

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 13, 2011

Mr. Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05302

Provider #: 475050

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 2, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



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

DEC 02 2011

PRINTED: 11/18/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2011
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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	F 167	
F 167 SS=C	<p>An unannounced, on site recertification survey was conducted by the Division of Licensing and Protection from 10/31/11 to 11/2/11. The following regulatory violations were identified:</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to make the results of the most recent survey available for examination, post in a place readily accessible to residents and post a notice of their availability. Findings include:</p> <p>Per observation on 11/2/11 at 9:36 A.M., the 2010 survey results were located in a plastic wall-mounted display folder behind other informational documents in the entryway between two sets of doors. There was no notice of availability posted. The facility Administrator confirmed the above at the time of the observation.</p>	F 167	<p>The Administrator will post a sign, visible for residents both sitting and standing, on all floors indicating the location of the survey results at the front of the building. The sign will also indicate that any staff member will be happy to assist residents in obtaining a copy if the resident wishes.</p> <p>The Administrator or his designee shall ensure, through daily rounds, that the poster is accessible and available to residents at all times and report any issues at the Q.A. committee meetings.</p> <p>The Administrator or his designee shall make an announcement of the availability of these survey results at the following Resident Council Meeting.</p> <p><i>F167 POC accepted 12/8/11 Coleman & Mottar</i></p>	<p>11/30/11</p> <p>Ongoing</p> <p>Ongoing</p>
F 253 SS=B	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **Administrator** (X6) DATE **11/30/11**

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.

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F 253	Continued From page 1 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 interview, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary interior. Findings include: Per observation on 10/31/11 at 12:20 P.M., a ceiling vent and a wall vent in the main dining room were heavily soiled with dust. The ceiling vent is directly over a food serving area and the wall vent blows into the room directly over a resident dining table. The observation was confirmed by the Director of Nursing Services (DNS) on 11/1/11 at 2:40 P.M..	F 253	F 253 The vents in the dining room were removed, cleaned, painted and replaced. The cleaning schedule for all kitchen and dining room vents shall be increased from every two months, to every month, and be noted in a vent cleaning log. The log will be maintained by the Director of Maintenance and will be monitored by the Administrator and Director of Maintenance. The Director of Maintenance will audit the log, visually inspect the vents, and report any omissions or issues quarterly in the Q.A. committee meetings.	11/3/11 11/30/11 Ongoing Ongoing
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication;	F 272	<i>F253 POC accepted 12/8/11 G Coleman RN / Pincot RN</i> F 272 Discus/AIMS testing was completed to monitor for potential side effects of psychoactive medications for Resident #6. Resident #46 supplement orders were clarified with MD.	11/1/11 11/2/11

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F 272	Continued From page 2 Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and medical record review, the facility failed to complete comprehensive assessments for nutrition and/or psychoactive medications for 3 residents (#6, #51, and #46) in the Stage 2 sample of 18. The findings are as follows: 1. Per medical record review on 11/01/2011 at 1:12 PM, nursing has not routinely comprehensively assessed Resident #6 for the	F 272	A nutritional progress note was written to address the tolerance of the dairy nutritional supplements for Resident #46. A Side Rail Assessment was developed. A Side Rail Assessment was completed for Resident #51. Nutritional progress notes were reviewed on all residents to ensure appropriate follow up notes are in place. A Side Rail Assessment was completed for all residents. All residents who receive psychoactive Medications were reviewed to ensure Discus/AIMS testing is complete. Policies regarding psychoactive medications, Nutritional Progress Notes and Side Rails were reviewed and updated as necessary. DNS/SDC provided education to staff involved in Discus/AIMS testing, Nutritional Progress Notes and Side Rail Assessments. DNS or designee will perform audits of 5 resident records per quarter to ensure that Discus/AIMS testing, Nutritional Progress Notes and Side Rail	12/1/11 11/2/11 11/2/11 12/9/11 12/9/11 12/9/11 12/9/11 12/2/11 12/9/11 Ongoing

