

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

PRINTED: 09/24/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175385	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2018
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NAME OF PROVIDER OR SUPPLIER ASBURY PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SW 14TH NEWTON, KS 67114
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of Kansas Department for Aging and Disability Services (KDADS). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.</p> <p>Survey Dates: 9/10/18- 9/13/18</p> <p>Survey Census: 94</p> <p>Sample Size: 37</p> <p>Supplemental Residents: 0</p>	F 000		
F 656 SS=E	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) 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 §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p>	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 656	<p>Continued From page 1</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to develop individualized person-centered comprehensive care plans for 18 of 21 sampled residents (R) 6, 8, 16, 24, 33, 37, 38, 43, 44, 47, 49, 57, 59, 62, 63, 72, 78, and 88).</p> <p>Findings include:</p> <p>Review of the Electronic Health Records (EHRs) and the paper medical records of Residents (R) 6, 8, 16, 24, 33, 37, 38, 43, 44, 47, 49, 57, 59, 62, 63, 72, 78, and 88 revealed no comprehensive care plans which included identification of problems, measurable objectives, and interventions to meet the resident's preferences and goals, and address the resident's medical,</p>	F 656			

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F 656	Continued From page 2 physical, mental and psychosocial needs, as identified in the comprehensive assessments. The residents "Profile History Reports" (which the facility referred to as the "Care Plan") were located in the electronic health records. These profiles were reviewed for each resident and included items such as: activities and dietary preferences, medication warnings, and other vague resident information. The profiles did not contain resident specific interventions and/or goals for residents to receive appropriate treatment and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. On 09/12/18 at 10:45 AM, interview with the Chief Nursing Officer (CNO) revealed they had recently changed how the care plans were developed and were currently using the "Profile History Report" as a care plan. The CNO confirmed the facility lacked care plans that included problems, goals and interventions, and that were individualized and based on each resident's assessment, for all of the 18 identified residents.	F 656			
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence	F 679			

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F 679	<p>Continued From page 3 and interaction in the community. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide four residents of the 19 sampled residents with ongoing activities to meet the interest and support the psychosocial well-being of the residents. Resident (R)57, R62, R16, and R6 were not provided activities to promote their well-being.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Activity" with a revised date of 8/30/18 revealed the residents had a right to participate in social, religious, and community activities. The purpose of the policy was to provide an ongoing program of meaningful activities that were designed to meet the interests, the physical, mental, and psycho-social well-being of every resident. Review of the policy's procedures revealed the schedule of each day's activities was to be posted in a highly visible place on each unit. The residents would be encouraged to attend activities of interest, and staff were responsible for notification and transportation to and from an activity. Review of the documentation section of the policy revealed attendance and participation in activities would be documented by staff.</p> <p>Review of the facility's policy titled "Creating Daily Pleasures for Elders" with a revised date of 08/30/17 revealed the Green House team were responsible to create opportunities for each elder to experience pleasures of their choice each day. Review of the procedure revealed each team member would provide the resources needed for</p>	F 679			

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F 679	Continued From page 4 the elders to do what they wanted to do each day. Record review of R57 annual "Minimum Data Set (MDS)," an assessment tool completed by the facility staff used to identify resident care problems and assist with care planning, with an "Assessment Reference Date (ARD)," the end-point of the evaluation period, of 07/17/18 indicated under "Section C: Cognitive Patterns," R57 had a "Brief Interview for Mental Status (BIMS)" (a cognitive evaluation) score of 15 out of 15, which indicated the resident was not cognitively impaired. Record review of "Section A: Identification Information," indicated R57 was admitted by the facility on 07/23/16. Review of "Section I: Active Diagnoses," indicated the resident had arthritis, vertigo, and abnormalities of gait and mobility. Record review of "Section F: Preferences for Customary Routines and Activates," revealed it was "very important " to her to keep up with the news, read, do her favorite activities, and participate in religious practices or services. Further review revealed she felt it was "somewhat important" to listen to music and do things with groups of people. Record review of the "Profile History Report" revealed under "Section A: Standards of Care," a plan that informed the Certified Medication Aide (CMA) and Certified Nursing Aide (CNA) of what activities R57 enjoyed. Review of the plan revealed R57 liked to go outside when the weather permitted, liked to go to Nelson Hall once a week for an activity and on Wednesdays and Sundays for church. The plan revealed she liked to play trivia with the elders in the house. Record review of the "Activities Summary Report" for 08/10/18 to 09/11/18 revealed R57 had participated in group social, group religious, individual social, and individual activities but it did not reflect what type	F 679			

