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	53A051	A. BUILDING _____ B. WING _____	05/16/2007

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F 274 SS=D	483.20(b)(2)(ii) RESIDENT ASSESSMENT-WHEN REQUIRED A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure one (#14) of one sample resident who required a significant change assessment had an assessment completed. The findings were: Medical record review for resident #14 revealed a quarterly Minimum Data Set (MDS) assessment dated 11/22/07. When compared to the resident's 8/25/07 admission Resident Assessment Instrument (RAI) assessment, it was determined the resident declined in the following areas: from no loss of movement on one side for legs to partial loss on one side; from occasionally incontinent of bowel once a week to frequently incontinent of bowel two to three times a week; and, declined from occasionally incontinent of bladder two or more times a week to incontinent of bladder. The RAI/MDS comparison also	F 274	South Lincoln Nursing Center will will complete a comprehensive assessment within 14 days after the facility determines there has been a significant change in resident's physical or mental condition. 1)A significant change was completed on resident #14 as of 05/18/07. Exhibit #1 2) MDS Coordinator has registered to attend MDS certification course on 06/12/07. Exhibit #2 3) The DON will complete a monthly random audit of MDS assessments to assure significant change in condition is filed appropriately. 06/11/07 4) The DON will report the results of the monthly audit at the Medical Director meeting and at the South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/11/07

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

E B O, CEO — 6/7/07

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. POC approved on 6/14/07 0800 Lynanne Cammack DON, Karen Wamsley, RN Health Surveyor.

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F 274	Continued From page 1 showed the resident had a stage II pressure sore during the admission assessment that was no longer present at the time of the quarterly assessment. Interview with the MDS coordinator on 5/15/07 at 4:30 PM revealed a full significant change assessment should have been done instead of the quarterly assessment. According to the "Long-Term Care Facility Resident Assessment Instrument User's Manual," version 2.0 (revised March 2006), a significant change assessment is appropriate if a resident has a decline or improvement in two or more areas or two changes in a particular domain.	F 274		
F 275 SS=D	483.20(b)(2)(iii) RESIDENT ASSESSMENT-WHEN REQUIRED A facility must conduct a comprehensive assessment of a resident not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to complete an annual assessment for one (#6) of six sample residents. The findings were: Review of the medical record for resident #6 revealed the last resident assessment instrument (RAI) was a significant change assessment dated 3/27/06. Quarterly assessments were conducted on 6/17/06, 9/15/06, 12/14/06 and 3/14/06. Interview with the MDS coordinator on 5/16/06 at 10:05 AM revealed an annual assessment should have been completed March 2007. The MDS coordinator stated that a computer data entry problem occurred when the facility switched to a new computer system, therefore, the computer	F 275	South Lincoln Nursing Center will conduct a comprehensive assessment of a resident not less than once every 12 months. 1) An annual assessment on resident #6 was completed as of 05/25/07. Exhibit #3 2) MDS Coordinator has manually calculated MDS dates and types that are due. 06/01/07 3) MDS Coordinator has contacted support staff of new computer system to inform them of the on-going problem. 06/06/07 4) MDS Coordinator will continue manual date and type of MDS calculation until computer system is accurate. 06/30/07 5) DON will complete a monthly audit of MDS assessments to assure	

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F 275	Continued From page 2 system failed to identify an annual assessment was due in March.	F 275	appropriate date and type of MDS. 06/11/07 6) The DON will report the results of the monthly audit at the Medical Director meeting and at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/30/07
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure licensed staff administered medications within professional parameters during one of two observations of medication passes. The nurse did not observe one resident (#14) take his/her medication. The findings were: Observation on 5/14/07 at 6 PM revealed licensed practical nurse (LPN) #1 poured liquid Dulcolax (a stool softener medication) into a medication cup, took the medication into the assisted feeding area, and then poured the medication into the apple juice for resident #14. The LPN then left the room. The observation revealed the resident required assistance with eating, and received assistance from a restorative certified nurse aide (RCNA). At 6:34 PM, the LPN returned to the assisted feeding area. At that time, the RCNA began to give the medication in the juice to the resident. The LPN left without watching to see if the resident took the medication. This observation revealed the resident took two sips and refused the rest of the juice. Interview with LPN #1 on 5/16/07 at 10:30 AM revealed she had mixed the medication in too much apple juice and should have stayed with the resident until s/he had consumed all of the medication.	F281	South Lincoln Nursing Center will provide services that meet professional standards of quality. 1)An inservice was done with the LPN regarding appropriate delegation of tasks to a CNA, scope of practice and appropriate medication administration. 05/15/07 Exhibit #4 2)An inservice for all RN & LPN staff regarding appropriate delegation of tasks to a CNA and scope of practice and appropriate medication administration will be held on 06/20/07. 06/20/07 3) DON will randomly observe medication administration on a monthly basis to assure proper medication administration. 06/11/07 4) The DON will report the results of observation at the Medical Director meeting and at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/20/07

