Reviewed and approved ℄ changes on pages 14, 15, & 17 after discussion ℄ Brenda Goinwood and Linda Brown RN

DEPARTMENT OF HEALTH AND HUM SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING _____ B. WING _____ 8/15 & 8/16/06 Linda	07/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834 Brown RN

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F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to preserve the dignity of residents requiring assistance at 2 of 3 meals observed during survey. The facility further failed to recognize the individuality and dignity of residents waiting to be served food during 1 of 1 observations at breakfast in which food distribution was timed. The findings were: 1. The following dignity issues were identified while residents were being assisted with their meals: Observation on 7/19/06 from 5:17 PM to 5:36 PM revealed certified nurse aide (CNA) #6 assisted dependent residents #35, #7, #5, and #2 in the assisted dining room. During the 19 minute observation, the CNA stood to feed each resident and was not at eye level at any time. Observation on 7/19/06 from 7:47 AM to 7:56 AM revealed CNA #27 assisted resident #14 in the main dining room. During the 9 minute span, the CNA stood to feed the resident and was not at eye level during the observation period. Interview with the resident care director on 7/21/06 at 10:20 AM revealed standard of practice was for staff to be at eye level when assisting residents with dining. 2. Confidential interview with 5 residents on	F 241	F241: The facility will promote care for Rsdts in a manner & envir. that maintains or enhances each rsdt's dignity & respect in full recognition of his or her individuality: A. 1.The staff at the AHCC will feed rsdts #35, #7, #5,#2,& #14 at eye level by sitting on stools or chairs provided. 2.Rsdt #18, & #31 will have their am cares done prior to 7am in time to arrive in LDR to receive their trays off the early tray cart. 3.Breakfast buffet will be served from 7:15am to 9am. Rsdt #17, will be served a tray off the early tray cart. Rsdts #40 #29,#36 will be served off the brkfst buffet as they arrive in the dining rm. On a first come first serve basis. 4.Rsdts # 8 & #43 will be served one after the other so they can eat together if they arrive in LDR about the same time.	9.4.06

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

Administrator 8/11/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AUG 15 2006

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F 241	Continued From page 1 7/19/06 at 2 PM revealed a concern with the extended length of time they were waiting to be served in the main dining room; particularly during breakfast. Confidential interview with an additional resident on 7/20/06 at 12 noon revealed s/he wanted to make sure the surveyor team was aware of this issue. Review of the facility's meal schedule showed breakfast was scheduled between 7 AM and 9 AM in the main dining room. Observation of the main dining room on 7/21/06 from 7 AM to 8:10 AM revealed the following cocnerns: a. Residents #18, #14, #41, and #13 were seated at adjoining tables at 7:07 AM. At 7:11 AM, a cart with covered trays arrived in the dining area. Residents #14, #41, and #13 received trays from this cart. Resident #18 did not. At 7:16 AM, resident #31 joined the tablemates. Although dietary staff arrived in the dining at 7:12 AM and began serving at 7:30 AM (30 minutes after the scheduled meal time), resident #18 did not receive a tray until 7:39 AM which was 28 minutes after the tablemates had received their trays. Resident #31 was served at 8:03 AM. This resident waited and watched his/her tablemates eat for 49 minutes before s/he was served. In addition, five residents who arrived after resident #18 were served prior to this resident. b. Observation of tablemate residents #40, #17, and #29 revealed all three residents were seated at their table at 7:07 AM. Resident #17 received a covered tray from the tray cart at 7:13 AM. Tray service from the steam table began at 7:30 AM (30 minutes after the scheduled meal time). Resident #40 received a tray at 7:31 AM and resident #29 was served at 7:35 AM. At 7:34 AM, tablemate resident #36 joined the residents but was not served until 8:10 AM. Resident #40	F 241	B. 1.Staff will use the chairs or stools provided in both dining rooms to ensure they are feeding rsdts at eye evel. 2. Rsdts at the assisted table in LDR (large dining room) will have their meals arrive on the early tray cart with meal service from 7 to 7:15am. All rsdts at the assisted table will have their am cares prior to 7am to ensure they arrive in LDR in time for meal service. 3.After conferring with the resident council on 8-10-06, meal times were changed to 7:15-9:00 a.m., 12:15 p.m., and 5:15 p.m. The council also voted to have rsdts served on first come first serve basis. 4.During the breakfast meal, tray cards will be pulled and organized in the order of the residents arrival to the dining room. This will assure the first come first served standard is maintained. A table maybe served together if the rsdts arrive about the same time.	