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F 272	<p>Continued From page 3</p> <p>presence of potential side effects of anti-anxiety or anti-psychotic medications. There is nothing in the medical record that indicates assessments have been completed to monitor for potential side effects of psychoactive medications. This is confirmed by the DNS (Director of Nursing Services) on 11/01/2011 at 1:39 PM, saying "If it is not in the chart then it must have been missed." Per review of the monthly pharmacy reviews and recommendations, the pharmacist requested an assessment for potential side effects of psychoactive medications be done in March 2011 and again in July 2011. The pharmacy recommendations were not implemented.</p> <p>The facility policy for the management of residents on psychoactive medications, provided for review by DNS on 11/01/2011 at 3:30 PM, fails to include any mention of assessments for potential side effects of psychoactive medications being completed nor who would complete them.</p> <p>2. Per clinical record review on 11/01/11, Resident #46 was admitted on 8/5/11 with diagnoses of moderate dementia and peritonitis with retroperitoneal infection. A dairy-free diet was ordered. The weight record indicated an admission weight of 139.6 pounds on 08/05/11. A Nutritional Progress Note dated 08/25/11 indicated that Resident #46 had lost 9 pounds since admission and stated this was a significant weight loss. A physician's order for a non-dairy juice supplement was received. On 09/23/11, a Nutritional Progress Note indicated that Resident #46 weighed 125.8 pounds reflecting an additional weight loss that remained significant. A dairy-based nutritional supplement was ordered</p>	F 272	<p>Assessments is completed.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p> <p><i>F272 POC accepted 12/8/11 G Coleman RN / JMCoturn</i></p>	Ongoing

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F 272	<p>Continued From page 4</p> <p>with the administration of Lactaid prior to the supplement to promote tolerance of the dairy product. Review of the three Nutritional Progress notes dated 8/25/11, 9/23/11 and 10/27/11 revealed no assessment of the tolerance or intolerance to dairy-based supplements for Resident #46. During interview of the Dietician and the Director of Nursing Services (DNS) on 11/01/11 at 3:45 P.M., they verified that there was no assessment of the tolerance or intolerance to dairy supplements documented for Resident #46.</p> <p>3. Per record review on 11/2/11, Resident #51 was admitted on 10/21/11 with diagnoses of mild rheumatoid arthritis, and a recent right cerebrovascular accident (stroke) resulting in left hemiplegia (paralysis of the left side). Therapy services were ordered at the time of admission and are on-going. Review of the admission orders revealed no mention of the use of side rails. Review of the therapy admission evaluation completed 10/22/11 revealed no mention of the use of side rails. No assessment of the appropriateness of side rails or the Resident's ability to use the side rail safely was located in the record.</p> <p>Observation of Resident #51's bedroom on 11/2/11 at 8:30 A.M. revealed the bed against the wall with a 1/2 side rail lowered and secured for use in the middle section of the bed on the side near the wall. A 1/2 side rail was noted on the outside edge of the bed. The upper end of the rail was in the raised position near the top of the bed. Interview of the Registered Nurse Minimum Data Set (MDS) Coordinator on 11/2/11 at 8:30 A.M. revealed that s/he "kind of looks at" side rail use when an MDS is completed, but does not</p>	F 272		

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F 272	Continued From page 5 document anything related to the safety or appropriateness of side rail use for individual residents. S/he stated that therapy does the same. S/he verified that no formal, written assessment of side rail use is documented in a Resident's clinical record at admission or after. Interview of the Therapy Manager on 11/2/11 at 8:45 A.M. revealed that s/he pays attention to the side rail during an initial therapy assessment but stated that it is not part of a formal therapy assessment and no documentation is completed regarding side rail use. S/he stated "honestly, they are on the bed so staff put them up". S/he verified that it may be a day or so after admission before s/he sees a new resident, s/he does not see residents admitted without therapy orders and s/he would not always see a person who had side rails added to the bed after admission to complete any type of assessment.	F 272			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED 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	F 278	F278 Resident #46 Quarterly MDS Assessment completed and reflects accurate weight and weight loss. An audit of current MDS assessments completed to verify accuracy of weights coded on MDS. Policies regarding MDS assessments were reviewed and updated as necessary. DNS/SDC provided education to staff involved in MDS coding. DNS or designee will perform audits of 5 resident MDS's per quarter to ensure that weights are coded accurately. Results will be reported at QA meetings. DNS to monitor for compliance. <i>F278 POC accepted 12/1/11 C Coleman RN / B Metcalf</i>	11/10/11 12/9/11 12/2/11 12/9/11 Ongoing Ongoing	

