

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2014
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NAME OF PROVIDER OR SUPPLIER WYNGATE SENIOR LIVING COMM OF PARKERSB	STREET ADDRESS, CITY, STATE, ZIP CODE ONE WYNGATE DRIVE PARKERSBURG, WV 26104
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E 106	<p>64CSR14-5.1.g. General Administrative Requirements</p> <p>Prior to hiring an individual, the licensee shall submit the required information for central abuse registry screening and keep documentation of the information submitted. The licensee shall also determine if the individual is listed on the nurse aide abuse registry or any other abuse registry maintained by the state. The licensee shall not hire or maintain as an employee any individual who is listed on these registries. (Class II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on October 28-31, 2014, the licensee and administrator failed to submit the required information for the central abuse registry screening through the WV state police prior to hire for five (5) of five (5) employees (#s 11, 18, 19, 26, and 31) and failed to check the nurse aide abuse registry prior to hire for one (1) of five (5) employees (#31).</p> <p>1. Review of Employee #s 11, 18, 19, 26 and 31's records revealed the following problems related to submitting the required information for the central abuse registry screening for the following employees:</p> <p>a. Employee #11 was hired on May 5, 2014; however, the required information for the central abuse registry screening was not submitted until May 12, 2014. This was not prior to hire as required.</p>	E 106	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>Current employee files will be audited to ensure WV State Police background checks and nurse aide abuse registry screening have been completed. Upon selection for employment, all potential employees will have WV state police background screening, sheriff screening and nurse aide registry screening completed and documented on new employee orientation form. The Resident Coordinator will audit employee files quarterly to ensure compliance.</p> <p>Employee #19 will have fingerprints resubmitted to the WV state police for background screening. If rejected a letter requesting name only search will be submitted to the state police.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	11/06/14
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Office of Health Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE

11/20/2014

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	<p>b. Employee #18 was hired on March 17, 2014. There was no documentation the required information for the central abuse registry screening was ever submitted for this employee available for review.</p> <p>c. Employee #19 was hired on May 27, 2014. There was a letter from the WV state police dated June 23, 2014, that stated the employee's fingerprint submission has been rejected and in order to complete this background screening the employee would need to be fingerprinted again. There was no documentation in the employee's record the employee had another screening completed as required available for review.</p> <p>d. Employee #26 was hired on June 10, 2014. The only documentation available for review was the actual results of the central abuse registry screening from the WV state police, and the date of inquiry was July 17, 2014, which was not prior to hire as required.</p> <p>e. Employee #31 was hired on September 2, 2014; however, the information for the central abuse registry screening was not submitted until September 4, 2014. This was not prior to hire as required.</p> <p>(i) There was no documentation a check of the nurse aide abuse registry was ever completed for Employee #31 available for review.</p> <p>2. During interview on October 31, 2014, Employee #19 stated she remembered being fingerprinted but was not aware the fingerprints submitted had been rejected.</p> <p>Annual Licensure Survey</p>			

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E 003	October 28 - 31, 2014 Census: 62	E 003	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>Current employee files will be audited to ensure WV State Police background checks and nurse aide abuse registry screening have been completed. Upon selection for employment, all potential employees will have WV state police background screening, sheriff screening and nurse aide registry screening completed and documented on new employee orientation form. The Resident Coordinator will audit employee files quarterly to ensure compliance.</p> <p>Employee #19 will have fingerprints resubmitted to the WV state police for background screening. If rejected a letter requesting name only search will be submitted to the state police.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	11/06/14
E 129	<p>64CSR14-5.6.a. Personnel Records</p> <p>5.6.a. The licensee shall maintain a confidential personnel record for each employee, including the administrator, and for volunteers who provide personal assistance to more than one resident. Each record shall contain at least the following:</p> <p>5.6.a.1. The employee's date of employment, current home address and telephone number, social security number, and proof of compliance</p>	E 129	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>TB screening will be completed on all new employees during orientation and annually thereafter. The screening will be included with the annual education</p>	11/06/14