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F 679	<p>Continued From page 5 of activity the resident had participated in. Continued record review revealed there was no comprehensive care plan for activities.</p> <p>Observation on 09/10/18 at 10:50 AM, on the 0405 Green House Unit, revealed R57 was sitting up in a wheelchair in her room reading and writing. Observation on 9/10/18 at 11:30 AM, revealed R57 was sitting at the dining table in the main dining area of 0405 Green House Unit. Observation on 09/10/18 at 4:21 PM revealed R57 was in her room reading a paper. Observation on 09/11/18 at 10:14 AM R57 was watching the tv in her room.</p> <p>In an interview with R57 on 09/11/18 at 10:57 AM, the resident stated "there wasn't much to do." R57 revealed they used to have an activity person, but that person went to another nursing home. She revealed she did not know of any organized activity done daily, other than individual activities the residents did in their rooms. R57 stated she was not sure who scheduled activities anymore, and she did not think they had anyone organizing activities for the residents. She stated the September activity calendar was in the Campus News (a facility newsletter). She stated they used to have bingo in the other houses and she would go to that, but that going to the other houses was not offered to them anymore. R57 stated it had been over a year since any group activities had been done at the Green House. Interview with R57 further revealed she loved trivia and it was on the activity calendar in the "Campus News" but staff had not provided her and the other residents with a trivia activity. R57 stated, "it was good for the brains" to do activities, and it gave the residents an opportunity to socialize-. Interview on 09/12/18 at 04:53 PM,</p>	F 679			

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F 679	<p>Continued From page 6</p> <p>with R57 revealed she had not been invited to any activity that day, and she did not know there was bingo game in the other building. She stated staff used to take them to bingo in 0415 Green House Unit, but not lately.</p> <p>Record review on 09/12/18 of the admission "MDS" for R62 with an "ARD" date of 07/03/18 revealed under "Section A: Identification Information," an admission date of 06/26/2018. Record review of "Section C: Cognitive Patterns," revealed a "BIMS" of 13 which indicated R62 was not cognitively impaired. Record review of "Section F: Preferences for Customary Routine and activities," revealed it was "very important" to R62 to keep up with the news and participate in religious services or practices. It was "somewhat important" to him to do his favorite activities and to go outside to get fresh air when the weather was good. Record review of the undated "Resident Plan Report" revealed R62 liked to bike ride, play games on the computer, church activities and he liked to be outside. Record review revealed there was no care plan for activities. Record review of the "Activities Summary Report" with a date range of 08/10/18 to 09/11/2018 revealed R62 had ten group game and group social activities and one group religious done. Review of the report revealed it did not contain a description of the activity.</p> <p>Observation of R62 on 09/10/18 at 4:18 PM, in the 0405 Green House Unit, revealed he was playing dominoes in the common area with his wife. Observation of R62 on 09/12/18 at 3:44 PM, revealed he was lying in bed in room reading a paper.</p> <p>Interview with R62 on 09/11/18 at 10:45 AM,</p>	F 679			

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F 679	<p>Continued From page 7</p> <p>revealed he had not been offered any activities since he had been admitted three months ago. R62 stated he would go to activities if they were offered, and he would like to go to bingo. R62 stated there was no group activity to socialize with the other residents, at least none that he was aware of. R62 stated at least he can play dominoes with his wife. R62 revealed he mainly watched tv, but only had an antenna which did not have the best channels. Interview on 09/12/18 at 4:58 PM, revealed he did not get invited to the bingo activity after dinner that night.</p> <p>Observation by surveyors on 09/12/18 at 6:30 PM revealed bingo was a planned activity in another building. When asked, CMA11 stated she had not received an email about an activity (bingo) planned in another Greenhouse after supper that night.</p> <p>Record review of the significant change "MDS" with an "ARD" of 06/02/18 for R16 revealed under "Section A: Identification Information," a readmission date of 05/26/2018 . Review of "Section C: Cognitive Patterns," revealed a "BIMS" of 04 which indicated R16 was cognitively impaired. Review of "Section F: Preferences for Customary Routine and Activities," revealed it was "somewhat important" to listen to music, do favorite activities, and go outside for fresh air. Record review of "Section V: Activities," revealed R16 would be care planned for activities, however review revealed no care plan was initiated. Record review of the undated "Profile History Report," revealed under the "Activities" section the resident liked to look at the newspaper, play dominoes, visit with staff and peers, tv, puzzles, liked to go outside on the patio when it was nice and enjoyed music. Record review of the</p>	F 679			

