meals. The last resident received his/her tray at 11:59 p.m., eleven minutes later. * Throughout the observation, staff randomly delivered trays to residents seated at different tables. * Throughout the noon meal three unidentified certified nursing assistants (CNAs) spoke to staff members seated at other tables versus the residents they were feeding. * An unidentified CNA reclined Resident #31's Broda chair [reclining wheelchair] to an approximate 120 degree angle. The unidentified CNA then pushed Resident 31's head back with one hand and attempted to feed her with the other hand even though her mouth was closed. The CNA scrapped saliva/food off the resident's lower lip. Observation of the evening meal on 04/29/19 showed the following: * At 5:10 p.m. - Table #1 consisted of four residents sitting at the table, with only three of the residents receiving their meals. The last resident was served his/her meal at 5:20 p.m., ten minutes later. * Throughout the observation, staff randomly delivered trays to residents seated at different tables. * Throughout the evening meal two unidentified CNAs spoke to staff members seated at other tables versus the residents they were feeding.	F 550	Proficiency observations will be completed on all individuals whose duties involve feeding assistance to determine if he/she was performing the procedure correctly. 4. Nurse Managers, QAPI/IC nurse and RT CNA will complete random observation audits of staff during mealtimes of residents on 10 staff weekly x 4 weeks; then 10 staff q 2 weeks x 2; then 10 staff q month x 4 months to ensure staff are promoting and maintaining resident dignity during mealtimes. Audits and proficiency testing will be reported and evaluated to QAPI Nurse Manager. Audit and proficiency observations will be reviewed by the QAPI committee quarterly until such time consistent substantial compliance has been achieved as determined by committee. 5. Corrective Action Completion date June 6th, 2019.	

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F 550	Continued From page 3 Observation during the morning meal on 04/30/19 showed the following: * A CNA (#3) provided feeding assistance to Resident #3. The CNA (#3) looked on as Resident #3 chewed the end of a strip of bacon for over a minute, with the remainder of strip hanging from his lips. The CNA (#3) then attempted to remove the bacon strip with a fork, dropping it onto Resident #3's clothing protector. The CNA (#3) scraped food from Resident #33's clothing protector, broke the bacon strip into pieces, mixed it with the food on his plate, and re-fed it to him. * A CNA (#12) provided feeding assistance to Resident #33. The CNA (#12) scraped food off of Resident #33's clothing protector, mixed the food scraped from his clothing protector with the food on his plate, and re-fed the food to him. Observation of the noon meal on 04/30/19 showed the following: * A CNA (#3) provided feeding assistance to Resident #3. The CNA (#3) scraped food off of Resident #3's clothing protector, mixed the food scraped from his clothing protector with the food on his plate, and re-fed the food to him. * A CNA (#12) provided feeding assistance to Resident #33. The CNA (#12) scraped food off of Resident #33's clothing protector, mixed the food scraped from his clothing protector with the food on his plate, and re-fed the food to him. During an interview on 05/02/19 at 10:45 a.m., two administrative nurses (#1 and #2) confirmed staff should use a napkin to remove food from the residents' faces and/or clothing protectors and should not mix the dropped food with the	F 550		

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F 550	Continued From page 4 remaining food on their plates and/or re-feed the food to them.	F 550		
F 565 SS=C	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other	F 565		6/6/19