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F 241	Continued From page 2 had already left the dining area by 7:42 AM and resident #29 left at 7:51 AM. c. Observation revealed tablemate residents #8 and #43 were seated in the dining area since 7:07 AM. Trays from the steam table were served starting at 7:30 AM (30 minutes after the scheduled meal time). At 7:43 AM, resident #43 received his/her tray and began eating. At 7:56 AM, resident #8 received his/her tray after another table was served even though those residents arrived at their table at 7:07 AM, 7:37 AM, and 7:31 AM. d. Interview with dietary server #1 at 8:08 AM on 7/21/06 revealed residents were served depending on when they came into the dining room. She stated residents were already present in the dining room when she arrived and she did not know who arrived first.	F 241	F 241 5. The Dietary Manager, Registered Dietician, and nursing staff will randomly observe the meal service; if concerns are found, immediate in-servicing and corrective action will be provided. C. One noc CNA will be designated to monitor the morning breakfast service, in LDR to assure all rsdts are served in a timely manner with dignity & respect. Dietary will develop a system to monitor and serve the arrival of rsdts on a first come first serve basis in the LDR. D. A performance improvement monitor will be started to evaluate rsdts dignity & respect at meals. This report will be Evaluated monthly by the PIS (Performance Improv. System) committee.	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a comfortable and homelike setting in 1 of 27 resident rooms. The findings were: Observation in the special care unit on 7/19/06 at 10:30 AM revealed a large window, approximately 48 inches by 60 inches, in resident room 206. The window faced the landscaped grounds of the	F 253	F 241	9-4-06

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F 253	Continued From page 3 facility. Closer examination showed evidence of condensation, water stains, mineral deposits, and the appearance of crystalline-like material deposited between the panes of a double-pane window. The density and opacity of the materials in the window effectively occluded 70% of the viewing area through the window. Interview with certified nurse aide (CNA) #23 on 7/19/06 at 10:48 AM indicated the window was known to have a leaking seal between the double panes and "...had been that way for a long time; it is ugly." CNA #23 was unsure if a work order had been submitted to repair or replace the window, adding "...its been like that since I started working back here, seems like its has leaked for years." Interview with the facility maintenance technician on 7/20/06 at 8:50 AM indicated a work order for the window in room 206 had only just recently been submitted, dated 7/19/06.	F 253	F 253 The facility will maintain a comfortable and homelike setting in each resident's room. This will be accomplished by: A) The clouded window in room 206 ~~will be replaced by maintenance~~. has been ordered (on 9/1/06) it will be installed as soon as it arrives B) DON, who will write a maintenance work order indicating any that need to be replaced, will inspect Windows of all residents' rooms. C) CNA's and housekeeping staff will be instructed to report any future problems with residents' windows to maintenance dept. via work order. D) A performance improvement tool will be implemented to ensure the facility maintains a comfortable and homelike setting. A monitor will be completed monthly and reported to the Performance Improvement (PI) Committee. corrected 9/7/06 c.t.m. per written request of Brenda Glenn, DON Linda Burrows RN	9-4-06

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F 278 SS=B	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly 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 an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to assure the Minimum Data Set (MDS) assessments for 3 (#28, #17, #11) of 12 sample residents were coded as to the type of assessment. The findings were: Review of the medical record for resident #28	F 278	F 278 The facility will ensure that each MDS is coded as to the type of assessment. This will be accomplished by: A) MDS assessments for residents #28, 17, and 11 will be coded according to facility policy for late entry. B) Each of the facilities four nurse team leaders will check all MDS assessments in their residents' charts to ensure appropriate coding. Any not coded will be corrected as above. C) The nurse team leader starting a new MDS will ensure that each document is coded appropriately. The RN coordinator will check that all coding is completed prior to signing and transmitting the MDS. D) A performance improvement tool will be implemented to ensure accurate MDS coding. A monitor will be completed monthly and reported to the PI Committee.	9-4-06

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F 278	Continued From page 5 revealed an MDS assessment with a R2b date of 3/9/06. The assessment was on a quarterly assessment format; however, the type of assessment was not coded. Interview with the director of nursing (DON) on 7/20/06 at 9:32 AM revealed MDS assessments in the resident record should be coded as to the type of assessment. Review of the medical record for resident #17 revealed there was a full Resident Assessment Instrument with an R2b date of 9/21/05 which was not coded as to the type of assessment. Interview with the DON on 7/20/06 at 9:32 AM revealed all assessments in the residents' medical records should be coded as to the type of assessment. Review of the medical record for resident #11 revealed an MDS assessment with a R2b date of 3/10/06. Further review revealed section AA8a was blank as to the type of assessment. Interview with the director of resident care on 7/20/06 at 5 PM revealed the document was a quarterly assessment and should be coded prior to being signed by the Registered Nurse coordinator.	F 278		
F 282 SS=E	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by:	F 282		