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F 679	<p>Continued From page 8</p> <p>"Activities Summary Report" revealed R16 had participated in 11 group games and eight group socials however, it was not documented what activity was she had participated in.</p> <p>Observation, on the 0405 Green House Unit, of R16 on 09/10/18 at 9:44 AM revealed she was in her private room sitting in a recliner with her feet elevated. Staff was in the room talking with her. R16 had been repeating that she did not know where she was. Observation on 09/10/18 at 11:18 AM, revealed R16 was in her recliner but sitting upright. Observation on 09/10/18 at 11:58 AM, revealed R16 was sitting up in a wheelchair in the dining room awaiting the meal. Observation on 09/11/18 at 8:31 AM, revealed R16 was in a wheelchair at the dining room table. On 09/11/18 at 11:03 AM, staff walked with R16 around the main dining area and to the dining table. Observation on 09/11/18 at 4:36 PM, revealed R16 was in the main area watching tv and playing with the gait belt around her waist.</p> <p>Record review of the "Activity Calendar" for September 2018 in the 0405 Green House Unit, revealed the following activity schedule: Sundays were "reminisce"day , on Monday 09/03/18 "Happy Labor Day", on Monday 09/10/18 "National TV Dinner Day", on Monday 09/17/18 "National Monte Cristo Day", and on Monday 09/24/18 "Nail Day" for resident manicures was scheduled. Tuesdays "Trivia" would be played, Wednesdays were "Hair Day" and on Thursdays the chaplain visited. 9/07/18 and 09/21/18 were "Nail Day". Friday 09/14/18 was "National Eat a Hoagie Day" and Friday 09/28/18 was "National Good Neighbor Day". Saturdays were movie day.</p> <p>Interview on 09/11/18 at 4:57 PM, with CMA9 on</p>	F 679			

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F 679	<p>Continued From page 9</p> <p>the 0405 Green House Unit, revealed the CMA's chart in the kiosk what activities a resident participated in. The activities responsibility was assigned to CMAs on a monthly rotation within each Greenhouse.. The CMA's had a team meeting once a month and they decided who would have assignments and they were responsible for that assignment for one month. CMA 9 stated CMA10 was the activity person this month and she worked second shift. CMA9 revealed they had not done any activities so far this month on first shift for the residents. She revealed group social was done while the residents ate their meals. She stated family visits were considered an activity provided by the facility. She said if the "big building had an entertainer coming in they would send an email to the units alerting them of an activity and if a resident wanted to go they would take them." She said last week they had musical entertainment, but she wasn't sure if any residents from the 0405 Green House Unit had gone. CMA9 stated some days were more hectic and they may not get around to doing any activity with the residents. CMA9 revealed staff try and do their best to do activities, however, more often than not, they do not do organized activities with the residents.</p> <p>Interview on 09/12/18 11:10 AM, with CMA8 revealed they usually have an activity calendar posted by kitchen however none was posted. CMA8 stated that was not good and she went to look for a calendar. CMA8 revealed the Green Houses used to have an activity coordinator a long time ago, but that job description fell through the cracks. She revealed when they had the activity director the residents had a lot of bingo, entertainment, musicians would come, crafts were done, they did activities outside of the</p>	F 679			