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F 278	<p>Continued From page 6</p> <p>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.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, the facility failed to ensure that Minimum Data Set assessments accurately reflected the current weight and nutritional status of one Resident. This affected MDS assessments of 1 of 18 sampled Residents reviewed (Resident #46). Findings include:</p> <p>Per clinical record review on 11/01/11, Resident #46 was admitted on 8/5/11 with diagnoses of moderate dementia and peritonitis with retroperitoneal infection. A dairy-free diet was ordered. The weight record indicated an admission weight of 139.6 pounds on 08/05/11. A Nutritional Progress Note dated 08/25/11 indicated that Resident #46 had lost 9 pounds since admission and stated this was a significant weight loss. A physician's order for a non-dairy juice supplement was received. On 09/23/11, a Nutritional Progress Note indicated that Resident #46 weighed 125.8 pounds reflecting an additional weight loss that remained significant. The most recent Minimum Data Set (MDS)</p>	F 278		

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F 278	Continued From page 7 assessment dated 10/12/11 indicated that Resident #46 required supervision for eating. No significant weight loss was indicated (5% in 1 month or 10% in 6 months). The MDS dated 09/28/11 indicated no significant weight changes. The admission weight of 140 pounds was noted in both assessments as the current weight for Resident #46. The assessments did not indicate there were orders for a therapeutic dairy-free diet or the use of nutritional supplements. The Director of Nursing (DNS) and the Dietician confirmed during interview on 11/01/11 at 3:45 P.M. that the weights indicated on the MDS assessments dated 9/28/11 and 10/12/11 were not the Resident's current weights on those dates. They further confirmed that they did not reflect the significant weight loss that had occurred.	F 278			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise	F 279	F 279 Resident #46's care plan was updated to address weight loss. Resident #40's care plan was updated to address behavioral interventions. All resident care plans were reviewed to ensure that all identified needs are addressed. Policies regarding care planning were reviewed and updated as necessary. DNS/SDC provided education to staff involved in care planning. DNS or designee will perform audits of 5 resident care plans per quarter to ensure that all identified needs are addressed Results will be reported at QA meetings. DNS to monitor for compliance. <i>F279 POC accepted 12/8/11 G. Coleman RN / J. McArthur</i>	11/2/11 11/2/11 12/9/11 12/2/11 12/9/11 Ongoing Ongoing	

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F 279	<p>Continued From page 8</p> <p>be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, the facility failed to ensure that a comprehensive plan of care was developed for 2 of 18 sampled residents to address nutrition and weight loss for one Resident (#46) with significant weight loss and special dietary needs. The facility further failed to develop a comprehensive care plan for one resident with behavior issues (Resident # 40). Findings include:</p> <p>1. Per clinical record review on 11/01/11, Resident #46 was admitted on 8/5/11, with diagnoses of moderate dementia and peritonitis with retroperitoneal infection. A dairy-free diet was ordered. The weight record indicated an admission weight of 139.6 pounds on 08/05/11. A Nutritional Progress Note dated 08/25/11, indicated that Resident #46 had lost 9 pounds since admission and stated this was a significant weight loss. A physician's order for a non-dairy juice supplement was received. On 09/23/11, a Nutritional Progress Note indicated that Resident #46 weighed 125.8 pounds, an additional weight loss that remained a significant. A dairy-based nutritional supplement was ordered with the administration of Lactaid prior to the supplement to promote tolerance of the dairy product. Review of the comprehensive plan of care revealed no mention of weight loss, special dietary needs or the use of nutritional</p>	F 279		