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F 565	Continued From page 5 residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to provide the opportunity for the residents to hold a group meeting for 10 of the past 12 months, (May-December 2018 and January-February 2019). Failure to provide resident group meetings may prevent residents from voicing grievances, making recommendations, and socialization. Findings include: During the resident group interview on 04/30/19 at 12:45 p.m., six of the nine residents present (Resident B, C, E, F, H, and I) stated they wanted monthly resident group meetings. When asked if the residents would have preferred scheduled resident group meetings monthly the residents made the following statements: * Resident B: "Would have been nice to have regular monthly meetings all the time like we used to." * Resident C: "We didn't have anywhere or anyone we could voice our concerns or recommendations to for a long time without these meetings." * Resident E: "We wanted these meetings every month." * Resident F: "Consistent meetings would be nice to discuss our concerns." * Resident H: "These meetings are important to me so I can talk to others". * Resident I: "Monthly meetings would have been good for me".	F 565	F 565 1. Resident council meetings were reinstituted monthly in March 2019 with good attendance. 2. All residents residing in the facility wishing to attend resident council meeting could be affected by this deficient practice. 3. All residents were invited to attend monthly resident council meetings starting in March 2019. Monthly meeting have occurred since. A resident council president was voted on by residents and staff designee assigned at March meeting. Resident council will meet monthly. Notice of all meetings will be announced on activity calendar/board for all residents to attend. Resident Council meeting policy developed. Staff designee and Activity staff will be educated at Activity Department meeting on 05/23/2019. 4. Social Service Designee will audit monthly x12 that resident council meeting was scheduled and completed monthly. Audits will be reported and evaluate to QAPI Nurse Manager. Audits will be reviewed by the QAPI committee quarterly until such time consistent substantial compliance has been achieved as determined by committee.	

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F 565	Continued From page 6 During an interview on 05/01/19 at 3:04 p.m., an administrative staff member (#7) indicated the facility did not hold resident group meetings for several months due to a change in staff, she stated, "I just started doing them again because that way I knew they were getting done and I knew we needed to get them going again." The facility failed to take reasonable steps to assist residents in organizing monthly resident group meetings.	F 565	5. Corrective Action Completion date June 6th, 2019	
F 570 SS=C	Surety Bond-Security of Personal Funds CFR(s): 483.10(f)(10)(vi) §483.10(f)(10)(vi) Assurance of financial security. The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to purchase 1 of 1 surety bond to assure the security of all personal funds for 48 residents who deposited money with the facility. Failure to ensure the security bond covered all funds entrusted to the facility may result in the residents suffering financial losses secondary to the facility failing to hold, safeguard, manage, and/or account for their funds. Findings included: During an interview on 05/02/19 at 8:15 a.m., a business office staff member (#8) reported the residents' trust fund account currently contained $19,816.77. The business office staff member	F 570	F570 1. All resident□s personal funds deposited with the facility will be secured with adequate security and bonding. Surety bond insurance was increased on 05/02/2019. 2. All Residents with personal resident trust funds set up through Hill Top have the potential to be affected by this deficient practice. 3. The facility has purchased an increase limit to the current surety bond insurance for the resident personal funds	6/6/19

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F 570	Continued From page 7 (#8) then showed the surveyor an insurance document which showed a bond limit of $10,000.00. The facility failed to implement a system ensuring they maintained a surety bond that covered all funds entrusted to the facility.	F 570	account as of 05/02/2019. The increase in surety bond insurance ensures the security of all personal funds of residents deposited with the facility. Surety Bond Requirements policy will be implemented and educated with office staff on 05/21/2019. 4. The business office will audit the current balance of personal funds deposited into the resident trust funds at facility. Business office will audit that the current balance to the resident trust funds does not succeed the insured surety bond monthly x12. Findings will be reported to QAPI nurse, QAPI Committee and at the Quarterly QAPI meeting. 5. Corrective Action Completion date June 6th, 2019	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and	F 656		6/6/19

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F 656	Continued From page 8 (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interviews, the facility failed to develop a comprehensive care plan for 3 of 20 sampled residents (Resident #5, #12, and #36). Care planning drives the type of care/services a resident receives and failure to develop a care plan that includes the care/services to be provided to the resident may negatively impact their quality of life. Finding include:	F 656	F 656 1. Resident #5, #12, #36 care plans have been updated to include s/s of hyper and hypoglycemia as and anti-coagulant/anti-platelet medication side effects. 2. All residents with a diagnosis of diabetes and/or receive anti-coagulant/anti-platelet in the facility	