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F 679	<p>Continued From page 10 facility, and went to restaurants. CMA8 said the residents loved it. CMA8 stated the activity program was a lot better when they had an activity coordinator.</p> <p>Interview with CMA14 on 09/12/18 at 11:15 AM, revealed "they did not have time to do activities this week with the residents."</p> <p>Interview on 09/13/18 at 09:04 AM, with Activity Director 1 revealed the CMAs do their own activities and if there was a special going on, like bingo or entertainment, in the other building she would let the CMA's in the Green Houses know and the CMA's would ask the residents if they would like to go. Activity Director 1 revealed it had been a long time since anyone from the Green Houses had gone to bingo and she did not know why. The Activity Director revealed she did not oversee activities in the Green Houses. She stated they have a book on the units that has activity ideas in it that the CMA's can utilize. She does the activities MDS assessment, but not the care plan. She stated there should be a comprehensive care plan that included activities so that staff can look at it and know what activities the resident liked or did not like.</p> <p>Interview on 09/13/18 at 3:38 PM, with CNA10 revealed she was the activity coordinator this month for 0405 Green House and has been since the first of the month. CNA10 revealed she primarily scheduled activities on the shift she worked, which was second shift, after two in the afternoon. She stated on first shift the residents usually went to the big building and participated in the activities there. She said she usually scheduled activities that she has done at other places, but she would sometimes ask the activity</p>	F 679			

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F 679	<p>Continued From page 11</p> <p>coordinator at the main building for ideas. CNA10 stated she was not aware of any activity book on the unit to give her guidance on activities.</p> <p>Interview on 09/13/18 at 10:30 AM, with Licensed Practical Nurse (LPN) 5 revealed the nurses do not have a role in the activities provided to the residents. The Shahbaz, which was the general name given to the CMA and CNA in the houses, were responsible for the resident's activities. She revealed the activity director in the big house was not responsible for the activities in the Green Houses.</p> <p>Interview on 09/13/18 with the CMA Green House Guide LPN2 at 2:00 PM revealed she was the person who oversaw the activities program in the Green Houses. She revealed she did not have any formal training in activity programs. She revealed all the CMA's in the Green Houses took turns at being the activity coordinator. She stated there was an activity coordinators book that would explain to the CMA what the responsibilities were as the activity coordinator. It also had suggested activities that could be done with the residents. She reviewed the September 2018 0405 Green House Unit activity calendar and confirmed that did not represent an acceptable activity program for the residents. The CMA Green House Guide revealed there was no reason the residents of the Green Houses could not go to the activities in the other buildings.</p> <p>Interview on 09/13/18 at 1:35 PM with the Director of Nursing (DON)2 revealed she was not sure how the activities were conducted in the Green Houses. She stated the Greenhouse CMA activity coordinator was responsible for organizing</p>	F 679			

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F 679	<p>Continued From page 12</p> <p>the resident's activities and that responsibility was alternated every three months.</p> <p>Review of Resident (R)6's annual "Minimum Data Set (MDS)," an assessment tool completed by the facility staff used to identify resident care problems and assist with care planning, with an "Assessment Reference Date (ARD)," the end-point of the evaluation period, of 02/27/18 specified under "Section C: Cognitive Patterns," the resident had a "Brief Interview for Mental Status (BIMS)" (a cognitive evaluation) score of 13 out of 15, which indicated the resident was cognitively intact. As specified under "Section F: Preferences for Customary Routine and Activities," indicated it was "very important "to the resident to keep up with the news, and to do his favorite activities. "Section F" also indicated it was "somewhat important" to the resident to have newspapers/books to read, listen to music, and to go outside to get fresh air when the weather was good. As indicated in "Section G: Functional Status," the resident was independent for bed mobility, transferring, walking in his room and the corridor, and eating.</p> <p>The "Profile History Report," which the facility referred to as the "Care Plan," dated 09/05/17, for R6 revealed, "Activities" "Prefers room activities: TV, visiting, music. Interested in going outside in nice weather." The facility had no comprehensive care plans with measurable objectives (see F656).</p> <p>Review of the "Activities Detailed Entry Report" for August 1, 2018 through August 31, 2018 documented R6 watched "TV in Room" thirty-five times on the second and third shifts, listened to "Music in Room" four times on the second and third shifts, participated in bingo one time on the</p>	F 679			