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	<p>with age requirements of applicable federal and state laws;</p> <p>5.6.a.2. Documentation of the results of screening through the West Virginia state police central abuse registry regarding previous convictions involving abuse, mistreatment or neglect of dependent populations, or theft of the property of those populations, and a check of the state nurse aide abuse registry.</p> <p>5.6.a.3. A position title and proof of any required education or license; and</p> <p>5.6.a.4. A health record containing the results of a pre-employment and annual screening for tuberculosis and other communicable diseases as indicated by exposure, prevalence or currently accepted medical practice in congregate living situations as indicated by the commissioner. (Class III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on October 28-31, 2014, the licensee and administrator failed to ensure each employee had a tuberculosis (TB) screening prior to hire and annually as required and the results of the screening was contained in the employee's record for three (3) of five (5) employees (#s 4, 8 and 18).</p> <p>1. Review of the employee's records revealed the following problems related to TB screenings being completed as required for the following employees:</p> <p>a. Employee #s 4 and 8's records revealed there was no documentation an annual TB screening had been completed as required available for review.</p>		<p>training. Documentation will be kept in the individual employees health files. Employee files will be audited quarterly by the Resident Coordinator/designee to ensure compliance.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	

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E 138	<p>b. Employee #18 was hired on March 17, 2014. There was no documentation a TB screening was completed prior to hire as required for this employee available for review.</p> <p>2. During interview on October 31, 2014, Employee #19 stated she thought the tuberculosis screens had been completed and was not sure what happened to the documentation.</p> <p>64CSR14-5.7.h. Admission and Discharge</p> <p>The licensee shall maintain a register of all residents in order by the dates of the residents' admissions. The register shall include each resident's name, the date of admission, the date of his or her last day in the residence and if transferred, the name of the place to which the resident was transferred. (Class III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on October 28-31, 2014, the licensee and administrator failed to maintain a register of all residents that reflected the date of admission, date of the resident's last day in the facility and the name of the place the resident was transferred for five (5) former residents (#s C5, C6, C7, C8, and C9) and four (4) current residents (#s 1, 7, 18, and 19).</p> <p>1. Review of the resident register revealed the following problems related to maintaining the register as required:</p> <p>a. There was no last day in the facility</p>	E 138	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>A resident admission and discharge register with the resident's name, date of admission, discharge date and disposition will be maintained by the Resident Coordinator and reviewed by the Residence Manager monthly to ensure accuracy. The resident register for admission/discharges has been updated beginning January 1, 2014.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	11/06/14

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E 205	<p>documented in the register or place where the residents were transferred for Resident #s C5, C6, C7, C8, or C9.</p> <p>(i) During interview on October 30, 2014, Employee #11 stated she did not know how the residents were missed when they were discharged. She further stated some of the residents had been discharged prior to her taking over her current position.</p> <p>b. There was no admission date documented in the register for Resident #s 1, 7, 18, or 19.</p> <p>(i) During interview on October 30, 2014, Employee #11 stated she did not know how those residents were missed as she thought she had entered all of the new residents.</p> <p>64CSR14-7.4.f. Health Care Standards</p> <p>The licensee shall keep a record of all medications given to each resident indicating each dose given. The record shall include the resident's name; the name of the medication; the dosage to be administered and route of administration; the time or intervals at which the medication is to be administered; the date the medication is to begin and end; the printed name, initials and signature of the individual who administered the medication; and any special instructions for handling or administering the medication, including instructions for maintaining aseptic conditions and appropriate storage. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p>	E 205	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>When a resident is admitted or a new medication order obtained the Wellness Manager/designee will review the physician orders to ensure a route of administration is specified. The PCP will be contacted to clarify and discrepancies. The Wellness Manager will review monthly orders to ensure route of administration had not been omitted by pharmacy.</p> <p>The nursing staff will receive education regarding the requirement for an appropriate route of administration for all medications.</p>	11/06/14