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F 279	<p>Continued From page 9 supplements on the problem list. Review of each individual care plan problem revealed no nutritional interventions.</p> <p>During interview of the Dietician and the Director of Nursing Services (DNS) on 11/01/11 at 3:45 P.M., they verified that there was no plan of care to address special dietary needs or significant weight loss and use of dietary supplements for Resident #46.</p> <p>2. Per clinical record review on 11/1/11, Resident #40 was admitted on 3/30/10 with diagnoses that include Dementia and Alzheimer's Disease. Review of the nursing progress notes from 9/10/11 to 11/1/11 indicate that resident #40 refused blood sugar testing on 9/10, 9/11, 9/19, 9/23, 9/26, 10/16, and 10/19, refused meals on 9/19, 10/13, and 10/22, refused to allow laboratory work on 9/30 and 11/1/11, and refused medications on 9/19, 10/16, 10/20, 10/25 and 10/31. The 9/13/11 psychological evaluation indicates that Resident #40 is verbally aggressive with staff, depressed, and refuses care (showers, baths) from staff. Per review of the nursing progress notes, Resident #40 was verbally aggressive toward staff on 9/11 and 9/26. Review of the Comprehensive Assessment dated 8/25/11, Resident #40 is coded as having verbally aggressive behaviors towards staff during the assessment period.</p> <p>Review of the Comprehensive Plan of Care indicated that there is no specific care plan addressing Resident #40's behaviors of refusing blood sugar testing, meals, laboratory tests, medications or the resident's verbal aggression towards staff. Per interview with the Director of</p>	F 279		

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F 279	Continued From page 10 Nursing (DNS) on 11/1/11 at 10:06 AM, the DNS confirmed there was no behavior care plan addressing Resident #40's refusal of medications, laboratory work, refusal of meals and refusal of blood sugar testing. The DNS indicated that the resident is to be encouraged to take baths and re-approach as needed for compliance with care and therapy as noted on the self care deficit, individual coping and altered thought process care plans.	F 279		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide services that met professional standards by not following physician orders for 1 resident (Resident #40) of 18 resident's identified in Stage 2 sample. The findings include: 1. Per review of the medical record, a nurses' note dated 10/20/11 indicates Resident #40 is incontinent of bowel, the resident is displaying abdominal pain when ambulating, the physician was updated, and staff will get stool sample. Per review of the physicians orders dated 10/21/11, the verbal order states "get stool specimen, test for c-diff" (C Difficile). Review of the laboratory tests indicated there was no result for the stool specimen and no documentation within the nurses' notes after 10/20/11 that a specimen had been obtained and that results of the laboratory specimen were obtained per physicians order. In	F 281	F 281 Resident #60's MD order to obtain a CDiff sample was reviewed with ARNP. Follow up with MD to D/C order for CDiff as resident has had no further symptoms. All resident care plans were reviewed to ensure MD orders are included. Policies regarding care planning were reviewed and updated as necessary. DNS/SDC provided education to staff involved in care planning. DNS or designee will perform audits of 5 resident care plans per quarter to ensure that all identified needs are addressed Results will be reported at QA meetings. DNS to monitor for compliance. <i>F281 POC accepted 12/10/11 G. Coleman RN / J. M. Coats RN</i>	11/8/11 11/28/11 12/9/11 12/2/11 12/9/11 Ongoing Ongoing

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 281	Continued From page 11 interview with the Director of Nursing (DNS) on 11/1/11 at 10:00 AM, s/he confirmed that there was an order dated 10/20/11 that indicated that a stool sample was to be obtained for Resident #40, sent to the laboratory and tested for C-Difficile. The DNS further confirmed after review of the nurses' notes, physician order and the laboratory results, that there was no indication that a stool sample was obtained from Resident #40 and sent to the laboratory as per physician orders for testing order C-Difficile. Reference: Lippincott Manual of Nursing Practice (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins, pg 17.	F 281		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) 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; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and interview, the facility failed to ensure that one Resident (#46) with significant weight loss received nutritional supplements as ordered by the physician. This affected one (#46) of three	F 325	F 325 Resident #46 supplement orders were clarified with MD. Weights on all residents were reviewed for past 3 months to identify any wt loss, and ensure that interventions are in place. Policies regarding Monitoring Weights were reviewed and updated as necessary. DNS/SDC will provide education to all nursing staff regarding Monitoring Weights policy. DNS or designee will audit 5 resident records each quarter to ensure that weight loss is identified and interventions are in place. Results will be reported at QA meetings. DNS to monitor for compliance. <i>F325 POC accepted 12/8/11 G Coleman RN / P. Motarn</i>	11/2/11 12/9/11 12/2/11 12/9/11 Ongoing Ongoing

