| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355095 | A. BUILDING _____ B. WING _____ | 07/18/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GOOD SAMARITAN SOCIETY - OAKES | 213 N 9TH ST OAKES, ND 58474 |

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| F 000 | INITIAL COMMENTS<br><br>The standard Medicare/Medicaid recertification survey started on 07/15/19 and concluded 07/18/19. | F 000 | | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and staff interview, the facility failed to review and revise | F 657 | 1. Residents # 20, 40, and 41 Care plans were revised on 8/6/2019 regarding | 8/15/19 |

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

Electronically Signed | 08/08/2019

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| F 657 | Continued From page 1<br>the comprehensive care plan for 3 of 13 sampled residents (Resident #20, #40, and #41). Failure to review and revise the care plan limits the ability of staff to communicate care needs and ensure continuity of care for each resident.<br><br>Findings include:<br><br>Review of facility policy titled "Care Planning" occurred on 07/17/19. This policy, revised January 2017, stated, ". . . 2. The purpose of the care plan is to ensure the resident receives the appropriate care and services. 3. Steps involved in developing a care plan are: a. Assessing resident needs such as the level of assistance needed to meet activities of daily living . . . c. Monitoring and documenting changes in the resident's abilities and/or health status and updating the care plan as needed."<br><br>- Review of Resident #20's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (COPD) and hypoxemia (abnormally low concentration of oxygen in the blood). The current physician order stated, "Oxygen at 2L [liters] per nasal cannula via O2 [oxygen] concentrator and/or tank to keep O2 sats [saturation] at/above 90%. every shift [assess/document oxygen levels every shift] related to HYPOXEMIA . . ."<br><br>The care plan showed the following interventions for Resident #20:<br>* "Oxygen therapy at 2 L [liters] per n/c [nasal cannula] prn [as needed] for shortness of breath or hypoxia . . ." - revised on 04/26/18<br>* "Oxygen therapy @ [at] 1 L/NC [liter per nasal | F 657 | oxygen, respiratory interventions, and hearing aid placement and/or refusal.<br>2. Other residents who have hearing aids or respiratory diagnosis will be audited for accuracy and updated.<br>3. Education was given to Nursing Staff on 8/5/2019 on the topics: oxygen administration, respiratory interventions, and accurate documentation of hearing aid placement process and/or refusal. The Nurse□s EMAR along with CNA□s POC (Point Of Care) will be charting daily in PCC.<br>4. Chart review audits on hearing aid placement/refusal, respiratory interventions, oxygen administration will be conducted. This will be performed by DON/or designee daily x 2 weeks, weekly x 4, and monthly x 4, and quarterly x 3. Audit results will be submitted to the QAPI committee monthly for review and further recommendation as indicated.<br>5. These deficiencies were be corrected by 8/15/19. | |

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| F 657 | Continued From page 2<br>cannula]. . . " - revised 05/10/19<br>* "MOBILITY: Resident requires . . . oxygen tank at 1L for long distance . . . with mobility" - revised 05/29/19<br><br>All three of the care plan interventions failed to reflect the current physician orders for 2 liters of oxygen.<br><br>- Review of Resident #40's medical record occurred on all days of survey. An intervention, revised on 10/16/18, on the current care plan, stated, "Ensure hearing aid is in place during the day and removed at HS [bedtime]. Independent to place or remove and store."<br><br>Review of Resident #40's quarterly Minimum Data Set, dated 06/12/19, showed Resident #40 required extensive assistance of 2 people for personal hygiene.<br><br>During an interview on 07/17/19 at 5:15 p.m., two administrative nurse's (#5 and #6) were asked if Resident #40 is capable of placing, removing, or storing her hearing aids by herself. Both stated, "Probably not."<br><br>The facility failed to review and revise Resident #40's care plan regarding her inability to independently place/remove/store her hearing aids.<br><br>- Review of Resident #41's medical record occurred on all days of survey. Diagnoses included COPD.<br><br>The current care plan stated, "Focus: The resident has potential for altered cardiovascular | F 657 | | |