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F 281	Continued From page 3 According to "Nursing Interventions and Clinical Skills," third edition, part of medication administration includes remaining with the client until the medication is taken.	F 281		
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 and staff interview, the facility failed to ensure the resident environment remained free of chemical hazards. The findings were: Observation on 5/14/07 at 5:17 PM revealed the shower room door was left open. The observation also revealed two bottles, one by the tub and one hanging on the handrail in the shower. Each bottle was unlabeled and contained a yellow liquid. Further observation revealed an unlockable storage cabinet that contained a bottle of fingernail polish remover. Random observations on 5/14/07 at 6:06 PM and 6:40 PM revealed the shower room was neither locked nor attended. Interview with certified nurse aide (CNA) #1 at 6:46 PM on 5/14/07 revealed the spray bottles with yellow liquid contained a type of "bleach" disinfectant and stated she did not know the name of the product. She stated the product was used to disinfect the tub and shower area. The CNA further stated the room usually remained open. Interview with the director of nursing on 5/15/07 at 9:04 AM revealed the disinfectant cleaner was "Cen-Kleen."	F 323	South Lincoln Nursing Center will ensure that the resident environment remains as free of accidents and hazards as is possible. 1) The two bottles of disinfectant were properly labeled on 05/15/07. 05/15/07 2) A lock was placed on the storage cabinet. 05/15/07 3) Staff was educated to keep cabinet locked at all times and that anytime a solution is put into a different container, it needs to be clearly labeled. 05/21/07 Exhibit #5 4) The DON will do random checks to ensure the cabinet remains locked at all times and that bottles of solution are properly labeled. 06/11/07 5) The DON will report the results of random checks at the Medical Director meeting and at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/11/07

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F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has	F 334	South Lincoln Nursing Center will ensure that education regarding influenza and pneumonia vaccination will be done with the resident or resident's legal guardian and that each resident is offered the influenza and pneumonia vaccine. 1) Immunization Record has been implemented and will be completed upon admission by the MDS Coordinator. 06/05/07 Exhibit #6 2) The algorithm adapted from CDC recommendations of ACIP will be used for vaccinating residents with PPV. 06/05/07 Exhibit #7 3) Immunization administration will be documented on the Immunization Administration Record. 06/05/07 Exhibit #8 4) Immunization Record and Immunization administration was completed on newly admitted resident. 06/07/07 Exhibit #9 5) Staff will be educated on current policy in place and on new forms to document immunization status and administration. 06/20/07 6) The Immunization Record and Immunization administration will be completed on current residents in facility. 06/30/07	

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F 334	Continued From page 5 already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure documentation of flu vaccination teaching for six (#12, 13, 14, 15, 18, and 22) of six sample residents. In addition, one sample resident (#22) who was unable to receive the vaccine in October 2006, but was not offered the vaccine at a later date. The findings were: Medical record review for residents #12, #13, #14, #15, and #18 revealed these residents	F 334	7) The DON will do monthly chart audits to assure accurate documentation of immunization status and administration. 06/11/07 8) The DON will report the results of the chart audit at the Medical Director meeting and at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/30/07

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F 334	Continued From page 6 received flu vaccination in October 2006. There was no evidence of instruction for either the resident or significant other regarding the benefits or potential side effects of the vaccination. In addition, resident #22 had "declined" to have a vaccination, but the documentation for the decline was not found in the medical record. Interview with the director of nursing (DON) on 5/15/07 at 1:16 PM revealed the facility had not documented the teaching done or the decline of vaccination. A second interview with the DON on 5/16/07 at 1:20 PM revealed resident #22 was ill during the vaccination period and had refused the vaccination. The DON stated the resident was never re-offered a flu vaccination.	F 334		
F 363 SS=D	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, menu review, and staff interview, the facility failed to follow the posted menu for one of three observed meals. The findings were: Observation on 5/15/07 at 6:10 PM revealed only two resident trays on the serving cart provided by the kitchen contained servings of milk. Review of the facility menu for the 5/15/07 evening meal revealed 2% milk was listed as a menu item. Review of the dietary cards on these two trays	F 363	Menus will meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance, and be followed. 1) Dietary inservice held on 05/17/07 and on 06/01/07 to review the importance of following menu guide. 06/01/07 2) Dietary Manager will do random checks on meal trays for residents to check accuracy of trays and record the results. 06/11/07 3)Dietary Manger will review tray accuracy with staff and review understanding of staff. 06/29/07	

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F 363	Continued From page 7 revealed these two residents were on a "fortified" diet requiring nutritional supplements; all other residents were either on a regular, mechanical soft, or pureed diet. Further observation of the serving cart revealed none of the remaining trays contained milk. All of the food trays were distributed to residents. During the meal at 6:15 PM, the surveyor asked the director of nursing (DON) about the missing milk which was a posted food item on the daily menu. The DON immediately went into the kitchen and stated upon returning "the missing milk was a kitchen staff oversight." At 6:20 PM, observation revealed kitchen staff brought a tray of approximately 20 individual servings of 2% milk cartons from the kitchen. The tray was placed on the dining room counter. At 6:30 PM the dining room staff was observed to place all of the milk containers into the dining room refrigerator. As a result, the milk was not offered or served to the remaining residents.	F 363	4) Dietary Manager will continue to train staff as necessary. 06/29/07 5) Dietary Manager will document results of random tray checks and report results at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/29/07
F 371 SS=E	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 review of policies and procedures the facility failed to assure dish washing temperatures were monitored or that cross-contamination of resident food would not occur. The findings were: 1. Observation on 5/14/07 at 5:30 PM	F 371	#1 The facility will store, prepare, distribute and serve food under sanitary conditions. 1) Dietary inservice held on 05/17/07 and 06/01/07 to review importance of monitoring dishwashing temperatures. 06/01/07 2) Dietary Manager revised policy to include monitoring dishwashing temperatures. 05/31/07 Exhibit #10 3) Dietary staff will perform a daily check on dishwashing temperatures for corresponding meals. 06/01/07	