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F 656	Continued From page 9 Review of the facility policy titled "Careplan" occurred on 05/02/19. This policy, revised 10/2018, stated, ". . . Plan must identify problems/needs, list goals . . . approaches and evaluation . . . care plans are to be updated as problems/needs change or new problems/needs arise . . . care plan will be updated and/or reviewed with any quarterly, annual or significant change MDS, or more frequently if needed . . ." - Review of Resident #5's medical record occurred on all days of survey. The record identified a diagnosis of diabetes mellitus and prescribed medications to treat diabetes. The care plan failed to reflect Resident #5's need for physician prescribed medications and/or the signs/symptoms of hypoglycemia/hyperglycemia. During an interview on 05/01/19 at 1:37 p.m., an administrative nurse (#2) confirmed Resident #5's current care plan fails to address her diagnosis of diabetes mellitus and need for prescribed medications. - Review of Resident #12's medical record occurred on all days of survey. The record identified a diagnosis of atrial fibrillation and a prescribed medication to reduce the risk of forming blood clots. The care plan failed to identify signs/symptoms of an adverse reaction (such as bruising) secondary to anti-coagulant/anti-platelet drug use. The record also identified a diagnosis of diabetes mellitus and prescribed medications to treat diabetes and blood glucose monitoring. The care plan failed to reflect Resident #12's need for physician prescribed medications and/or the	F 656	have the potential to be affected. 3. All residents with a diagnosis of diabetes will have their care plan updated with s/s of hyper and hypoglycemia. All residents who are on anti-coagulant/anti-platelet medications will have their care plan updated to reflect s/s of adverse reactions. All care plan interventions will be reviewed and updated quarterly and prn. Education will be provided at the nurses meeting on 5/21/19 on development of care plan for all new diabetic diagnosis and/or anti-coagulant/anti-platelet. 4. The MDS coordinator or nurse manager will audit 10 residents for diabetic diagnosis and anti-coagulant/anti-platelet use and development on care plan weekly x4, bi-weekly x2, then monthly x4. Audited records will be reviewed by the QAPI Committee at quarterly meetings until such time consistent substantial compliance has been achieved as determined by the QAPI Committee. 5. Corrective Action Completion date June 6th, 2019	

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F 656	Continued From page 10 signs/symptoms of hypoglycemia/hyperglycemia. - Review of Resident #36's medical record occurred on all days of survey. The record identified a history of venous thrombosis/embolism and a prescribed medication to reduce the risk of forming blood clots. The care plan failed to identify signs/symptoms of an adverse reaction (such as bruising) secondary to anti-coagulant/anti-platelet drug use. During an interview on 05/01/19 at 1:37 p.m., an administrative nurse (#2) confirmed Resident #36's current care plan fails to address her history of venous thrombosis/embolism and need for prescribed medications.	F 656		
F 675 SS=D	Quality of Life CFR(s): 483.24 § 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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional literature, and staff interview, the facility failed to ensure safe positioning during meals for 1 of 6 sampled residents (Resident #13) observed being fed in the dining room. Failure to ensure proper positioning prior to	F 675	F 675 1. Resident #13 will be positioned as close to 90 degrees anytime she is offered any fluids or food. All assisted dining staff was immediately notified to	6/6/19