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| F 657 | Continued From page 3<br>status R/T [related to] HTN (hypertension), hyperlipidemia (high cholesterol) E/B [evidence by] s/p [after] stroke. . . . Goal: Resident will be free from s/s [signs and symptoms] of complications of cardiac problems . . . Interventions: . . . Observe/document/report to health care provider PRN any s/s of . . . shortness of breath . . ."<br><br>Observations for Resident #41 included the following:<br>* 07/15/19 at 3:39 p.m. - Audible wheezing (a sign/symptom of shortness of breath) noted while sitting in her wheelchair watching television.<br>* 07/16/19 at 9:25 a.m. - Audible wheezing noted when entered the resident's room. Two CNAs (#10 and #11) transferred the resident from her wheelchair into her bed. The resident laid flat in bed while staff provided/completed cares. The resident displayed increased wheezing, periodic loose productive cough, and increased respirations. At 9:36 a.m. the CNAs raised the head of the resident's bed to almost 90 degrees. At 9:42, when asked if she felt short of breath, the resident stated, "Yes" and when asked if she felt short of breath often, stated, "Yes."<br><br>During an interview on 07/18/19 at 3:20 p.m. an administrative nurse (#5) stated she "thinks the CNA would raise the head of the bed if [he/she] thought laying flat would be a problem."<br><br>The facility failed to consider interventions to relieve Resident #41's respiratory distress. | F 657 | | |
| F 676 SS=D | Activities Daily Living (ADLs)/Mntn Abilities<br>CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)<br><br>§483.24(a) Based on the comprehensive | F 676 | | 8/15/19 |

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| F 676 | Continued From page 4<br>assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:<br><br>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...<br><br>§483.24(b) Activities of daily living.<br>The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:<br><br>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,<br><br>§483.24(b)(2) Mobility-transfer and ambulation, including walking,<br><br>§483.24(b)(3) Elimination-toileting,<br><br>§483.24(b)(4) Dining-eating, including meals and snacks,<br><br>§483.24(b)(5) Communication, including<br>(i) Speech,<br>(ii) Language,<br>(iii) Other functional communication systems.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and | F 676 | 1. Residents # 20 & 40 Care plans were | |

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| F 676 | Continued From page 5<br>resident, family, and staff interview, the facility failed to provide the necessary care and services for 2 of 3 sampled residents (Resident #20 and #40) who wear hearing aids. Failure to provide hearing aids may affect the residents ability to participate in their activities of daily living and may impact their mental/emotional/physical health.<br><br>Findings include:<br><br>Review of the facility policy titled "Hearing Aid/Device General Information" occurred 07/17/19. This policy, dated September 2012, stated, ". . . Hearing aids need to be handled in a careful manner and cared for properly by either the resident if he/she is able or by staff if necessary . . . If the resident is unable to handle his/her own hearing aid, the staff needs to develop a plan for the insertion of the hearing aid in the morning and the removal in the evening . . ."<br><br>- Review of Resident #20's medical record occurred on all days of survey. Diagnoses included bilateral hearing loss. The current care plan, revised on 10/24/17, stated, "Resident has potential for a communication problem . . . HOH [hard of hearing]. . . ." An intervention, revised 07/08/18, stated, "Ensure hearing aids are in place. Assist to place and remove. Appliances to be kept at nurses station at night."<br><br>Observation on 07/15/19 through 07/17/19 showed Resident #20 without her hearing aids at the following times:<br>* 07/15/19 at 3:30 p.m. - Resident sitting on the edge of her bed with no hearing aids in place. A | F 676 | revised for accuracy regarding hearing aid placement on 8-6-2019<br>2. Other Residents with hearing aids, Care plans were audited for accuracy and updated.<br>3. Daily charting was added to Nurse□s EMAR along with CNA□s POC (Point Of Care) charting in PCC. We will document when a resident refuses to wear their hearing aide. Re-education given on new charting process regarding hearing aids on 8/5/2019. Hearing aids are to be kept at the nursing station when not in use. Care plans were revised to state placement of hearing per their wishes.<br>4. Chart review audits on hearing aid placement/refusal will be conducted. This is will be performed by DON/ or designee weekly x 4 weeks, monthly x 2, then quarterly x 3. Audit results will be submitted to the QAPI committee monthly for review and further recommendation as indicated.<br>5. These deficiencies were corrected by 8/15/2019 | |

