

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

PRINTED: 01/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2021
NAME OF PROVIDER OR SUPPLIER MAYFLOWER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 818 BROAD STREET GRINNELL, IA 50112	
(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 GK ✓ TDe	INITIAL COMMENTS Correction date <u>12/27/2021</u> The following deficiency results from the facility's annual health survey. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(l) § 483.25(l) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, staff interviews, and facility policy review, the facility failed to ensure residents' tubing was changed on a weekly basis per standards practice for two of two residents reviewed who required oxygen therapy (Residents #7 and #30). The facility identified a census of 34 current residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated 12/5/21 documented Resident#7 had diagnoses that included Alzheimer's disease, anemia, heart failure, peripheral vascular/arterial disease. The assessment documented Resident	F 000 F 695	Mayflower Health Center contracts with Lincare for respiratory services to include oxygen, tubing, and masks. The tubing and mask are changed out weekly, dated and signed by the Lincare service representative. Lincare representatives have certification for handling and maintenance of oxygen equipment and supplies per FDA guidelines. The Lincare reps were re-educated on their role and expectation to date and sign tubing and mask changes weekly at Mayflower. Nurses re-educated on the policy for Oxygen Concentrators with specific attention to verifying that Lincare is compliant with the policy and procedure. If tubing and mask is found to not be dated or signed, nursing will change and date the tubing and mask. Nursing will also change the tubing if contaminated or soiled.	12/27/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kellie McHugh

TITLE

BSN, NHA

(X6) DATE

1/17/2022

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 695	<p>Continued From page 1</p> <p>#7 required supervision with all activities of daily living. The MDS also recorded the resident required oxygen therapy and an admission date of 4/28/20</p> <p>A Physician's Order dated 9/22/20 directed staff to provide Resident #7 with continuous flow oxygen at three liters per nasal cannula to keep his oxygen saturation (a blood oxygen measurement) above or equal to 90%.</p> <p>Resident #7's Care Plan contained a Respiratory category with a start date of 12/17/21. A listed intervention directed staff to change the resident's oxygen tubing per facility protocol.</p> <p>Observation on 12/20/21 at 11:27 a.m. revealed Resident #7 lying in bed with oxygen on at three liters, and the oxygen tubing showed a date of 9/16.</p> <p>Further observations on 12/21/21 at 1:24 p.m. and 12/22/21 at 8 a.m. revealed Resident #7 lying in bed with oxygen running at three liters and a continued date of 9/16 marked on his O2 tubing.</p> <p>During interview on 12/22/21 at 8:05 a.m. Staff A, Registered Nurse (RN) reported the facility's oxygen provider changes out the oxygen tubing and Staff A did not know if they document the change anywhere.</p> <p>Interview on 12/22/21 at 8:07 a.m. with Staff B, Certified Nurses Aide revealed the facility's oxygen provider changes the resident's oxygen tubing and checks out the equipment. If it looks like the tubing needs to be changed in the meantime, Staff B would tell the nurse, and the nurse would change it.</p>	F 695		

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F 695	<p>Continued From page 2</p> <p>During interview on 12/22/21 at 9:28 a.m. the Assistant Director of Nursing (ADON) reported the facility's oxygen provider changes out the oxygen tubing every week. The ADON reported they had reached out to the company to see if they had any documentation as to when they change out the oxygen tubing. The ADON stated she just changed Resident#7's oxygen tubing.</p> <p>2. The MDS assessment dated 11/21/21 documented Resident#30 had diagnoses that included anemia, atrial fibrillation (an irregular heart rhythm), heart failure, high blood pressure, Alzheimer's disease and respiratory failure. The resident required the assistance of two staff with bed mobility and the assistance of one with transfers, dressing and personal hygiene. The assessment recorded she required oxygen therapy while living at the facility and an admission date of 3/17/20.</p> <p>A Physician's Order dated 8/11/21 directed staff to provide Resident #30 with continuous oxygen per nasal cannula titrated to keep her oxygen saturation above 90%.</p> <p>Resident #30's Care Plan, updated on 11/29/21, documented she had the risk for activity intolerance due to decreased cardiac output and increased respiratory effort with hypoxia. The Care Plan identified Resident #30 as dependent on oxygen to maintain adequate oxygenation, but it did not address changing her oxygen tubing.</p> <p>Observation on 12/20/21 at 11:58 a.m. revealed the oxygen tubing in the resident's room connected to an oxygen concentrator without a date marked on the tubing.</p>	F 695		

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F 695	<p>Continued From page 3</p> <p>Observation on 12/21/21 at 1:59 p.m. revealed the oxygen tubing in Resident #30's room without a date marked on the tubing.</p> <p>Observation on 12/22/21 at 9:21 a.m. revealed Resident #30 sitting in the main dining room with portable oxygen set at two liters per nasal cannula, but no date marked on the oxygen tubing.</p> <p>During interview on 12/22/21 at 8:05 a.m. Staff A reported the resident had oxygen at two liters all the time.</p> <p>The facility's Oxygen Concentrator policy dated 9/20 documented the purpose of the policy as to establish responsibilities for the care and use of oxygen concentrators. The section on care of the concentrator, under nurse responsibilities, instructed change of a resident's oxygen tubing and mask/cannula weekly and as needed if it became soiled or contaminated (the facility's oxygen provider handled the weekly change).</p>	F 695			