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F 371	Continued From page 8 revealed dishwashing temperatures recorded on a wall calendar hanging next to the dish machine. One temperature was recorded for each day, along with a letter corresponding to the meal the temperature was taken, i.e., B-breakfast, L-lunch, D-dinner. Temperatures were missing for 5/9/07, 5/12/07, 5/13/07 and 5/14/07. Interview with the kitchen manager on 5/16/07 at 1:15 PM revealed the facility did not have a written policy for monitoring temperatures except for the policy of taking daily temperature at rotational meals and writing it on the calendar. The manager verified temperatures should have been taken on the missing dates. 2. Observation on 5/14/07 at 5:45 PM revealed a sack of 8 onions, 5 bananas, a basket of 7 muffins, and an open sack of colored marshmallows sitting on the kitchen counter. Sitting on the counter with the food was an open ended cardboard box containing 4 table legs. Interview with the kitchen manager on 5/16/07 at 1:18 PM revealed the table legs were sitting on the counter until the table they belonged to could be put together and used in the kitchen. Additional observation revealed a half empty bottle of Pepsi in the refrigerator. The manager verified the table legs should have been placed on the floor until the table could be built and she stated the Pepsi belonged to an employee and should not be in the food service refrigerator. According to the 2005 Food Code, U.S. Public Health Service, Food and Drug Administration, 3-307.11: Miscellaneous Sources of Contamination. "FOOD shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301 - 3-306."	F 371	4) Dietary Manager will perform random checks to assure temperatures are being monitored and recorded. 06/11/07 5) Dietary Manager will review monitoring dishwashing temperatures with staff at next scheduled inservice to review understanding of staff. 06/29/07 6) Dietary Manager will continue to train staff as necessary. 06/29/07 7) Dietary Manager will document results of random checks and report results at South Lincoln Medical Center's PQI/QA meeting 06/11/07 #2 The facility will store, prepare, distribute and serve food under sanitary conditions. 1)Dietary inservice held on 05/17/07 and 06/01/07 to review importance of proper storage of food items and protection from contamination. 06/01/07 2) Dietary will perform random checks to assure proper storage of food items. 06/11/07 3) Dietary Manager will review storage of food items with staff	06/29/07
F 465	483.70(h) OTHER ENVIRONMENTAL			

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F 465 SS=D	Continued From page 9 CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, and staff interview, the facility failed to ensure safety for residents and the public by storing an unlocked chest freezer on a patio. The findings were: Observation on 5/15/07 at 9:11 AM of the facility revealed a large patio area built into the hillside of the facility property. Further observation revealed the facility's property was unfenced and adjoined a community park with playground equipment and basketball courts. The observation also revealed a large chest freezer stored on the patio. Examination of the freezer revealed it was unlocked and the lid was unaltered in anyway way to prevent entrapment. Interview with resident #1 at the time of the observation revealed children used the hillside adjacent to the facility as a winter sledding hill and that they play in the park. Interview with the director of nursing on 5/15/07 at 9:27 AM revealed the freezer was on the patio for about one to two months and she was unaware it was unlocked. At 9:59 AM on 5/15/07 observation revealed the freezer was removed. According to the U.S. Consumer Product Safety Commission website at www.cpsc.gov, "...children playing "hide-and-seek" have found the non-working freezers a deadly place to hide. When the lid closes, children can become		at next scheduled inservice to review understanding of staff. 06/29/07 4) Dietary Manager will continue to train staff as necessary. 06/29/07 5) Dietary Manager will document results of random checks and report at South Lincoln Medical Center's PQI/QA meeting. 06/11/07 F 465 The facility will provide a safe, functional, sanitary and comfortable environment for residents and the public. 1) On 05/15/07 the freezer was removed from the patio. 05/15/07 2) Plant Operations Superintendent and Administrator will ensure that a similar incident will never reoccur. 06/11/07 3) Such monitor and assurance will be reported at South Lincoln Medical Center's PQI/QA meeting. 06/11/07	06/29/07 06/11/07

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F 465	Continued From page 10	F 465		

trapped inside and suffocate - usually in less than ten minutes....Consumers should properly dispose of these non-working freezers immediately or disable the latch if disposal is impossible.... Tragically, 27 children have died from suffocation between 1980 and 1999 after becoming trapped in the freezers. The deaths occurred in non-working freezers stored outside, in basements or garages. Victims ranged in age from two to fourteen. In many cases, more than one child suffocated inside the freezer...."