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	<p>Based on review and interview on October 28-31, 2014, the licensee, administrator and registered nurse (RN) failed to ensure the medication administration records (MARs) contained the route of administration, the time or intervals at which the medication is to be administered and the dosage of the medication to be administered for five (5) of five (5) residents (#s 1, 28, 41, 42, and 48).</p> <p>1. Review of the October 2014 MARs revealed the following problems related to the required information not being on the MARs:</p> <p>a. Resident #1</p> <p>(i) The MAR contained an oral route of administration for the following medications: Carvedilol, Diazepam, Diltiazem, Benefiber, Hydralazine, Levetiracetam, Atorvastatin, Donepezil, Mirtazapine, Alprazolam and Haldol; however, this resident has a feeding tube.</p> <p>(ii) The MAR revealed Calmoseptine to bilateral elbows; however, there was no indication how often the resident was to receive this medication.</p> <p>(iii) During interview on October 31, 2014, Employee #19 stated they give this resident all medications through the feeding tube.</p> <p>b. Resident #28</p> <p>(i) There was no route of administration on the MAR for the following medications: Tylenol and Norco.</p> <p>c. Resident #41</p>		COMPLETION DATE: DECEMBER 10, 2014	

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E 230	<p>(i) There was no route of administration on the MAR for the Tylenol.</p> <p>d. Resident #48</p> <p>(i) There was no route of administration on the MAR for Norco.</p> <p>e. Resident #42</p> <p>(i) The Imodium did not indicate the dose to be administered.</p> <p>64CSR14-7.7.c. Health Care Standards</p> <p>Upon a resident's death, the licensee shall release all of the resident's belongings and funds to the estate administrator or executor. (CLASS III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on October 28-31, 2014, the licensee and administrator failed to ensure all of the resident's belongings were released to the estate administrator or the executor upon a resident's death for three (3) of three (3) residents (#s C1, C2, and C3).</p> <p>1. Review of Resident #s C1, C2, and C3's records revealed there was no documentation indicating the estate administrator or executor received the resident's personal belonging available for review.</p> <p>2. During interview on October 30, 2014, the</p>	E 230	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>Upon admission tot he community, documentation designating estate executor/administrator will be obtained and placed in resident file. Upon resident death, notation of disposition of belongings and to whom will be noted on resident belonging form. The Resident Coordinator will monitor.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	11/06/14

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E 236	<p>resident manager stated she had implemented documentation, but it had not been used for these residents.</p> <p>64CSR14-9.1.d. Dietary Services</p> <p>The licensee shall provide each resident with the amount of food and fluid on a daily basis necessary to maintain his or her appropriate minimum average weight. Staff shall weigh residents upon admission and monthly thereafter and document the resident's weight in his or her record. If staff notes an unplanned weight loss or gain of five (5) pounds or more in the resident's record, the staff shall report it to the resident's physician. (CLASS III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on October 28-31, 2014, the licensee and administrator failed to ensure monthly weights were obtained for five (5) of five (5) residents (#s 28, 31, 35, 41, and 48) and the physician was notified of a weight loss or gain of five (5) pounds or more for three (3) of five (5) residents (#s 28, 31, and 48).</p> <p>1. Review of the weight documentation sheets revealed the following problems related to not obtaining weights and notifications to the physician:</p> <p>a. There had been no weights obtained for Resident #s 28, 31, 35, 41, or 48 in February 2014.</p>	E 236	<p>October 28-31, 2014</p> <p>PLAN OF CORRECTION</p> <p>The Wellness Manager/designee will review resident weights on admission and monthly. Resident's physician will be notified by fax of wight loss or gain of 5 lbs or more. The Wellness Manager/designee will note in the comments section on the Vital Sign and Weight Record form the date the fax was sent and physician notified. The Notification of Weight Changes form will be placed with the VS/Wt Record.</p> <p>COMPLETION DATE: DECEMBER 10, 2014</p>	11/06/14

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	<p>b. There was no documentation the resident's physician was notified of weight gains or losses as required for the following residents:</p> <p>(i) Resident #28 weighed 154 pounds in August and 167 pounds in September. There was no evidence the physician was notified of this thirteen (13) pound weight gain available for review.</p> <p>(ii) Resident #31 weighed 154 pounds in August and 167 pounds in September. There was no evidence the physician was notified of this thirteen (13) pound weight gain available for review.</p> <p>(iii) Resident #48 weighed 176 pounds in April and 171 pounds in May. There was no evidence the physician was notified of this five (5) pound weight loss available for review.</p> <p>2. During interview on October 31, 2014, Employee #19 stated she thought she had sent all notifications on the residents with weight changes since she took over in June.</p>			