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F 679	<p>Continued From page 13</p> <p>third shift, had "Individual Social Family Visits" seven times, participated in "Group Games" nine times on the second and third shifts, and went "Outdoors" one time on the second shift. There were no activities documented for the day shift.</p> <p>During interview with R6 on 09/10/18 at 10:10 AM when asked about activities R6 stated, "I can't go outside when I want to. I have to find someone to unlock the door for me. I don't have anything else to do because there isn't much going on but bingo on Wednesday nights." The resident also stated he did not like to watch television all the time.</p> <p>On 09/10/18 at 12:00 PM, R6 was observed to independently ambulate to the dining room table for the lunch meal. When other residents at the table asked him questions, he responded appropriately in a few words with a smile on his face. He did not initiate conversations. As soon as the resident finished with his meal he returned to the chair in his room.</p> <p>On 09/10/18 at 2:00 PM, R6 was observed seated in a chair inside the door of his room. The television was not on and no activities were taking place at the time.</p> <p>On 09/11/18 at 9:51 AM, R6 was observed seated in a chair inside the door of his room. The television was not on and no activities were taking place at the time.</p> <p>On 09/11/18 at 3:00 PM, R6 was observed seated in a chair inside the door of his room. The television was not on and no activities were taking place at the time.</p>	F 679			

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F 679	<p>Continued From page 14</p> <p>On 09/11/18 at 5:00 PM, R6 was observed to independently ambulate to the dining room table for the evening meal. His daughter and son-in-law had been visiting and left after he sat down at the table. When other residents at the table asked him questions, he responded appropriately in a few words with a smile on his face. He did not initiate conversations. As soon as the resident finished with his meal he returned to the chair in his room.</p> <p>On 09/12/18 at 10:30 AM, R6 was observed seated in a chair inside the door of his room. The television was not on and no activities were taking place at the time.</p> <p>On 09/12/18 at 4:55 PM, R6 was observed to independently ambulate to the dining room table for the evening meal. After he finished eating, he remained at the table to play bingo with five other residents. He conversed with the other residents while waiting for the bingo to start (although he is a man of few words). He was observed to enjoy the bingo game and laughed and conversed with the other residents.</p> <p>On 09/13/18 at 2:10 PM, Certified Nurse Aide (CNA) 16 was interviewed regarding activities for Green House 1213 where R6 resided. CNA 16 stated "Most of the activities are done at the house because it is very difficult to take residents to Nelson Hall [the nursing facility on campus] for activities due to the needs of the ten residents who live here [in Green House 1213]. All it takes is one resident waking up and not feeling well, or someone who needs help in the bathroom, and even if we had planned to take them, we can't. We do not get help from activity staff at Nelson Hall and we do not have designated staff to do</p>	F 679			

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F 679	Continued From page 15 activities in the house."	F 679			
F 744 SS=D	Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to develop person-centered comprehensive care plans for dementia care for three of three sampled residents (R) 43, 49, and 59) reviewed for dementia care. Findings include: Review of the Electronic Health Records (EHRs) and the paper medical records of Residents (R) 43, 49, and 59 revealed no comprehensive care plans related to dementia care which included identification of problems, measurable objectives, and interventions to meet the resident's preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs as identified in the comprehensive assessments. The residents "Profile History Reports" (which the facility referred to as the "Care Plan") were located in the electronic health records. These profiles were reviewed, and included items such as: activities and dietary preferences, medication warnings, and other resident information. The profiles did not contain resident specific interventions and/or goals for residents	F 744			

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F 744	Continued From page 16 diagnosed with dementia, to receive appropriate treatment and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. On 09/12/18 at 10:45 AM, interview with the Chief Nursing Officer (CNO) revealed they had recently changed how the care plans were developed and were currently using the "Profile History Report" as a care plan. The CNO confirmed the facility lacked care plans that included problems, goals, and interventions, and that were based on each resident's individual assessment, for all of the residents in the facility.	F 744			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, document review and staff interview, the facility failed to follow accepted standards of practice related to crushing and combining multiple medications for administration via a feeding tube for one resident (R 33). This failure resulted in a facility medication error rate of 23%. Finding include: Review of Resident 33's Annual "Minimum Data Set (MDS)," an assessment tool completed by the facility staff used to identify resident care problems and assist with care planning, with an	F 759			