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F 282	Continued From page 6 Based on observation, staff interview, medical record review, and review of policy and procedures, the facility failed to assure between meal snacks were provided as care planned for 4 (#14, #28, #15, #19) of 9 sample residents identified by the facility as requiring additional nutrition support. The findings were: 1. Review of the current care plan for resident #14 indicated s/he was to receive fortified meals and increased protein and calorie snacks in the form of shakes at 10 AM and 3 PM daily. The two most recent nutritional assessments, dated 6/28/06 and 3/15/06, each revealed resident #14 required dietary supplementation to counter a 16 pound (11%) weight loss over a 5 month period (144 pounds, December 2005; 128 pounds, April 2006). Review of the July activity of daily living (ADL) intake flow sheet for this resident failed to document whether the supplemental shakes were given to the resident as per the current care plan and nutritional assessment. Interview with certified nurse aide (CNA) #2 on 7/20/06 at 9:04 AM revealed the resident was to receive a MightyShake at 10 AM and 3 PM; however, the snacks were not offered to this resident during two days the previous week when the CNA was out of the facility. Periodic observations on 7/20/06 between 2 PM and 4 PM revealed there was no evidence the resident was offered a MightyShake. Interview with CNA #10 at 4 PM revealed she did not know if the shake was offered. Interview with the director of resident care on 7/21/06 at 7:55 AM confirmed the care planned 3 PM MightyShake was not offered to the resident on 7/20/06. 2. Review of the medical record for resident #28	F 282	F 282 The facility will ensure that between meal snacks are provided according to each resident's written plan of care. This will be accomplished by: A) Residents #14, 28, 15, and 19 have had entries added to their ADL sheets identifying the type of snack that is to be offered and the times they are to be given. Each resident's team CNA will offer an appropriate snack at the designated times. The CNA will document the amount consumed each time the snack is given and document an "R" if the resident refuses the snack. When a Hydration CNA is on duty, this task will be delegated to her. Supervising nurses will observe and provide guidance as needed.	9-4-06

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F 282	Continued From page 7 revealed a weight record which showed s/he had declined in weight from 143 lbs in January 2006 to 121 lbs in July 2006 (a 22 lb weight loss in six months). Further review revealed a current care plan intervention documented on the June and July 2006 activity of daily living sheet as high protein and calorie snacks. Interview with the director of nursing (DON) on 7/20/06 at 9:32 AM revealed the resident received "sweet snacks." Further interview at that time with CNA #2, who was responsible for resident snacks, revealed a "sweet snack" was cranberry or kiwi-strawberry juice. The CNA stated the juice did not have anything added to increase calories or protein. Review of the facility policy titled "Care Centered Snacks" revealed examples of "High Protein/High Calorie Snacks" were: "Boost, Ensure, Ensure pudding, Milkshakes. Other foods offered if resident refuses these primary choices, emphasizing protein and calories. Other examples include: Tuna Fish Sandwich or Cookies." 3. Review of the medical record for resident #15 revealed July 2006 physician orders which included diagnoses of cerebrovascular accident with contractures and prostate cancer. Review of the nutritional assessment, updated on 5/31/06, showed the resident was to receive high protein, high calorie snacks at 10 AM and 3 PM. Further review revealed the between meal snacks were a current care plan intervention. Interview with CNA #2 on 7/20/06 at 9:04 AM revealed the resident was to receive a MightyShake at 10 AM and 3 PM; however, the snacks were not offered to this resident during two days the previous week when the CNA was out of the facility. Periodic observations on 7/20/06 between 2 PM and 4 PM	F 282	B) All residents will have similar entries made in their ADL sheets to ensure that they receive planned nutritional support according to individual need. Team or Hydration CNAs will offer and document snacks as above. Supervising nurses will randomly observe, providing guidance and correction as needed. C) Each new resident admitted will have a snack entry on his/her ADL flow sheet specific	

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F 282	Continued From page 8 revealed there was no evidence the resident was offered the scheduled 3 PM MightyShake. Interview with CNA #10 at 4 PM revealed she did not know if the shake was offered. Interview with the director of resident care on 7/21/06 at 7:55 AM confirmed the care planned 3 PM MightyShake was not offered to the resident on 7/20/06. 4. Review of the medical record for resident #19 revealed diagnoses including cerebral palsy and osteoporosis. Review of the nutritional assessment, updated 6/19/06, documented the resident was to receive high calorie, high protein snacks. Further review showed snacks were a current care planned intervention. Periodic observations on 7/20/06 between 2 PM and 4 PM revealed there was no evidence the resident was offered a snack. Interview with CNA #10 at 4 PM revealed she did not know if the snack was given. Review of the activity of daily living flow sheets for this resident showed no evidence the between meal snacks were being offered. Interview with the DON on 7/21/06 at 9:15 AM revealed documentation of snacks, to include nutritional supplements, were not routinely entered into residents' records. The DON acknowledged an inability to evaluate the effectiveness of care planned nutritional interventions when critical data, such as the time given and amounts of supplements consumed, were not recorded.	F 282	to need according to dietary assessment. Entries will be changed by the Dietary Manager as necessary. DON discussed the importance of providing snacks according to each resident's care plan, the expectation that team CNA's would provide snacks in the absence of a Hydration CNA, and the new format for documenting on the ADL sheets at the CNA and nurses meetings in August. D) A performance improvement tool will be implemented to ensure that snacks are provided according to each resident's written plan of care. A monitor will be completed monthly and reported to the PI Committee.	