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F 675	Continued From page 11 giving food and liquids placed Resident #13 at risk of aspiration and choking. Findings include: Nancy B. Swigert, "The Source for Dysphagia: Third Edition", LinguiSystems, Inc (2007), pages 9 and the educational handouts, identified, ". . . Signs and symptoms of dysphagia . . . coughing . . . During the oral intake of . . . liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair. . . . Even a slightly reclined position while eating greatly increases the risk of premature loss of food over the back of the tongue . . ." Review of Resident #13's medical record occurred on all days of survey. Diagnoses included dementia. The current care plan stated, ". . . I am currently being monitored by OT [occupational therapy] for swallowing due to having occasionally [sic] coughing episodes during feeding. . . ." Review of Resident #13's swallowing evaluation completed on 02/28/19, stated, ". . . position as close to 90 degree during meals. . . . Requires 100% assistance with meals including setup and feeding. . . . dysphagia. . . ." Observations showed the following: * On 04/29/19 at 12:02 p.m., an unidentified certified nursing assistant (CNA) assisted Resident #13 with the noon meal while the resident sat in a broda chair, (multi positional wheelchair) reclined to a 120 degrees. * On 04/29/19 5:12 p.m., an unidentified CNA assisted Resident #13 with a drink of water at the	F 675	have the resident as close to 90 degrees as possible when offering foods or fluids. 2. All resident□s who receive assisted feeding have the potential to be affected. 3. A skilled therapist and the dietician will provide education at the CN/CNA meeting on 5/21/19 regarding proper positioning when being offered foods/fluids. The Dietician will conduct monthly observations of assisted feeding resident and address concerns with dietary and nursing management. With any concerns regarding positioning of a resident a physician order for positioning during feeding will be obtained. Resident #13 and any other identified residents will receive a physician order for a therapy evaluation for positioning during meal times. 4. Nursing Management will audit 5 residents who require assistance with foods/fluids weekly x4, bi-weekly x2, then monthly x4. Audited records will be reviewed by the QAPI Committee at quarterly meetings until such time consistent substantial compliance has been achieved as determined by the QAPI Committee. 5. Corrective Action Completion date June 6th, 2019	

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	355092	A. BUILDING _____ B. WING _____	05/02/2019

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F 675	Continued From page 12 supper meal while the resident sat in a broda chair reclined to a 130 degrees. * On 04/29/19 at 5:20 p.m., an unidentified CNA reclined Resident #13's broda chair to 115 degrees and started assisting the resident with supper meal. * On 05/01/19 at 11:53 a.m., an unidentified CNA assisted Resident #13 with the noon meal while the resident sat in the broda chair, reclined to 130 degrees. The CNAs failed to position Resident #13 as close to 90 degrees as possible prior to offering foods or liquids. During an interview on 05/02/19 at 9:55 a.m., an administrative nurse (#1) agreed staff should position residents as close to 90 degrees as possible prior to being offered food or liquids.	F 675		
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide individualized, meaningful activities for 3 of 20 sampled residents (Resident #5, #13, and #31)	F 679	F 679 1. Resident□s #5, #13, and #31 will have individualized meaningful activities	6/6/19

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F 679	Continued From page 13 dependent on staff for activity participation. Failure to implement an individualized program to meet the interests/needs of dependent residents may have a negative affect on their overall well-being. Findings include: The facility failed to provide a copy of their policy addressing individualized activity programs for dependent residents as requested by the survey team. - Review of Resident # 5's medical record occurred on all days of survey. Diagnoses include Schizoaffective disorder and anxiety. The current care plan stated, " . . . I like to sit in courtyard weather permitting, Inform me of upcoming events . . . Invite me to music related activities, Offer me books, newspapers, and magazines to read, Offer pet therapy to me, Play country or Christian music to me during room visits, and Provide me with 1:1 [one-on-one] visits . . ." The Activity Participation Logs identified the following: * February 1-28, 2019 - 14 days with no activities. * March 1-31, 2019 - 20 days with no activities. * April 1-30, 2019 - 22 days with no activities. 12 of the 33 activities Resident #5 participated in during the three month period were 15 minute or less in length. Observations during the week of April 29-May 2, 2019 showed Resident #5 in bed, alone in her room, or in the dining room during a meal.	F 679	provided to them on a daily basis and will be charted accordingly. 2. All resident□s dependent on staff for activity participation in the facility have the potential to be affected by this deficient practice. 3. All dependent residents□ activities care plan will be reviewed and will have additional approaches added to ensure appropriate activities are provided at optimal times of the day when those residents would benefit most. Activities calendar will be updated & revised to ensure appropriate activities are scheduled for all dependent residents. Education will be completed to all activity staff on 5/23/19 regarding the importance of daily activities with all residents. An activity policy will be created addressing individualized activity program for dependent residents. 4. Nursing management and/or Activity Director will conduct audits on activities provided to 5 dependent residents to ensure adequate activities are being conducted and charted appropriately weekly x4, bi-weekly x2, then monthly x4. Audited records will be reviewed by the QAPI Committee at quarterly meetings until such time consistent substantial compliance has been achieved as determined by the QAPI Committee. 5. Corrective Action Completion date June 6th, 2019	