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| F 676 | Continued From page 6 | F 676 | | |

sign on the wall above the telephone on the resident's bedside table stated, "[A family member's name] asks please leave mother's hearing aid in until after his call to her usually between 6:30-7 . . . "
* 07/16/19 at 7:54 a.m.
* 07/17/19 at 7:56 a.m.
* 07/17/19 at 11:53 a.m.
* 07/17/19 at 3:48 p.m.

During an interview on 07/17/19 at 4:26 p.m. a certified nursing assistant (CNA) (#7) stated, "They put them in [the hearing aids] in the morning and we don't take them out until after her son has called" and showed a cup in a storage room by the nurses station with Resident #20's name on it. The resident's hearing aids were still in this cup. The CNA (#7) took the hearing aids out of the cup and stated she would place them in Resident #20's ears.

- Review of Resident #40's medical record occurred on all days of survey. The current care plan, revised on 10/16/18, stated, "Resident has potential for a communication problem R/T [related to] hearing deficit E/B [evidence by] occasional difficulty hearing when in a large group." An intervention stated, "Ensure hearing aid is in place during the day and removed at HS [bedtime]. Independent to place or remove and store."

Review of Resident #40's quarterly Minimum Data Set, dated 06/12/19, showed Resident #40 required extensive assistance of 2 people for personal hygiene.

Observations on 07/15/19 through 07/17/19

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| F 676 | Continued From page 7<br>showed Resident #40 without her hearing aids at the following times:<br>* 07/15/19 at 12:10 p.m.<br>* 07/15/19 at 3:16 p.m. - A sign inside the resident's bathroom door stated, "check battery and wax guard in hearing aids often so resident is able to hear you!" Resident had no hearing aids in place.<br>* 07/16/19 at 8:06 a.m.<br>* 07/16/19 at 10:17 a.m.<br><br>During an interview on 07/16/19 at 10:17 a.m., Resident #40 stated she likes to wear her hearing aids, "When I can."<br><br>During an interview on 07/16/19 at 4:03 p.m., a family member stated he wished she (Resident #40) would wear her hearing aids more often, and further stated, "We bought her expensive hearing aids. . . . We would like to have good conversations with her. . . . Staff say she refuses them sometimes. . . ."<br><br>Review of progress notes, dated 01/01/19 through 07/17/19, showed no documented episodes of Resident #40's refusal to wear hearing aids.<br><br>During an interview on 07/17/19 at 4:26 p.m., a CNA (#7) stated, "She [Resident #40] doesn't wear hearing aids".<br><br>During an interview on 07/17/19 at 5:15 p.m., when asked if administrative nurses (#5 and #6) felt Resident #40 is capable of placing her hearing aids in her ears by herself, both stated, "Probably not." | F 676 | | |
| F 689 | Free of Accident Hazards/Supervision/Devices | F 689 | | 8/15/19 |