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F 311 SS=D	483.25(a)(2) ACTIVITIES OF DAILY LIVING A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to provide appropriate assistance to 1 of 6 sample residents who required assistance with eating as documented in comprehensive assessments. The findings were: Observation of the breakfast meal on 7/19/06 at 7:35 AM found resident #14 seated in a wheelchair at a dining table. The resident had been served breakfast and was unattended by staff at the start of the observation period. Further observation revealed the resident was having difficulty manipulating utensils and resorted to using his/her clothing protector to scoop oatmeal from a cup. S/he placed the corner of the clothing protector in his/her mouth in attempting to eat. Portions of the oatmeal fell on the resident's lap, the wheelchair seat, and onto the floor. At 7:47 AM (approximately 12 minutes later) certified nurse aide (CNA) #27 approached the resident, removed the soiled clothing protector, and replaced it with a clean one. CNA #27 fed resident #14 one bite of oatmeal with a spoon and offered him/her a drink from a cup. The CNA left the table at 7:56 AM, leaving the resident unattended. Resident #14 attempted to drink by dipping a fork into a glass of juice and placing the fork into his/her mouth; a table knife was substituted for the fork at 7:59 AM. Review of the resident's current nutritional	F 311	F 311 The facility will ensure that assistance is provided to residents who need help eating. This will be accomplished by: A) The medication nurse will observe CNAs as they work with residents at the assisted dining tables to ensure that resident #14 is helped as needed. B) The medication nurse will observe that other residents who have been assessed as needing help eating are getting the appropriate help from CNAs, providing guidance and correction immediately as needed. C) The DON discussed the need to provide appropriate services, specifically feeding, at the August staff meetings. D) A performance improvement tool will be implemented to ensure assistance is provided with eating. A monitor will be completed monthly and reported to the PI Committee.	9.4.06

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F 311	Continued From page 10 assessment, dated 6/28/06, revealed resident #14 needed assistance and supervision when eating. Further, the assessment indicated the resident experienced an unexpected weight loss greater than 11% in a 5 month period. Interview with CNA #27 on 7/19/06 at 8:12 AM revealed resident #14 was known to require assistance with eating. The CNA further stated the resident "...had a bad night..." and generally required increased assistance when s/he had not slept well.	F 311		
F 323 SS=D	483.25(h)(1) ACCIDENTS The facility must ensure that the resident environment remains as free of accident hazards as is possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and product label review, the facility failed to ensure chemicals within the resident environment were safely stored during one of three observations of the bathing room. The findings were: Observation of the "Misty Moon Spa" bathing area on 7/19/06 at 3:24 PM revealed the room was unlocked. Further observation of the room revealed an unlocked cabinet which contained a gallon jug labeled "Cen-Kleen" and labeled "Dangerous - Corrosive." Eight 16 oz. bottles of Cen-Kleen were present next to the jug. The cabinet remained unlocked at 4:32 PM on 7/19/06. At that time, an interview with the director of nursing in the bathing room revealed the	F 323	F 323 The facility will ensure that chemicals are safely stored in the tub room. This will be accomplished by: A) The tub room cabinet containing "Cen-Kleen" was locked. B) The DON will do random checks to ensure that the cabinet is locked as appropriate, providing immediate inservicing if problems are noted. C) The DON discussed the need to keep the environment safe, especially locking chemicals away from residents, at the August nurse and CNA meetings.	9.4.06

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F 323	Continued From page 11 cabinet door should be locked.	F 323	D) A performance improvement tool will be implemented to ensure that chemicals are stored securely. A monitor will be completed monthly and reported to the PI Committee.	
F 325 SS=E	483.25(i)(1) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility failed to ensure two (#14, #28) of four sample residents with weight loss received services to prevent further weight decline. The findings were: 1. Review of the weight record for resident #14 revealed s/he experienced a 16 pound (11%) unexpected weight loss during the interval from December 2005 (144 pounds) to April 2006 (128 pounds). The resident's current nutritional assessment dated 6/28/06 indicated the need for fortified meals, assistance and supervision for eating, and increased protein and calories in the form of a supplemental shake at 10 AM and 3 PM daily. Observation on 7/19/06 from 7:35 AM to 8:12 AM showed resident #14 was unattended and unassisted for all but 9 minutes of the observation period. Further, while unattended by staff, the resident used his/her clothing protector in an attempt to eat oatmeal from a cup. Interview with certified nurse aide (CNA) #2 on 7/20/06 at 9:04 AM revealed resident #14 was	F 325		

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F 325	Continued From page 12 to receive a MightyShake at 10 AM and 3 PM; however, the snacks were not offered to this resident during two days the previous week when the CNA was out of the facility. Periodic observations on 7/20/06 between 2 PM and 4 PM revealed there was no evidence the resident was offered the scheduled 3 PM MightyShake. Interview with CNA #10 at 4 PM revealed she did not know if the shake was offered. Interview with the director of resident care on 7/21/06 at 7:55 AM confirmed the care planned 3 PM MightyShake was not offered to the resident on 7/20/06. 2. Medical record review for resident #28 revealed a face sheet (no date) which documented the resident was admitted on 8/29/03 with diagnoses which included dementia, macular degeneration, hypothyroidism, and a history of colon cancer. Further review revealed a vital sign flow sheet which tracked the resident's monthly weight. According to the sheet, the resident declined from 143 lbs in January 2006 to 121 lbs in July 2006 (a 22 lb or 15% weight loss in six months). Review of the dietary assessment dated 5/11/06 revealed the resident's usual weight was 135 - 140 lbs. The assessment noted past interventions as a change to a puree diet in April 2006 and assistance with eating. On 5/11/06, the dietitian documented a plan to fortify the resident's diet if his/her weight decreases again. On 7/10/06 the dietitian noted the continual decline in the resident's weight and planned to encourage supplements. Further review revealed a current care plan intervention as high protein and calorie snacks documented on the June and July 2006 activity of daily living flow sheets. Interview with the director	F 325	F 325 The facility will ensure that residents with weight loss receive services to prevent further decline. This will be accomplished by: A) The medication nurse will observe CNAs as they work with Resident #14 to ensure he is assisted at meals as needed; supervising nurses will observe that designated snacks are provided to him at the appointed times by his Team CNAs or Hydration CNA. Resident #28 had an entry for high cal/high pro snack added to her ADL flow sheets; supervisor nurses will observe that these snacks are offered, providing in-servicing as needed.	9.4.06