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F 679	Continued From page 14	F 679		

- Review of Resident # 13's medical record occurred on all days of survey. Diagnoses include dementia, attention deficit disorder and anxiety. The current care plan stated, " . . . Invite me to my favorite activities, including bingo, 1:1 [visits], outings, baking, sensory, aroma therapy, coloring . . . Offer pet therapy to me . . . Provide me with 1:1 visits . . ."

The Activity Participation Logs identified the following:
* February 1-28, 2019 - 25 days with no activities.
* March 1-31, 2019 - 23 days with no activities.
* April 1-30, 2019 - 26 days with no activities.
Seven of the 15 activities Resident #13 participated in during the three month period consisted of a 15 minute one-on-one visit with facility staff.

Observations the week of April 29-May 2, 2019 showed the following:
* 04/29/19 at 10:00 a.m., Resident #13 asleep in bed.
* 04/30/19 at 8:09 a.m., Resident #13 asleep in her wheelchair in the hallway near the birds.
* 04/30/19 at 8:28 a.m., Resident #13 sitting in her wheelchair in the activity room; with no other residents and/or staff present.
* 05/01/19 at 8:26 a.m., Resident #13 sat in her wheelchair in the commons area in front of the television with her eyes open and looking up at the ceiling.
* 05/01/19 at 9:45 a.m., Resident #13 asleep in bed.

- Review of Resident #31's medical record

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F 679	Continued From page 15 occurred on all days of survey. Diagnoses included Alzheimer's disease. Resident #31's current care plan stated, ". . . I will attend activities/activity programs consistent with my interest to enhance my physical/psychosocial needs . . . Encourage my family to bring in music for me . . . I like to go outside when the weather is good . . . I like to sit in courtyard weather permitting . . . Invite me to music related activities . . ." The activity Participation Logs identified the following: * February 1-28, 2019 - 25 days with no activities. * March 1-31, 2019 - 23 days with no activities. * April 1-30, 2019 - 26 days with no activities. Five of the 12 activities Resident #31 participated in during the three month period consisted of a 15 minute one-on-one visit with facility staff. Observations during the week of April 29-May 2, 2019 showed Resident #31 in bed, alone in her room, or in the dining room during a meal. During an interview mid-afternoon on 05/01/19, an Activity staff member (#11) stated, "We are down one staff member right now. We try to do at least two 1:1s per week. We require a minimum of two weekly visits, 15 minutes each, and one weekly visit, 30 minutes long. We are not documenting everything we do, like if we get them [residents] a can of coke or take them for a walk."	F 679		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents.	F 689		6/6/19

