

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 507512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2009
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NAME OF PROVIDER OR SUPPLIER CENTRAL AVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1046 CENTRAL AVE Charleston, WV 25302
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E 100	<p>64CSR14-5.1.a. General Administrative Requirements</p> <p>The licensee shall develop and adopt written policies and procedures that are consistent with this rule and specific to the assisted living residence, governing the care and safety of residents, and all other policies and procedures required by this rule. The licensee shall sign and date the policies and procedures at the time of adoption and of any changes. (Class III)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview, on March 9, 2009, the administrator has failed to develop and implement policies that govern the care and safety of all residents.</p> <p>1. According to the administrator, the facility currently provides care to residents who are in transition from mental health hospitals to assisted living, on a trial basis.</p> <p>2. The facility policy and procedure manual reviewed, on March 9, 2009, did not contain any policies that would provide guidance regarding this practice.</p>	E 100	<p>March 9, 2009</p> <p>A policy has been developed to account for mental health patients that are on a pass to the Assisted Living facility from an inpatient psychiatric facility. Draft policy to be approved on April 6, 2009.</p> <p>Responsible Party: Tracie Hall, Administrator Completion Date: April 14, 2009</p>	04/14/09
E 003	Annual Licensure Survey	E 003	March 9, 2009	04/14/09

Office of Health Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/02/2009
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E 196	<p>March 9 - 10, 2009 Census: 8</p> <p>Surveyors:Ernie Chafin, HFNS II Betty Marine, HFS II, LSW</p> <p>64CSR14-7.3.a. Health Care Standards</p> <p>Each resident shall have a written, signed and dated health assessment by a physician or other licensed health care professional, authorized under state law to perform this assessment, not more than sixty (60) days prior to the resident's admission, or no more than five (5) working days following admission, and at least annually after that. The admission and annual health assessment shall include screening for tuberculosis and other communicable diseases if indicated by exposure, prevalence or risk according to current medical practice in congregate living situations as indicated by the secretary. The licensee shall maintain documentation of the assessment in the resident's medical record. (CLASS II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on interview and record review on March 9-10, 2009, the administrator and registered nurse (RN) have failed to ensure that a written, signed and dated health assessment, by a</p>	E 196	<p>A policy has been developed to account for mental health patients that are on a pass to the Assisted Living facility from an inpatient psychiatric facility. Draft policy to be approved on April 6, 2009.</p> <p>Responsible Party: Tracie Hall, Administrator Completion Date: April 14, 2009</p> <p>March 9, 2009</p> <p>1. See attached policy regarding patients on pass from inpatient psychiatric facilities. 2. Resident #5 has a health assessment dated 10/21/08. See attached.</p> <p>Responsible party: Tracie Hall, Administrator and Jennifer Dorsey, RN Completion Date: April 14, 2009</p> <p>4/2/09 Modification to POC</p> <p>The resident was #7 not #5. A health assessment must be completed for the resident if they are still at the facility.</p>	04/14/09

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E 197	<p>physician, or other health professional, authorized under state law to perform assessments, was obtained for one (1) of one (1) applicable resident.</p> <p>1. During interview with the administrator, it was revealed that mental health patients are permitted in the home on a trial basis.</p> <p>2. During record review, it was revealed that resident #5's record did not contain a health assessment as required by this rule.</p> <p>64CSR14-7.3.b. Health Care Standards</p> <p>Within seven (7) days of admission, each resident shall have an individualized functional needs assessment completed in writing by a licensed health care professional which is maintained in the resident's medical record. At a minimum, the resident's assessment shall include a review of health status and functional, psycho social, activity and dietary needs. (CLASS II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on interview and record review on March 9-10, 2009, the administrator and the RN have failed to ensure that a functional needs assessment was completed within seven (7) days of admission for one (1) of one (1) applicable resident.</p> <p>1. During interview with the administrator, it was revealed that mental health patients are</p>	E 197	<p>March 9, 2009</p> <p>1. See attached policy regarding patients on pass from inpatient psychiatric facilities.</p> <p>2. Resident #5 has a functional needs assessment dated 10/21/08. See attached.</p> <p>Responsible party: Tracie Hall, Administrator and Jennifer Dorsey, RN Completion Date: April 14, 2009</p> <p>4/2/09 Modification to POC</p> <p>The resident was #7 not #5. A functional needs assessment must be completed for the resident if they are still at the facility.</p>	04/14/09