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F 759	<p>Continued From page 17</p> <p>"Assessment Reference Date (ARD)," the end-point of the evaluation period, of 06/19/2018 revealed a readmission date of 04/29/2018 with diagnoses including hypertension, hyponatremia (low sodium level), dementia and cerebral vascular accident (stroke).</p> <p>Observation of Licensed Practical Nurse (LPN) 6 on 09/12/2018 at 8:32 AM, revealed the preparation of medications to be administered through Resident 33's Percutaneous endoscopic gastrostomy (PEG) tube. The following medications were placed in one plastic envelop and crushed: oxycodone/APAP (a pain medication) 5/325, aspirin (for stoke prevention) 325mg, famotidine (to treat or prevent stomach ulcers) 20mg, metoprolol (to treat high blood pressure) 25mg, senna (a laxative)8.6mg. The plastic envelop was emptied into a 30cubic centimeter (cc) plastic medication cup. Gabapentin (for pain management)100mg two capsules were opened and contents were emptied into the same plastic medication cup.</p> <p>At resident 33's bedside, LPN 6 added water to the 30cc medication cup and stirred the mixture of water and the seven medications. After verifying PEG tube placement and flushing the tube with water, the medication/water mixture was administered through the PEG tube. The tube was flushed with water after medication administration.</p> <p>Interview with the Director of Nursing (DON) on 09/12/2018 at 11:30 AM, revealed the facility lacked a policy related to medication administration standards of practice and administration of each medication separately through a feeding tube. The DON also confirmed</p>	F 759			

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F 759	Continued From page 18 it is the facility practice to mix medications prior to administration per feeding tube.	F 759			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to destroy expired medications in two of eight medication rooms. In addition, the facility failed to follow accepted standards of practice by documenting an open date when medication bottles were opened, on	F 761			

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F 761	<p>Continued From page 19 one of two medication carts.</p> <p>Findings include:</p> <p>Observation with Licensed Practical Nurse (LPN) 7 on 09/12/18 at 8:58 AM, on the Evergreen medication cart revealed Ventolin (a respiratory inhaler) with an expiration date of 08/02/18 and Triamcinolone Acetone Cream 0.1% had an expiration date of 08/11/18. Interview with LPN7 on 09/12/18 at the time of the observation, revealed the Ventolin was expired and if it had been used it might not be as effective. LPN7 revealed the expired Triamcinolone cream might not work like it was supposed to. She confirmed both medications should be removed from the cart.</p> <p>Observation with Certified Medication Aide (CMA) 1 on 09/12/18 at 9:53 AM, on the 1202 Green House Unit, revealed an Ultra Tuss 100 milligram (mg) multi-use stock item was opened and did not have an open date. Continued observation revealed Geri-lanta (for indigestion) a multi-use stock item, was not dated when it was opened. Observation revealed CMA1 took a marker and dated each item as being opened on 04/18. Interview with CMA1 on 09/12/18 at the time of the observation revealed "she was not sure when they had been opened, but she knew they had an outbreak of coughing back in April 2018 and that was probably when it had been opened." CMA1 stated the medication bottles should be dated when opened, but she was not sure why.</p> <p>Observation on 09/12/18 at 11:51 AM, with CMA7 on the 0415 Green House Unit, revealed a hydrocortisone cream had an expiration date of 06/28/18. CMA7 confirmed the medication was</p>	F 761			

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F 761	Continued From page 20 expired. CMA7 revealed she was not sure who was supposed to get rid of expired medications. Interview on 09/12/18 at 11:51 AM, with LPN5 revealed it was everyone's responsibility to check for expired medications and get rid of them. LPN5 revealed the CMA's gave the medications and they should have checked for expiration dates. Interview on 09/13/18 at 1:15 PM with the Director of Nursing (DON) 2, confirmed the CMA's and licensed staff are to go through the medication rooms and medication carts to check for expired medication on the first and the 15th of the month. She stated expired medications should be thrown away. Continued interview revealed it was not an acceptable practice to guess at the date a medication was opened and write a random date on the medication bottle. The DON2 stated they usually go by the manufacturers expiration date on creams. She revealed they do not have a policy regarding open dates on multidose and/or stock medications. Review of the facility's policy titled, "Discarding and Destroying Medications," revised on 8/30/18 revealed medications that could not be returned to the pharmacy should be destroyed when expired.	F 761			
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;	F 803			