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F 325	<p>Continued From page 12</p> <p>sampled Residents reviewed for nutritional status. Findings include:</p> <p>Per clinical record review on 11/01/11, Resident #46 was admitted on 8/5/11 with diagnoses of moderate dementia and peritonitis with retroperitoneal infection. A dairy-free diet was ordered. The weight record indicated an admission weight of 139.6 pounds on 08/05/11. Subsequent weights recorded indicated weight loss. On 08/10/11 a weight of 136 pounds was noted. On 08/16/11 a weight of 130.3 pounds was noted and on 08/30/11 the weight was recorded as 127.8 pounds. A Nutritional Progress Note dated 08/25/11 indicated that Resident #46 had lost 9 pounds since admission and stated this was a significant weight loss. A non-dairy juice supplement was trialed and accepted. An order to administer the juice supplements twice daily was received.</p> <p>On 09/23/11, a Nutritional Progress Note indicated that Resident #46 weighed 125.8 pounds and this remained a significant weight loss. Weights recorded for September included 09/6/11 at 127 pounds and 9/21/11 at 125.8 pounds. The notes indicated that dairy shakes were suggested on 9/23/11 to be taken after Lactaid was administered to promote tolerance of the dairy product. Resident #46 agreed and a faxed physician's order indicated that vanilla Mighty Shakes or Magic Cup vanilla ice cream was ordered twice daily with the fruit juice supplements to continue once or twice daily. The physician notification on 09/23/11 indicated that a 7 pound weight loss was noted in the second month. Review of the Nurses' Notes and the Nutritional Progress Notes from the time of</p>	F 325			

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F 325	<p>Continued From page 13</p> <p>admission revealed no indication that Resident #46 did or did not tolerate the use of dairy supplements after the administration of Lactaid.</p> <p>A physicians order dated 10/19/11 was noted to increase the juice supplement to three times daily. No mention was made of the dairy supplements twice daily as tolerated and there was no order located to discontinue them. Review of the Medication Administration Record (MAR) for October 2011 revealed that an order was transcribed dated 09/23/11 for Mighty Shake or Magic Cup twice daily as tolerated scheduled at 10:00 A.M. and 6:00 P.M. The words "or NutriJuice" were written between the lines in a darker ink and different handwriting. The record for this entry indicated that Resident #46 received a supplement one time in the month of October on 10/20/11 at 6:00 P.M. and the order was discontinued with a notation to see the new three times daily order. There was no indication of which supplement was provided on 10/20/11. Further review of the record revealed that Lactaid was administered twice daily during October 2011 at 11:30 A.M. and 5:00 P.M. The fruit juice supplement was noted and was administered twice daily from 8/24/11 to 10/20/11 at 10:00 A.M. and 2:00 P.M. and three times daily beginning 10/21/11 at 10:00 A.M., 2:00 P.M., and 6:00 P.M..</p> <p>Observation on 11/2/11 at 8:30 A.M. revealed Resident #46 eating without assistance in the dining room. No nutritional supplements were provided with the meal. Approximately 50% of the meal was consumed.</p> <p>Interview of the Dietician and the Director of Nursing Services (DNS) on 11/01/11 at 3:45 PM</p>	F 325		

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F 325	Continued From page 14 revealed that there was no order to discontinue the dairy supplements when the fruit juice supplements were increased. The Dietician verified that it was his/her intention that Resident #46 should receive both supplements and the physician's orders indicated both were to be given. S/he verified that according to the MAR, Lactaid was administered twice daily without indication that dairy supplements were provided. S/he verified that Resident #46 had significant weight loss beginning at admission and that supplements were not being administered as ordered.	F 325	F 329 Discus/AIMS testing was completed to monitor for potential side effects of psychoactive medications for Resident #6.	11/1/11
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	Resident # 29 is no longer on psychoactive medications. All residents who receive psychoactive Medications were reviewed to ensure Discus/AIMS testing is complete, and side effect monitoring is in place. Policies regarding psychoactive medications were reviewed and updated as necessary. DNS/SDC provided education to staff involved in Discus/AIMS testing. DNS or designee will perform audits of 5 resident records per quarter to ensure that Discus/AIMS testing and side effect monitoring is completed. Results will be reported at QA meetings. DNS to monitor for compliance.	11/2/11 12/9/11 12/2/11 12/9/11 Ongoing Ongoing