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F 689	Continued From page 16 The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide adequate supervision and assistive devices to prevent accidents for 5 of 20 sampled residents (Resident #23, #28, #31, #34, and #43) requiring staff assistance for transfers/transport. Failure to ensure the appropriate level of assistance (Resident #31) and/or proper use of assistive devices (Resident #23, #28, #34, and #43) placed the residents at risk of accidents with/without injury. Findings include: The facility failed to provide copies of their policies addressing the appropriate level of assistance and/or proper use of assistive devices during transfers/transport as requested by the survey team. - Review of Resident #28's medical record occurred on all days of survey. The current care plan/card identified, ". . . All staff will monitor for proper use of my adaptive devices . . . Wheelchair use due to weakened state. . . ." Observation on 04/29/19 at 11:22 a.m., showed an Activity staff member (#9) transported	F 689	F 689 1. A. Residents #23 and #28 are able to lift their feet during wheel chair transport when cued. Nursing and activity staff have been instructed to cue these residents to lift their feet during transport. B. Resident # 31 was assessed by Nursing Management for level of assistance required for check and change toileting and was determined that 2 assist was required. Care Plan reflects this level of care. Nursing staff have been instructed to follow the Care Plan C. Resident # 34 and #43 require transfer assistance with EZ Way stand lift reflected in the care plan. The nursing staff have been informed of the deficient practice and proper use of EZ Way stand lift is required to be followed. 2. A. All residents who do not have foot pedals on their wheel chair and receive assistance with wheel chair transport have the potential to be affected by this deficient practice. B. All residents requiring 2 assist for check and change toileting have the	

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F 689	Continued From page 17 Resident #28 in her wheelchair down the hall towards her unit. A few minutes later a second Activity staff member (#10) transported Resident #28 from her unit to the Activity room. One or both of Resident #28's shoes slid along the surface of the floor, making an audible noise whenever they made contact with the floor. Resident #28 did not lift her feet. The Activity staff members (#9 and #10) failed to place foot pedals on Resident #28's wheelchair and/or cue the resident to lift her feet. - Review of Resident #23's medical record occurred on all days of survey. The current care plan/card identified, ". . . All staff will monitor for proper use of my adaptive devices . . . Wheelchair use due to weakened state. . . ." Observation on 04/29/19 at 11:41 a.m., showed a certified nursing assistance (CNA) (#4) transported Resident #23 from the resident lounge to the dining room. One or both of Resident #23's shoes slid along the surface of the floor, making an audible noise whenever they made contact with the floor. Resident #23 did not lift her feet. The CNA (#4) failed to place foot pedals on Resident #23's wheelchair and/or cue the resident to lift her feet. During an interview on 05/02/19 at 10:45 a.m., two administrative nurses (#1 and #2) stated they would "expect staff to cue [Resident #23 and #28]" as each resident "is able to lift her feet." - Review of Resident #31's medical record occurred on all days of survey. The current care plan/card identified, ". . . Toilet use: E2 [assist of	F 689	potential to be affected by this deficient practice. C. All residents requiring the use of EZ Way stand lift for transfer have the potential to be affected by this deficient practice. 3. A. All staff who provide wheelchair transport will be educated on cueing residents when pedals not in use to elevate their feet during transport. When residents are unable to lift feet staff are to report to Nurse Management immediately for an assessment of wheel chair pedal needs. Education training will be 5/21/19. B. CNA staff will be educated on following the Care Plan. Education provided 5/21/19. C. All CNA□s will be re-trained on proper use of EZ Way stand lift by viewing of EZ Way video training and post- test. CNA□s will have competency test annually for EZ Way stand lift. 4. A. 10 residents/staff requiring wheel chair transport without pedals will be audited weekly x4, bi-weekly x 2 and monthly x 4 by Nursing Management. B. 5 residents requiring check and change toileting will be audited for appropriate assistance weekly x 4, bi-weekly x 2, then monthly x 4 by Nursing Management. C. 5 of residents requiring use of EZ Way stand lift will be audited for proper use by CNA weekly x 4, bi-weekly x 2, then monthly x 4 by Nursing Management.	