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F 803	<p>Continued From page 21</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to post daily dining menus for one of the eight units surveyed. Green House 0405 did not post their menus consistently for the residents to review, as required.</p> <p>Findings include:</p> <p>Observation of Resident (R) 57 on 09/10/18 at 10:50 AM, revealed she was in her room reading and writing. Interview with R57 at the time of the observation, revealed the facility did not provide the residents with a posted menu consistently. R57 stated that sometimes the menu was posted in the dining room and sometimes the menu was not posted. She stated the menus used to be</p>	F 803			

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F 803	<p>Continued From page 22</p> <p>included in the Campus News, which was a newsletter sent to the residents monthly. However, they do not put the menus in the newsletter any longer. Continued interview revealed sometimes the residents didn't know what they were going to be eating until the food was served. She stated that the meal alternatives were never posted on the menu.</p> <p>Record review of the resident's annual "Minimum Data Set (MDS)," an assessment tool completed by the facility staff used to identify resident care problems and assist with care planning, with an "Assessment Reference Date (ARD)," the end-point of the evaluation period, of 07/17/18 indicated under "Section C: Cognitive Patterns," R57 had a "Brief Interview for Mental Status (BIMS)" (a cognitive evaluation) score of 15 out of 15, which indicated the resident was not cognitively impaired. Record review of "Section A: Identification Information," indicated R57 was admitted by the facility on 07/23/16. Review of "Section I: Active Diagnoses," indicated the resident had arthritis, vertigo, and abnormalities of gait and mobility.</p> <p>Observation of R57 on 09/10/18 at 11:30 AM, revealed she had wheeled herself over to where the surveyor was standing and said the menu was still not posted and she had even told the staff last night about it not being posted.</p> <p>Observation on 09/10/18 at 11:30 AM, and on 09/11/18 at 11:15 AM, of the menu board in Green House 0405 revealed the menu for 09/09/18 was still posted. Observation on 09/12/18 at 11:00 AM revealed the menu board was blank.</p>	F 803			

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F 803	Continued From page 23 Interview with Certified Medication Aide (CMA) 14 on 09/12/18 at 11:01 AM, revealed the CMA who did the cooking was responsible for posting the menu for that day and it was usually posted after they received the food from the main building. CMA14 stated they tended to forget to post the menu because they got distracted, however the menu should be posted daily so the residents would know what they were being served and would know ahead of time if they wanted an alternative. She revealed alternatives were not posted on the board. Interview with the Director of Nursing (DON) 2 on 09/13/16 at 1:30 PM, revealed menus should be posted daily so the residents would know what they were being served that day, so they could order an alternative, if they do not like what was being served. Record review of the facility's policy titled, "Asbury Park Daily Menu Posting," with an effective date of 12/2017, revealed it was the policy of the facility to post daily menus in each dining location. The policy further revealed that daily menus were to be posted in each dining area by staff.	F 803			
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.	F 804			

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F 804	<p>Continued From page 24</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of "Resident Council Meeting" minutes the facility failed to provide palatable food to seven of nine residents ((R) 6, 7, 11, 31, 82, 88, and 245) in "Green House 1213," during one of three meals observed.</p> <p>Findings include:</p> <p>During interviews with Residents (R) 6, 11, 82, and 88, at numerous and various times on 09/10/2018 through 09/12/2018, each of the residents voiced concerns with the quality of the food items they were served. Concerns identified by the residents were limp french fries, food needs more seasoning, complaints about food temperatures, and under or over cooked food items.</p> <p>Review of the "Resident Council Meeting" minutes dated August 7, 2018, which was attended by residents 59, 88, 11, 31, and 88, revealed in part: "Food isn't good. It was much better when the girls did it in house." "Food not staying hot." "Some people need to work on food skills."</p> <p>Review of the "Resident Council Meeting" minutes dated September 6, 2018, which was attended by residents 88, 11, and 82, revealed in part: "French fries are not getting cooked through. They are limp." "More seasoning on the food, the food is bland." "Cobbler is good, but the crust needs to be cooked longer, also the crust on the quiche</p>	F 804			