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| F 689 SS=D | Continued From page 8<br>CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br>This REQUIREMENT is not met as evidenced by:<br>GAIT BELT TRANSFER<br><br>1. Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide adequate supervision and assistive devices necessary to prevent accidents for 1 of 6 sampled residents (Resident #14) observed during gait belt transfers. Failure to properly use a gait belt and to ensure adequate assistance during gait belt transfers placed the resident at risk of accidents and injury.<br><br>Findings include:<br><br>Review of the facility policy titled "Gait (Transfer) Belt" occurred on 07/17/19. This policy, dated October 2017, stated, ". . . POLICY: Gait belts are used with assisted ambulation unless medically contraindicated. A gait belt is never used as a lifting device - only for stabilization. PROCEDURE: . . . 4. . . . The belt should not be used for lifting. It is for support and stability only. 5. Do not use the pants/slacks belt as a gait (transfer) belt. Upward movement of the belt can cause male residents severe pain. . . ." | F 689 | 1. Re-education was given to the CNAS immediately on the date of transfer occurred 7/17/19. Chemical Storage lock was immediately locked and key was removed on 7/18/19. And was implemented by re-educating staff on the need for locking. Then re-education was also given to all Nursing Staff on 8/5/2019 on proper gait belt usage and transfers, along with proper chemical storage policy. Resident #14 was immediately re-assessed using the Sit, Stand Walk assessment to determine his need for a sit to stand lift.<br>2. Any resident that has to be transferred by a gait belt could be affected and proper storage of chemicals.<br>3. Re-educated nursing staff on proper transfer techniques and gait belt usage. And nurses on completing the Sit Stand Walk Data Assessment on 7-31-2019. Also quarterly we are doing a balance and transition assessment to be completed by the MDS coordinator. Education was given to nursing staff regarding proper chemical storage policy | |

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| F 689 | Continued From page 9<br>Review of Resident #14's medical record occurred on July 15-17, 2019. The current care plan stated, "The resident has an ADL [activities of daily living] self care performance deficit [with] dx [diagnosis] of dementia. . . . TRANSFER: Resident requires extensive assist x [times] 1 with gait belt. Must cue resident during transfer.<br><br>On 07/16/19 at 09:23 a.m., observation showed two certified nurse aides (CNAs) (#2 and #3) applied a gait belt around Resident #14's waist and assisted him to stand from the recliner. One CNA (#3) pulled on the back of the resident's pants with one hand and pulled under the resident's axilla with her other arm. The other CNA (#2) held the gait belt with one hand and pulled under the resident's other axilla with her other arm. Resident #14 failed to stand straight with the transfer to the wheelchair.<br><br>On 07/16/19 at 10:48 a.m., Resident #14 indicated he needed to use the bathroom when asked by a CNA (#3). The CNA placed a gait belt around the resident's waist, raised the lift chair seat, lifted the resident with one hand on the gait belt and the other hand guided Resident #14's upper arm. Resident #14 stood up, but as he started to pivot his knees buckled. The CNA tried to physically maneuver the resident to his wheelchair. Two nearby nurses (#4 and #5) intervened by grabbing and physically moving the resident back into the recliner. One nurse (#5) instructed the CNA to attempt the transfer in 15 minutes with assist of two for safety.<br><br>On 07/16/19 at 11:11 a.m., two CNAs (#2 and #3) raised the lift chair seat again, applied a gait belt around Resident #14's waist, placed the | F 689 | on 7/31/2019. Audits will be started to make sure chemical storage areas are locked.<br>4. Chart review audits as well as observation will be done on proper transfers and gait belt usage by staff. Proper chemical storage will be conducted to make sure they are being locked. Nurses will use Sit Stand Walk Data Assessment tool to determine resident□s mobility and transfer needs. These audits and observations on Chemical storage/ Proper Transfer Techniques will be performed by DON/ or designee. Audit random residents weekly x 4 weeks, monthly x 2, then quarterly x 3. The Audit results will be submitted to the QAPI committee monthly for review and further recommendation as indicated.<br>5. These deficiencies were corrected by 8/15/2019 | |

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| F 689 | Continued From page 10 | F 689 | | |

wheelchair at a right angle to the chair versus facing the chair, each CNA held the gait belt with one hand and their other arms under the resident's axillae. Resident #14 stated "I can't" as the CNAs pulled him upward to stand. A nurse (#4) arrived to assist the resident into the wheelchair. Resident #14 failed to straighten his legs, sat on the front edge of the wheelchair seat, and the CNAs lifted and pulled the resident further back onto the wheelchair seat.