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F 325	Continued From page 13 of nursing (DON) on 7/20/06 at 9:32 AM revealed dietary staff had not received any dietary change orders. She stated the snacks received by the resident were "sweet snacks" and referred the surveyor to the CNA for a definition. Interview at that time with CNA #2, who was responsible for resident snacks, revealed a "sweet snack" was cranberry or kiwi-strawberry juice. The CNA stated the juice did not have anything added such as protein or other nutrients to increase calories. Review of the facility policy titled "Care Centered Snacks" revealed examples of "High Protein/High Calorie Snacks" were: "Boost, Ensure, Ensure pudding, Milkshakes. Other foods offered if resident refuses these primary choices, emphasizing protein and calories. Other examples include: Tuna Fish Sandwich or Cookies." Further record review revealed meal intake was recorded but snack intake was not. Observation of the resident during meals on 7/18/06 at 5:54 PM revealed the resident took 25% to 30% of the evening meal. A second observation on 7/19/06 at 7:54 AM revealed the resident took 25% of his/her breakfast meal. Interview with the DON on 7/21/06 at 9:15 AM revealed documentation of snacks were not routinely entered into residents' records. The DON acknowledged an inability to evaluate the effectiveness of nutritional interventions when critical data, such as the time given and amounts consumed, were not recorded.	F 325	B) The dietary manager will identify other residents with weight loss. If needed, they will be provided assistance with eating. The medication nurse will monitor that this is provided and give guidance and correction as needed. Nutritional supplements will be added to their ADL flow sheets; supervising nurses will observe that these are offered by Team or Hydration CNAs, providing guidance and correction as needed. C) The DON discussed the need to provide appropriate assistance and snacks to residents with weight loss at the August CNA and Nurses meetings. D) A performance improvement tool will be implemented to ensure residents with weight loss receive services to prevent further decline. A monitor will be completed monthly and reported to the PI Committee.	

See also F514 POC in regard to documenting snacks.

added per request of Brenda Horn DON on 8/15/06 via phone LB

LB

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F 364 SS=F	483.35(d)(1)-(2) FOOD Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on staff interview, job description review, and review of the scheduled meal times, the facility failed to prepare hot food items for one (lunch) of three meals in a manner that would conserve the nutritive value of the food. The findings were: The following concerns were noted with the extended length of time between cooking and serving the food to the residents: Review of the facility meal times revealed the residents were scheduled to be served lunch at 12 noon. Interview with cook #1 on 7/19/06 at 3:30 PM revealed the schedule for preparing the lunch meal was to start cooking the hot food between 7 AM and 7:30 AM. This included vegetables when they were on the menu. The cook stated she needed to have the hot food cooked so she could puree by 9 AM and then help in the dish room. The cook further commented the pureed food was placed in the refrigerator by 9 AM, and the other cooked items were placed in the steamer. At 9:30 AM the pureed food was also placed in the steamer. The cook said all food items were placed on the steam table at 10:30 AM so the kitchen staff could take their lunch break between 11:00 and 11:30 AM. At 11:30 AM, the staff started to assemble the resident trays.	F 364	9.4.06

F 364
Dietary will prepare food that is palatable, attractive, and at an appropriate temperature while conserving the nutritive value, flavor, and appearance of the food items.

A) Dietary staff will minimize holding times of prepared foods including pureed items prior to meal service.

B) The Dietary Manager (DM) and the cook in charge will randomly monitor meal preparation to assure food holding times are kept within and appropriate time frame.

C) The Registered Dietitian (RD) and DM will in-service the dietary staff on Batch cooking techniques, along with reviewing the updated work schedules to include batch cooking. Batch cooking will be used to minimize holding times. Puree foods will be pureed prior to meal service from the appropriate batch cooked items to minimize holding times.

D) A quality monitoring tool will be implemented to assure

per dietary (Nell) on 3/16/06 via phone, the cooks are not required to help in the dish room, they just cook.