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E 198	<p>permitted in the home on a trial basis.</p> <p>2. During record review, it was revealed that resident #5's record did not contain a functional needs assessment as required by the regulation.</p> <p>64CSR14-7.3.c. Health Care Standards</p> <p>Within seven (7) days of admission, each resident shall have a service plan based upon his or her functional needs assessment and individual needs that includes, but is not limited to, the type of assistance needed to perform activities of daily living, to receive prescribed medications and treatments, to follow any planned diet, rest or activity regimen, to engage in activities and programs appropriate to the individual's level of functioning, and to use equipment such as hearing aides, glasses, and canes. Staff shall have access to the service plan, use it as a guide for providing resident care, and maintain it as a part of the resident's medical record. (CLASS II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on interview and record review on March 9-10, 2009, the administrator and the RN have failed to ensure that a service plan was completed within seven (7) days of admission for one (1) of one (1) applicable resident.</p> <p>1. During interview with the administrator, it was revealed that mental health patients are permitted in the home on a trial basis.</p> <p>2. During record review, it was revealed that</p>	E 198	<p>March 9, 2009</p> <p>1. See attached policy regarding patients on pass from inpatient psychiatric facilities.</p> <p>2. Resident #5 has a service plan dated 4/2/08. See attached.</p> <p>Responsible Party: Tracie Hall, Administrator and Jennifer Dorsey, RN Completion Date: April 14, 2009</p> <p>4/2/09 Modification to POC</p> <p>The resident was #7 not #5. A service plan must be completed for the resident if they are still at the facility.</p>	04/14/09

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E 201	<p>resident #5's record did not contain a service plan as required by the regulation.</p> <p>64CSR14-7.4.b. Health Care Standards</p> <p>A prescription, written or verbal order from a professional authorized by state law to prescribe medications is required for obtaining, altering, discontinuing and administering or self-administering prescription and over-the counter medications, treatments, and therapies. The licensee shall keep copies of the prescriptions or written orders in the resident's record. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on record review and interview on March 10, 2009, the administrator and the RN have failed to ensure that medications were available for administration for two (2) of four (4) resident records reviewed.</p> <p>1. Resident #3 had an order for Abilify 5 mg every hour of sleep. Review of the resident's medication administration record (MAR) revealed that this medication was not available for administration on March 4 through 6, 2009.</p> <p>2. Resident #2 had an order for Actos 15 mg every day. Review of an incident report dated January 14, 2009, revealed that this medication was not available for administration from January 8-13, 2009.</p> <p>64CSR14-7.6.h. Health Care Standards</p>	E 201	<p>March 9, 2009</p> <p>1 and 2. RN to review meds at least weekly to ensure all meds are present.</p> <p>Responsible Party: Jennifer Dorsey, RN Completion Date: April 14, 2009</p>	04/14/09
		E 225		04/14/09

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E 225	<p>A registered nurse shall see the resident weekly and more often if indicated by the needs of the resident, and document a progress note in the resident's record reflecting the status of the resident and any changes in his or her condition. (CLASS II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on record review on March 10, 2009, the administrator and the RN have failed to ensure that a weekly note was consistently documented for one (1) of one (1) applicable resident.</p> <p>1. Resident #5 is to receive Lantus 18 units subcutaneously at hour of sleep and Risperdal 50 mg intramuscularly every two (2) weeks.</p> <p>2. Review of resident #5's record revealed that a registered nurse's note was not documented between the dates of July 11 through August 7 2008 and August 9 through 22, 2008. The last entry of a weekly nurse's note found in the resident's record to date was dated February 27, 2009.</p>		<p>March 9, 2009</p> <p>1 and 2. RN to document weekly as required.</p> <p>Responsible Party: Tracie Hall, Administrator and Jennifer Dorsey, RN Completion Date: April 14, 2009</p>	