On 07/16/19 at 11:20 a.m., a CNA (#2) and a nurse (#4) assisted Resident #14 from the toilet. The nurse held the resident's gait belt with one hand and placed her other hand under the resident's left upper arm. The CNA held the gait belt and the resident stood holding the grab bars on each side of the toilet. As the CNA (#2) provided perineal cares, the resident lost strength in his legs and started to sit as the staff pulled up his brief and pants. The nurse (#4) pulled on the resident's arm and the CNA (#2) pulled on the resident's other arm and the gait belt as the resident bent his knees on transfer to the wheelchair. The CNA (#2) stated Resident #14 is not doing as well with transfers today; he usually is a one person assist with the gait belt.

During an interview on 07/17/19 at 06:00 p.m., an administrative nurse (#6) stated staff should not pull on the back of a resident's pants and should sit the resident back on the chair if a transfer is not going well.

Staff lifting a resident by pulling under his/her arms or on the back of the pants and failing to sit a resident displaying weakness back down instead of completing the transfer may cause

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| | 355095 | A. BUILDING _____ B. WING _____ | 07/18/2019 |

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| GOOD SAMARITAN SOCIETY - OAKES | 213 N 9TH ST OAKES, ND 58474 |

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| F 689 | Continued From page 11<br>injury to the resident or staff. Failure of staff to report increased weakness or difficulty with a resident's transfer does not allow for the facility to reassess the amount of assistance or method of transfer needed and may increase the risk of injury to the resident or staff.<br><br>CHEMICAL STORAGE<br><br>2. Based on observation and staff interview the facility failed to ensure an environment free of accident hazards regarding storage of chemicals in 1 of 3 soiled utility rooms (east side). Failure to ensure chemicals are stored in a locked cabinet placed residents at risk for accident or injury if they access these items.<br><br>Findings include:<br><br>Observation on the morning of 07/18/19 showed an unlocked lower sink cabinet door with the key in the key hole located in the east soiled utility room. The cabinet contained spray bottles with the following chemicals:<br>* Multipurpose cleaner<br>* Cleaner with bleach<br>* Virasept - cleaner/disinfectant<br>* Clorox spray cleaner<br>* Glass/Plastic cleaner<br>A one gallon container of Resolve - almost empty<br>A two gallon container of Peroxide multisurface cleaning disinfectant, connected to auto dispense unit at sink level<br><br>During an Interview on 07/18/19 at 8:30 a.m., the laundry supervisor (#1) confirmed the cabinet should be locked for resident safety. | F 689 | | |

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| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON 07/11/18<br><br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide respiratory care consistent with physician orders and facility policy for 2 of 2 sampled residents receiving oxygen (Resident's #20 and #40). Failure to ensure oxygen is administered as ordered, malfunctioning equipment is attended to per facility policy, and oxygen tubing is dated and documented per facility policy may complicate the resident's respiratory status.<br><br>Findings include:<br><br>Review of facility policy titled "Oxygen Administration With Nasal Cannula, Face Mask or Face Tent" occurred on 07/17/19. This policy, revised October 2017, stated, ". . . PURPOSE: to administer various levels of oxygen concentration and/or humidity in a safe manner. . . .<br>PROCEDURE: 1. Verify physician order. . . . 19. Disposable equipment . . . marked with date and | F 695 | 1. Residents # 20 and 40 care-plan was revised on 8/6/2019 regarding accuracy for oxygen administered as ordered by the physician and oxygen tubing to be dated.<br>2. All residents that receive oxygen could be affected regarding their respiratory status.<br>3. Education was given to the nursing staff on 7/31/2019 on proper oxygen administration and cleaning/changing out & dating the oxygen tubing. Re-educated CNAs on who is authorized to make adjustments to 02 concentrator/tank. Random audits will be conducted on residents who have oxygen/nebulizer supplies and review orders/ care plans. Tubing replacement dates are now put on EMAR for nurses to sign off on.<br>4. Chart review and observation audits will be done on proper oxygen administration and tubing replacement. This is will be performed by DON/ or designee. Random Observations will be done to audit who is making adjustments | 8/15/19 |