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F 364	Continued From page 15 Review of the facility's job description "Dietary Cook 5:00am - 1:30pm" confirmed the cook was to help with the dirty dishes at 9 AM, place the cooked food on the steam table by 10:30 AM, then take a lunch break between 11 AM and 11:30 AM prior to the tray assembly at 11:30 AM. Review of the scheduled meal times confirmed the residents began lunch at 12 noon; therefore, the hot food was cooked 2.5 hours prior to the start of the tray assembly. According to the American Dietetic Association, December 26, 2005: Preserving Your Vitamins, "Cook vegetables just until tender and crisp. Vitamins B and C are destroyed easily by the heat. The shorter the cooking time, the more nutrients are retained.	F 364	compliance and will be reported at the monthly PI meeting. F 371 The facility will store, prepare, distribute, and serve food under sanitary conditions. 1.The dietary staff will follow proper hand sanitizing techniques to ensure sanitary conditions are maintained. A.Strict hand washing will be enforced in compliance with the 2005 Food Code, with alcohol sanitizing gels only being used when there involves no direct contact with food by the bare hand. B.The DM and the cook in charge will randomly monitor employees to assure proper hand sanitation is maintained. C.The RD and DM will in-service the dietary staff on proper hand sanitation techniques along with reviewing the updated policy and procedure on hand washing, if concerns are found will immediately in-service the employees and corrective action will be taken. D.A quality monitoring tool will be implemented to assure compliance and will be reported at the monthly PI meeting.	
F 371 SS=F	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and policy and procedure review, the facility failed to assure proper handwashing procedures were followed, nutrition supplements were identified with an expiration date, and frozen meat was thawed according to acceptable practices. In addition, the facility failed to assure food was prepared under sanitary conditions. The findings were:	F 371		9.4.06

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F 371	Continued From page 16 The following concerns with proper handwashing procedures were identified: 1. Upon entering the kitchen for the initial tour on 7/18/06 at 2:46 PM, the surveyor asked dietary aide #1 the location of the handwashing sink. The aide pointed to a 16 ounce pump bottle of "3M Avagard D Instant Hand Antiseptic with Moisturizers" and commented the dietary staff used the hand antiseptic to wash their hands. Further observation on 7/19/06 revealed cook #1 rubbed her nose with her hand, used the hand antiseptic, then continued with food preparation activities without washing her hands. Review of the facility policy, "Hand Washing for Food Service" dated 6/12/00 revealed, "Hand sanitizers will not be used in the dietary department." According to Food Code 2005, U.S. Public Health Service, 2-301.16 Hand Antiseptics, "...(3) Be applied only to hands that are cleaned as specified under 2-301.12." In addition, according to the Food and Drug Administration, Food Safety Facts, May 2003: "Proper handwashing as described in the Food Code continues to serve as a vital and necessary public health practice in retail and food service. Using alcohol gel in place of handwashing in retail and food service does not adequately reduce important foodborne pathogens on foodworkers' hands." 2. Observation of dietary aide #1 on 7/19/06 between 3:50 PM and 3:55 PM revealed three occasions when she handled soiled dishes in the dish room, entered the kitchen and changed gloves; however, no handwashing was performed prior to handling clean dishes. According to Food Code 2005, U.S. Public Health Service, When to Wash, 2-301.14: Food employees shall clean their hands and exposed	F 371	2.The dietary staff will ensure hands are properly sanitized after handling soiled dishes before having contact with clean dishes to ensure sanitary conditions are met. A.Strict hand washing will be enforced in compliance with the 2005 Food Code, with alcohol sanitizing gels only being used when there involves no direct contact with food by the bare hand. B.The DM and the cook in charge will randomly monitor employees to assure proper hand sanitation is followed. If concerns are found the employee will immediately be in-serviced and corrective action will be taken. C.The RD and DM will in-service the dietary staff on proper hand sanitation techniques along with reviewing the updated policy and procedure on hand washing with the dietary staff. D.A quality monitoring tool will be implemented to assure compliance and will be reported at the monthly PI meeting.	

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F 371	Continued From page 17 portions of arms... "(E) After handling soiled equipment or utensils." The following concerns with the identification of expiration dates on nutrition supplements were noted: Observation on 7/20/06 at 9:04 AM in the pantry reach-in refrigerator revealed five thawed MightyShakes in the bottom drawer. No date was evident on the carton. Interview at that time with certified nurse aide (CNA) #2, who distributed the MightyShakes to residents, revealed she thought the shakes had been in the refrigerator "for about one week" but was not certain. When asked about the expiration date, the CNA showed the surveyor a code "1006" on the top of the carton. The CNA said that based on the code, the expiration date for the shakes was October 2006. Observation at that time of the instructions on the individual carton, showed the shelf life of a MightyShake is up to 14 days after being thawed. Interview with the assistant dietary manager on 7/20/06 at 8:45 AM revealed the facility's procedure to track the expiration date was to place the individual frozen shakes on a tray in the refrigerator to thaw, and write that date on a piece of tape. The tape was then placed on the tray; individual cartons were not dated. The following concerns with the proper thawing of raw meat were identified: Observation in the kitchen on 7/21/06 at 8:15 AM revealed six packages of frozen raw beef patties on the top shelf of a utility cart. Further observation at 9 AM revealed the outer edges of the beef patties were darker in color and the meat was soft when touched. Interview with cook #1 at that time revealed the beef patties were placed on	F 371	3.Supplements will be monitored and labeled with the expiration date to assure sanitary conditions are maintained. A.All supplements will have an expiration date. Those 5 dates identified during the survey were discarded at the time of discovery. B.The DM will monitor to assure the dating of the supplements. The disposal of the supplements after the expiration date will be monitored by the nursing staff when in the residents' storage area. If concerns are found the employee will immediately be in-serviced and corrective action will be taken. C.The RD and DM will in-service the dietary staff on the dating of supplements for expiration. Mighty Shakes will be dated with the thaw date written on the supplement container. D.A quality monitoring tool will be implemented to assure compliance and will be reported at the monthly PI meeting. 4.Foods will be thawed using approved techniques under sanitary conditions. A.Foods will be thawed in an approved manner as directed by the 2005 Food Code. B.The DM and the cook in charge will randomly monitor the thawing of foods to assure proper procedure is followed. If concerns are found the employee will immediately be in-serviced and corrective action will be taken. LB added per request of Brenda Hamm DON on 8/15/06 LB	