F329 POC accepted 12/8/11
G Coleman RN / AMCoturn

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F 329	Continued From page 15 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that 2 residents (Resident #6 and #29) in the sample of 10 were free from unnecessary drugs. The facility failed to assure the 2 residents received adequate monitoring of potential side effects while receiving anti-anxiety and/or anti-psychotic medications. The findings are: 1. Per medical record review on 11/01/2011 at 1:12 PM, nursing has not routinely comprehensively assessed Resident #6 for the presence of potential side effects of anti-anxiety or anti-psychotic medications. There is nothing in the medical record that indicates assessments have been completed to monitor for potential side effects of psychoactive medications. This is confirmed by the DNS (Director of Nursing Services) on 11/01/2011 at 1:39 PM, saying "If it is not in the chart then it must have been missed." Per review of the monthly pharmacy reviews and recommendations, the pharmacist requested an assessment for potential side effects of psychoactive medications be done in March 2011 and again in July 2011. The pharmacy recommendations were not implemented. The facility policy for the management of residents on psychoactive medications, provided for review by DNS on 11/01/2011 at 3:30 PM, fails to include any mention of assessments for	F 329			

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F 329	Continued From page 16 potential side effects of psychoactive medications being completed nor who would complete them. 2. Per record review, Resident #29 was administered Geodon [an anti-psychotic medication] from 8/2010 until 8/9/2011. Per record review, Resident #29's Care Plan: potential for adverse side effects related to use of psychotropic medication states to monitor for side effects of medication. Per record review and interview at 9:48 A.M. on 11/2/11, the DNS confirmed that Extra Pyramidal Symptoms [movement disorders suffered as a result of taking anti-psychotic drugs] of 'rabbit-like mouth movement' were documented on Psychiatric Consult notes of 8/7/11 and 10/12/11. The DNS stated it is her expectation that the monitoring for medication side effects per Resident #29's Care Plan would be documented daily. The DNS confirmed there was no documentation of any monitoring for medication side effects in Resident #29's chart. Per record review, the Pharmacy Medication Regimen review dated 4/26/11 states "overdue for a DISCUS test [a rating scale used for monitoring movement disorders frequently appearing after use of anti-psychotic drugs]. Last test performed 8/26/10, due 2/11." Per record review, a DISCUS was completed on the resident upon admission 8/26/10, then on 4/11 [due on 2/11]. The DNS also stated that she had marked on the DISCUS form on 8/9/11 that the resident's Geodon was discontinued, and "should have done one [DISCUS] then" but did not.	F 329		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		

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F 371	<p>Continued From page 17</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to store and prepare foods under sanitary conditions. The findings include:</p> <p>1. Per observation on 10/31/11 at 11:04 AM during tour of the kitchen, the meat slicer was observed to be uncovered and contained dried pieces of meat on the slicer blade and also on the slicer surface directly below the blade. A dietary worker was interviewed and confirmed that the slicer had not been used on 10/31/11. The Food Service Manager (FSM) confirmed in interview at 11:11 AM that the slicer did contain particles of dry meat on the blade and the surface under the blade and that it had not been cleaned since last use.</p> <p>2. Per observation on 11/1/11 at 8:30 AM, there was an open container of thawing vegetables on a counter directly below a vent that was coated in a black, dusty, greasy substance. When tested, it was identified that this vent was blowing air on to the area of the open, thawing vegetables. It was also observed, on an adjacent counter, there</p>	F 371	<p>F 371</p> <p>The slicer was cleaned and covered.</p> <p>An audit was completed to ensure proper labeling and dating.</p> <p>Dining service staff will be inserviced on the procedures for cleaning the slicing machine and the need to keep the equipment covered when not in use.</p> <p>A schedule for cleaning the air vents in the kitchen on a monthly basis has been established with the maintenance staff.</p> <p>The record will be maintained and monitored by the Maintenance Director and Administrator and reviewed quarterly in QA.</p> <p>Dining Service staff will be inserviced on the need to always have all foods fully covered under refrigeration.</p> <p>Regular inservice training for all staff regarding the label and date policy for food storage will routinely take place.</p> <p>The corrective actions will be monitored daily by the Director</p>	<p>10/31/11</p> <p>10/31/11</p> <p>11/28/11</p> <p>11/28/11</p> <p>Ongoing</p> <p>11/28/11</p> <p>11/28/11 and Biweekly</p> <p>Ongoing</p>