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| F 695 | Continued From page 13<br>initials. Document on TAR [Treatment Administration Record] or eAdmin note [electronic progress note] when these items are changed. . . ."<br><br>Review of facility policy titled "OXYGEN CONCENTRATOR" occurred on 07/17/19. This policy revised, November 2017, stated, ". . .PURPOSE: To deliver oxygen in a safe manner. To keep oxygen equipment clean and maintained in good condition. RESPONSIBLE EMPLOYEES: Licensed nurse, Medication aide if allowed by state and trained in oxygen delivery, Respiratory therapist, Respiratory technician . . . PROCEDURE: . . . 9. . . . a. If audible alarm sounds: Turn oxygen unit switch off for 10 seconds and turn on again; Check electrical outlet . . . 11. . . . Documentation of cleaning can be kept in paper format or include on the TAR in PCC [Point Click Care - the resident's healthcare record] . . ."<br><br>- Review of Resident #20's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (COPD) and hypoxemia (abnormally low concentration of oxygen in the blood). The current physician order stated, "Oxygen at 2L [liters] per nasal cannula via O2 [oxygen] concentrator and/or tank to keep O2 sats [saturation] at/above 90%. every shift [assess oxygen levels and document them every shift] related to HYPOXEMIA . . ."<br><br>Observation on 07/15/19 at 3:30 p.m. showed resident #20 sitting on the edge of her bed, the nasal cannula and tubing laying on the floor, and the oxygen concentrator running at 2 liters per | F 695 | to the 02 machines and if oxygen tubing is being changed. Weekly x 4 weeks, monthly x 2, and then quarterly x 3. The Audits results will be submitted to the QAPI committee monthly for review and further recommendation as indicated.<br>5. These deficiencies were corrected by 8/15/2019 | |

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minute. At approximately 3:33 p.m., a certified nursing assistant (CNA) (#7) came into the resident's room, picked up the oxygen tubing from the floor, coiled it, and placed it on top of the oxygen concentrator. At approximately 3:36 p.m., a different CNA (#8) came into the resident's room, applied the nasal cannula to the resident, and stated she forgot to place the oxygen back on the resident after she toileted her earlier.

The facility staff failed to ensure Resident #20 received oxygen per physician's orders.

- Review of Resident #40's medical record occurred on all days of survey. Diagnoses included heart failure and hypoxia [oxygen deficiency]. The current physician order stated, "O2 at 1 liter per nasal cannula cont (continuous) every shift for hypoxia . . ."

Observation on 07/15/19 at 12:10 p.m. showed Resident #40 wearing a nasal cannula connected to an oxygen tank on the back of her wheelchair with the regulator on the tank set at 1.5 liters.

Observation on 07/15/19 at 3:16 p.m. showed the oxygen concentrator alarm beeping in Resident #40's room. A CNA (#9) entered the room, noted the alarm beeping, adjusted the flow rate, and stated, "I had to adjust it to one. It was not quite on the one" and the beeping stopped.

Observation on all days of survey showed no dates on Resident #40's oxygen tubing. Review of the resident's "O2 and Maximist Changing/Cleaning Schedule", dated July 2019, stated, ". . . Change oxygen tubing weekly . . . Change oxygen tubing weekly on wheelchairs . .

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| F 695 | Continued From page 15<br>. ". This schedule indicated these tasks as last completed on 07/06/19.<br><br>The facility failed to ensure Resident #40 received the correct oxygen flow rate per the physican's order, failed to address the beeping concentrator per facility policy, and failed to date/document the resident's oxygen tubing per facility policy.<br><br>During an interview on 07/18/19 at 3:20 p.m., an administrative nurse (#6) stated, "CNAs can't adjust liter flow, only the nurse is allowed to make adjustments." When asked what the CNA is supposed to do if the oxygen concentrator is beeping, nurse (#6) stated, "Go get the nurse. The CNA can check the O2 concentrator to be sure it is set at the correct liter flow, but can't touch the concentrator to stop the beeping." The nurse (#6) confirmed the oxygen tubing is to be dated when changed, and signed off "in the book [a 3-ringed binder that contains the O2 and Maximist Changing/Cleaning Schedules], or on the TAR." | F 695 | | |