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F 371	Continued From page 18 the utility cart at 8 AM "to thaw." According to Food Code 2005, U.S. Public Health Service, 3-501.13, Thawing: Potentially hazardous food shall be thawed: "(A) Under refrigeration that maintains the food temperature at 41 degrees Fahrenheit or less; or (B) Completely submerged under running water: (1) at a water temperature of 70 degrees Fahrenheit or below... or (C) As part of the cooking process..." The following concerns with preparing food under sanitary conditions were noted: 1. Observation on 7/19/06 at 3:35 PM revealed two plastic glasses in the food preparation area with pieces of foil wrapped over the top of the glasses. Observation at that time revealed cook #1 removed the foil from a glass, then took a drink while holding the glass near the mouth contact area. Interview with dietary aide #2 on 7/19/06 at 3:57 PM revealed the cups contained beverages for the dietary staff to drink while in the kitchen. According to Food Code 2005, U.S. Public Health Service, Eating, Drinking, or Using Tobacco, 2-401.11 "(B) A food employee may drink from a closed beverage container if the container is handled to prevent contamination of: (1) The employee's hands; (2) The container; and (3) Exposed food; clean equipment, utensils..." 2. Observation on 7/19/06 at 8:30 AM revealed a utility cart was pushed directly adjacent to the handwashing sink; the side of the cart and the sink were touching. Further observation showed dietary aide #3 was cutting celery for the salad bar into a bowl that was on top of the utility cart. While the dietary aide was cutting the celery, cook #1 washed her hands in the handwashing	F 371	C.The RD and DM will in-service the dietary staff on proper thawing techniques as approved by the 2005 Food Code. D.A quality monitoring tool will be implemented to assure compliance and will be reported at the monthly PI meeting. 5.Food will be prepared under sanitary conditions with employee drinks being stored in a closed beverage container to prevent contamination along with the isolation of food items from hand washing areas to prevent contamination. A.Dietary Staff will assure cross contamination from employee drinks and from hand washing sinks will not occur. B.The DM and the cook in charge will randomly monitor for cross contamination. If concerns are found the employee will immediately be in-serviced and corrective action will be taken. C.Approved employee beverage containers will be provided to the employees from the dietary department. The RD and DM will in-service the dietary staff on methods to prevent cross contamination. D.A quality monitoring tool will be implemented to assure compliance and will be reported at the monthly PI meeting.	

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F 371	Continued From page 19 sink; the bowl of celery was less than two feet away from the splashing water.	F 371		
F 441 SS=E	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of facility procedures and manufacturer's literature, the facility failed to maintain an environment for residents that minimized the potential spread of infectious disease in 1 of 1 observed tub sanitizing procedures. Further, the facility failed to use reasonable precautions to minimize the potential for contamination of drinking water for 6 residents who resided in the special care unit. The findings were: 1. Observation of the tub cleaning on 7/19/06 at 2:27 PM and interview at that time revealed the bath aide used Cen-Kleen to disinfect and clean the tub. The bath aide stated the required contact time of the chemical was 10 minutes. At 2:29 PM, the aide began scrubbing the side of the tub with	F 441	F 441 The facility will ensure that an environment is maintained that minimizes the potential spread of infection. The Misty Moon tub will be sanitized appropriately. Precautions will be taken to minimize contamination of drinking water in the SCU (Special Care Unit). This will be accomplished by: A&B) The DRC (Director of Resident Care) will observe the regular bath CNA cleaning the tub, ensuring it is sanitized appropriately, leaving the chemical in place for 10 minutes. The DRC and this CNA will then observe other CNAs cleaning the tub, especially those CNAs who will be assigned to baths. In-servicing will be provided immediately as needed.	9-9-06