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F 689	Continued From page 18 2] . . . I require to be checked and changed due to my incontinence . . ." Observation on 04/29/19 at 3:35 p.m. showed a CNA (#3) completed Resident #31's check and change cares without the assistance of another CNA. - Review of Resident #34's medical record occurred on all days of survey. The current care plan/card identified, ". . . Transfer: E1 [assist of 1] stand up lift . . ." Observation on 04/29/19 at 5:00 p.m. showed a CNA (#3) utilized a mechanical sit-to-stand lift to transfer Resident #34 from his bed to the wheelchair. The CNA (#3) applied the sling under the axilla (underarms) area. The CNA (#3) failed to place leg straps and tighten the belt after starting to lift the resident. - Review of Resident #43's medical record occurred on all days of survey. The current care plan/card identified, ". . . Transfer: E1 stand up lift . . ." Observation on 04/29/19 at approximately 5:20 p.m. showed a CNA (#3) utilized a mechanical sit-to-stand lift to transfer Resident #43 from his bed to the wheelchair. The CNA (#3) applied the sling under the axilla (underarms) area. The CNA (#3) failed to place leg straps and tighten the belt after starting to lift the resident. During an interview on 05/02/19 at 10:00 a.m., an administrative nurse (#1) stated she would expect staff to use the stand lift per manual.	F 689	Audited records will be reviewed by the QAPI Committee at quarterly meetings until such time consistent substantial compliance has been achieved as determined by the QAPI Committee. 5. Corrective Action Completion date June 6th, 2019	
F 692	Nutrition/Hydration Status Maintenance	F 692		6/6/19

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F 692 SS=D	Continued From page 19 CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (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- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, facility staff failed to offer fluids to 2 of 2 non-verbal sampled residents (Resident #13 and #31) who required staff assistance for fluid intake and are at risk for dehydration. Failure to provide assistance with fluid intake may result in dehydration, constipation, and urinary tract infections (UTIs). Findings include: - Review of Resident #13's medical record occurred on all days of the survey. The current	F 692	F 692 1. The Registered Dietician reassessed the hydration status and fluid needs for resident #13 and #31. All direct care staff were instructed to offer fluids to resident who require staff assist for fluid intake and at risk for dehydration after cares. 2. All residents who require staff assist for fluid intake and at risk for dehydration have the potential to be affected by this deficient practice.	

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F 692	Continued From page 20 care plan stated, " . . . Encourage . . . fluids throughout the day. . ." Current diagnoses included dementia and constipation. Observation on 04/30/19 at 8:52 a.m., showed two unidentified certified nursing assistant (CNA) provided cares to Resident #13 and failed to offer fluids during or after cares. - Review of Resident #31's medical record occurred on all days of survey. The current care plan stated, ". . . offer fluids with & between meals . . ." Observations showed the following: * 04/29/19 at 3:35 p.m., a CNA (#3) provided cares to Resident #31 and failed to offer fluids during or after cares. * 04/29/19 4:17 p.m., two CNAs (#3 and #4) transferred Resident #31 from the bed to the wheelchair and failed to offer fluids before or after cares. * 04/30/19 at 8:27 a.m., two CNAs (#5 and #6) provided cares to Resident #31 and failed to offer fluids during or after cares. * 04/30/19 at 12:56 p.m., two CNAs (#5 and #6) provided cares to Resident #31 and failed to offer fluids during or after cares. During an interview on 05/02/19 at 10:05 a.m., an administrative nurse (#1) stated she expected staff to offer fluids with all cares.	F 692	3. An in-service education training will be conducted by Nurse Management and the Registered Dietician on 5/21/19 with CNA□s and Charge Nurses. Identification of residents at risk for dehydration was reviewed. Education of the significance of adequate hydration needs of residents, the interventions to offer and provide hydration at meals and after cares was provided. Handouts for hydration education were given to nursing staff and Hill Top Home Hydration policy was reviewed at the training. 4. Nursing Management will audit staff provision of hydration to 5 residents dependent on staff for fluid intake and at high risk for dehydration weekly x4, bi-weekly x 2, and monthly x 4. Audited records will be reviewed by the QAPI Committee at quarterly meetings until such time consistent substantial compliance has been achieved as determined by the QAPI Committee. 5. Corrective Action Completion date June 6th, 2019	