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F 804	<p>Continued From page 25 needed to be cooked longer."</p> <p>On 09/12/18 at 11:00 AM the Vice President of Food Service was asked if the staff who cook in the Green Houses received training related to food preparation. She stated the first day they start their job they go through ServSafe training (a required training for safe food handling and food storage), then they shadow an assigned Shahbaz (a universal worker who is a Certified Nurse Aide, Certified Medication Aide, housekeeper, does resident personal laundry, cooks, and provides activities to residents in the Green Houses) who is to train them on all aspects of the Shahbaz position including food preparation. She stated the Shahbaz's received no specific food preparation training. She further stated most of the food is prepared in the main kitchen and distributed to the Green Houses. The frozen foods like French fries, hamburger patties, individual food requests from residents, and sandwiches are prepared by a Shahbaz.</p> <p>During observation of the evening meal on 09/12/2018 at 5:20 PM, the residents were served patty melt sandwiches and French fries. The French fries appeared undercooked (were not browned) and were very limp. Residents 6, 7, 11, 31, 82, 88, and 245 were served the French fries. They did not attempt to eat the fries. Residents' 11, 82, and 88 specifically commented about the French fries and had a conversation with Certified Nurse Aide (CNA) 15 about why they could not get cooked and crisp French fries. CNA 15 explained the fries they received from the main kitchen (frozen) were meant to be deep fried and not baked in the oven which is how they had to prepare them in the Green House. She told the residents the Green House was not</p>	F 804			

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F 804	Continued From page 26 allowed to have a deep fryer because of the fire code. Resident 11 had requested her bread for the patty melt sandwich be toasted. The toast was very dark and appeared burnt. The resident did not eat the toast. She stated she could not eat it burned. CNA 15 told her they could make her more toast however, by the time the CNA offered the resident had already eaten the meat, cheese, and grilled onions without the toast, so the resident declined the offer for more toast.	F 804			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide sugar free snacks for two of two residents who lived at 1212 South Plum. These two residents identified sugar free snacks as preferences, and both had diagnoses of diabetes. (Resident (R)3 and R71) Findings Include: Observations were conducted at 1212 South Plum at 11:50 AM on 09/10/18. Multiple snacks	F 806			

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F 806	<p>Continued From page 27</p> <p>were observed on the counter adjacent to the kitchen. Snacks included a variety of pre-packaged sweets, cereals, graham crackers, fruit and pre-packaged snacks labeled as gluten free. None of the snacks were labeled as sugar free.</p> <p>During observations at 1212 South Plum at 8:25 AM on 09/11/18, snacks were observed on the counter adjacent to the kitchen. All available snacks were similar to the snacks present on 09/10/18 and none were identified as sugar free.</p> <p>Resident (R) R3 was interviewed on 09/11/18 at 8:32 AM. R3 said she was diabetic and received insulin multiple times daily. R3 said although she had repeatedly asked about sugar free snacks, none were readily available. R3 explained although there might be sugar free pudding available to be made if she requested it, sugar free snacks were not readily available without asking and waiting or asking a day or two in advance.</p> <p>R71 was interviewed on 09/11/18 at 10:34 AM. R71 said she was diabetic and would prefer sugar free snacks to be readily available. R71 said she had asked about the availability of sugar free snacks but they were rarely available.</p> <p>The Licensed Practical Nurse (LPN) assigned to 1212 South Plum, LPN6, was interviewed on 09/12/18 at 8:25 AM. LPN6 said she thought the snacks on the counter by the kitchen included sugar free alternatives. LPN6 accompanied the surveyor to the snack area and confirmed none of the snacks were identified as sugar free. LPN6 confirmed R3 and R71 had diabetes. LPN6 said all residents should have sugar free snacks</p>	F 806			

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F 806	<p>Continued From page 28 available if they wanted them.</p> <p>The Director of Nursing (DON) was interviewed on 08/13/18 at 10:57 AM. The DON said sugar free snack should always be readily available for residents who preferred them and particularly for residents whose diet orders indicate "no concentrated sweets."</p> <p>Record Review for R3 was conducted on 8/13/18 at 4:30 PM. The "Diagnosis" section of the "LTC Physician Order Review/Renewal," dated 09/11/18, documented, "...Type 2 diabetes mellitus ..." The "Therapeutic Diet" section documented, "No concentrated sweets, no added salt."</p> <p>Record Review for R71 was conducted on 8/13/18 at 4:10 PM. The "Diagnosis" section of the "LTC Physician Order Review/Renewal," dated 08/23/18, documented, "...diabetes mellitus ..." The "Therapeutic Diet" section documented, "Regular Diet."</p>	F 806			