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F 441	Continued From page 20 the disinfectant and finished by disinfecting the tub chair and lift at 2:34 PM. When asked how she timed the process, she replied that she used the clock on the wall. At 2:38 PM, four minutes after scrubbing the chair and nine minutes after starting the disinfection, the aide rinsed the chair, lift, and tub. Review of the posted tub cleaning procedure revealed staff were instructed to wait 10 minutes after applying the disinfectant. Review of the instructions printed on the bottle revealed "treated surfaces must remain wet for 10 minutes" before the product was removed. Interview with the director of nursing and the infection control nurse at 4:32 PM on 7/19/06 revealed the disinfecting process +required a contact time of 10 minutes and a timer in the cabinet was available to staff. A second interview with the bath aide on 7/21/06 at 10:11 AM revealed 41 of the facility residents used the bathing room. 2. Observation in the special care unit on 7/19/06 at 7:03 AM showed certified nurse aide (CNA) #23 moved three dirty cups to one side of the handwashing sink. The CNA then removed the top of a plastic water dispenser from the base, removed the lid, and placed the top of the dispenser in the handwashing sink. Next, the aide filled the dispenser with water. Interview with the CNA at that time revealed the dispenser was used to serve drinking water to the residents in the unit. The CNA further commented the water dispenser was placed in the handwashing sink and filled with water "every morning." Further observation of the dispenser revealed the water was dispensed using an external spigot that was level with the bottom of the handwashing sink. Periodic observations on 7/19/06 and 7/20/06	F 441	A pull out faucet will be attached to the SCU sink, enabling staff to fill the water bucket without placing it in the sink. C) The DRC discussed filling the SCU water without risking contamination at the August CNA meeting. The DRC will demonstrate appropriate tub cleaning at a CNA meeting on 8-31-06. D) A performance improvement tool will be implemented to ensure the spread of infection is minimized. A monitor will be completed monthly and reported to the PI Committee.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 441	Continued From page 21 revealed facility staff used the unit sink for handwashing on 7 occasions, twice rinsed a cloth used to wipe the countertop, and as a holding area for dirty dishes and utensils.	F 441		
F 514 SS=F	483.75(l)(1) CLINICAL RECORDS The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to assure between meal snacks were documented as planned for 9 (#14, #28, #15, #19, #10, #11, #32, #42, #24) of 9 sample residents who received between meal nutrition support. The findings were: 1. Review of the current care plan for resident #14 indicated s/he was to receive fortified meals and increased protein and calorie snacks in the form of shakes at 10 AM and 3 PM daily. The two most recent nutritional assessments, dated 6/28/06 and 3/15/06, each revealed resident #14 required dietary supplementation to counter a 16	F 514	F 514 The facility will ensure that between meal snacks are documented appropriately in the residents' clinical record. This will be accomplished by: A&B) Between meal snacks will be documented for residents #14, 28, 15, 19, 10, 11, 32, 42, 24 and all other residents. All residents have had entries added to their ADL sheets identifying the type of snack that is to be offered and the times they are to be given. CNAs will offer the designated snack and record on the ADL sheet the amount consumed or an "R" if refused. Supervising nurses will observe and provide guidance as needed..	9-4-06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53A002	A. BUILDING _____ B. WING _____	07/21/2006

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F 514	Continued From page 22 pound (11%) weight loss over a 5 month period (144 pounds, December 2005; 128 pounds, April 2006). Review of the July activity of daily living (ADL) intake flow sheet for this resident failed to document whether the supplemental shakes were given to the resident as per the current care plan and nutritional assessment. 2. Review of the medical record for resident #28 revealed a weight record which showed s/he had declined in weight from 143 lbs in January 2006 to 121 lbs in July 2006. Further review revealed a current care plan intervention documented on the June and July 2006 activities of daily living (ADL) sheet as providing the resident with high protein and calorie snacks. Further review revealed no documentation by staff that this was done. 3. Review of the medical record for resident #15 revealed July 2006 physician orders which included diagnoses of cerebrovascular accident with contractures and prostate cancer. Review of the nutritional assessment, updated on 5/31/06, showed the resident was to receive high protein, high calorie snacks at 10 AM and 3 PM. Further review revealed the between meal snacks were a current care plan intervention. Review of the medical record showed no evidence the provision of snacks was documented. 4. Review of the medical record for resident #19 revealed diagnoses including cerebral palsy and osteoporosis. Review of the nutrtional assessment, updated 6/19/06, documented the resident was to receive high calorie, high protein snacks. Further review showed snacks were a current care planned intervention. Review of the medical record showed no evidence the provision of snacks was documented. 5. Review of the snack list dated 7/19/06 revealed residents #10, #11, #32, #42, and #24 were also	F 514	C) The DON discussed the new format for documenting snacks at the August CNA meeting. D) A performance improvement tool will be implemented to ensure snacks are documented appropriately in each residents record. A monitor will be completed monthly and reported to the PI Committee.	

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F 514	Continued From page 23 planned to receive between meal noursishments. Interview on 7/20/06 at 10 AM with certified nurse aide #2 confirmed between meal snacks were not being documented for any of the residents who were assessed as needing the additional nourishment. 6. Interview with the director of nursing (DON) on 7/21/06 at 9:15 AM also confirmed documentation of snacks, to include nutritional supplements, were not routinely entered into residents' records. The DON acknowledged an inability to evaluate the effectiveness of nutritional interventions when critical data, such as the time given and amounts of supplements consumed, were not recorded.	F 514		