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F 371	<p>Continued From page 18</p> <p>were two large bowls of prepared chicken cacciatore, uncovered, directly under a vent that was also coated in a black, greasy, dusty substance. When tested, it was identified that the vent was blowing air on to the surface containing the uncovered, prepared chicken cacciatore. In interview on 11/1/11 at 8:36 AM the FSM confirmed that the vents were coated in a black, greasy, dusty substance and that the vents were blowing air on to the surface containing the open containers of vegetables and chicken. The FSM confirmed this was a concern and that he/she would notify maintenance who was responsible for cleaning the vents.</p> <p>3. Per observation of the walk in cooler on 10/31/11 at 11:04 AM, raw chicken was observed in a hotel pan (a large metal pan used for food storage) on the bottom shelf of a thawing rack. The chicken was not fully covered, there were several pieces of loose chicken sitting in the hotel pan, on top of a clear plastic bag containing chicken. The pan was not covered. This pan was sitting directly below a pan of hamburger thawing on the tray above it.</p> <p>Also in the walk in cooler, several 46 ounce containers of open juices between 1/4 to 1/2 full (apple, cranberry, prune, tomato and orange) were observed to not have dates on them indicating when the containers were opened. In the small cooler it was observed there was a plate of cheese slices not dated, a bag containing several whole pickles not dated, a large metal container containing cream of broccoli soup was not labeled, a small metal container of grated cheese not labeled, and a pitcher of grape juice labeled opened on 10/26 and to be pulled</p>	F 371	<p>of Dining Services as well as the Assistant to the Director on a daily basis to ensure compliance. Inservices to address and remedy the deficiencies will begin on November 28, 2011 and then be held on a biweekly basis.</p> <p>The Director of Dining Services or Assistant will report on the daily monitoring quarterly at QA meetings.</p> <p><i>F371 POC accepted 12/8/11 G. Coleman RNF, RMCotRN</i></p>	Ongoing

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F 371	Continued From page 19 (discarded) by 10/28.	F 371		
F 428 SS=D	<p>During interview on 10/31/11 at 11:04 AM with the Food Service Manager (FSM), s/he confirmed that all containers should be labeled when they were opened and all leftovers should be labeled when they were opened and used within 72 hours. Review of the facility policy on Labeling and Dating indicates that, "all open products remaining in their packaging must be clearly identified and have an open date." The policy also indicates that "all refrigerated leftovers must be clearly identified and dated to be discarded within three days after being initially prepared". The facility policy also indicates that "all frozen items to thaw must be in a wrapped hotel pan."</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to act upon the consultant pharmacist's recommendations for 1 of 10 residents in the sample regarding monitoring for potential side effects of psychoactive medications (Resident</p>	F 428	<p>F 428</p> <p>Discus/AIMS testing was completed to monitor for potential side effects of psychoactive medications for Resident #6.</p> <p>All resident records were reviewed To ensure that pharmacist recommendations have been addressed as appropriate.</p> <p>DNS or designee will audit all Pharmacist recommendations monthly to ensure all have been addressed as appropriate.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p> <p><i>F428 POC accepted 12/8/11 G Coleman RN / P. M. ...</i></p>	<p>11/1/11</p> <p>12/9/11</p> <p>Ongoing</p> <p>Ongoing</p>

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F 428	<p>Continued From page 20 #6). Findings include:</p> <p>1. Per medical record review on 11/01/2011 at 1:12 PM, nursing has not routinely comprehensively assessed Resident #6 for the presence of potential side effects of anti-anxiety or anti-psychotic medications. There is nothing in the medical record that indicates assessments have been completed to monitor for potential side effects of psychoactive medications. This is confirmed by the DNS (Director of Nursing Services) on 11/01/2011 at 1:39 PM, saying "If it is not in the chart then it must have been missed." Per review of the monthly pharmacy reviews and recommendations, the pharmacist requested an assessment for potential side effects of psychoactive medications be done in March 2011 and again in July 2011. The pharmacy recommendations were not implemented.</p> <p>The facility policy for the management of residents on psychoactive medications, provided for review by DNS on 11/01/2011 at 3:30 PM, fails to include any mention of assessments for potential side effects of psychoactive medications being completed nor who would complete them.</p>	F 428		