STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _____ B. WING _____	01/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL PLACE	438 23RD STREET Oak Hill, WV 25901

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E 003	Annual Licensure Survey January 3-5, 2012 Census 48 and 1 bedhold Surveyor Beverly Randolph, HFNS I Betty Marine, LSW, HFS II	E 003		
E 126	64CSR14-5.5.a. Employee Orientation and Training The licensee shall provide and maintain a record of training to new employees prior to scheduling them to work unsupervised, and no later than within the first fifteen (15) days of employment, in accordance with a written plan that includes at a minimum emergency procedures and disaster plans; the residence's policies and procedures; resident rights; confidentiality; abuse prevention and reporting requirements; the ombudsmen's role; complaint procedures; specialty care based on individualized resident needs and service plans; the provision of group and individual resident activities; and infection control. (Class II) DEFICIENT PRACTICE and FINDINGS: Based on review and interview January 3-5, 2012, the licensee failed to ensure that new employees received adequate training for four (4) of four (4) direct care employees hired since the	E 126	January 3-5, 2012 1. The Resident Care Director (RCD) corrected the problem by in-servicing all new direct care employees on special care needs on 01/09/12 (nurses) and 01/24/12 (personal care assistants). Going forward, as special care needs develop in the resident population, the RCD will ensure immediate training of all direct care staff and verification of training will be maintained by the Business Office Manager in the Employee Education Records notebook and verified on each employee's Record of Orientation in each personnel file. To prevent recurrence of this deficient practice, the Summit's Business Office Manager will maintain/audit training records as new employees are hired. Completion Date: 01/31/12 on-going. 2. Employee's EB and HC were in-serviced on special care needs during their Employee Orientation and again by the Resident Care Director on 01/24/12. Employee JD was not hired as a direct	

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	last survey. 1. The facility currently provides care to residents who have special care needs such as Diabetes (#3), Colostomy (#11), nectar thickened liquids (#34), and Oxygen therapy (#'s 16 and 29). 2. There was no documentation in the employee's files (HC, JD, MM, and EB) they received training in the special care needs of residents nor in the facility's policies and procedures as required by the rule within fifteen (15) days of hire. 3. Review of facility training documentation revealed the following: - Sign in sheets for in-services did not include the topic or name of the presenter. - The orientation manual did not include content for Oxygen therapy, information specific to the care of a diabetic, such as skin integrity, foot care, etc. 4. Interviews with three (3) direct care employees, who wish to remain anonymous, revealed the following in regards to training issues: - A dietary list prepared on January 5, 2012, by the facility dietitian, revealed that residents (#s 8 and 24) was to be served milk at each meal. The employees stated they were unaware of the requirement to serve milk to these residents at each meal. - When interviewed regarding what actions they would take if they were to witness the abuse of a resident, the employees stated they would first		care employee, but in Housekeeping. Employee MM was hired on 09/07/11 and received training on special care needs, i.e. Diabetic Care, Colostomy Care, and Oxygen Therapy on 09/07/11. This information is verified in Employee Education Records notebook. Completion Date: 01/24/12 3. To correct this deficiency, the ED and RCD will ensure in-service sign in sheets now reflect topics, presenter(s). date and time. The Record of Orientation contains the required information under Resident Care, Item No. 12, "Explain the Use of Service Plans and Specialty Care". Specialty Care topics are included in Orientation. The RCD provided an inservice on Specialty Care 01/09/12 for nurses and 01/24/12 for personal care assistants. To prevent recurrence of deficiency, the ED and RCD will review and sign-off on each in-service to ensure documentation of topic, presenter information, and all specialty care needs are addressed as special care needs occur. Completion Date: 01/24/21 on-going 4. A review of the resident's medical charts (#s 8 and 24) did not support the information on the Dietary List posted and there were no current physician orders or personal preferences documenting milk to be provided to either resident. To prevent recurrence of this deficiency, the dietary list has been revised. All direct care employees	

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	contact the ombudsman and then notify the nurse.		received training on special diet needs and are aware of where the dietary list is posted on 01/24/12. Completion Date: 01/31/12 On 12/21/12 the ED in-serviced all employees on Abuse Reporting, Who Does What & When. Since employee initials were not noted on deficiency E126, item 4, for one-an-one re-training to correct the problem, the ED conducted an additional in-service on 01/27/12 on Abuse Reporting: Who Does What & When. Completion Date: 01/27/12	
E 201	64CSR14-7.4.b. Health Care Standards 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) DEFICIENT PRACTICE and FINDINGS: Based on review and interviews on January 3-5, 2012, the registered nurse failed to ensure medications are available to administer as	E 201	January 3-5, 2012 1. An in"service was conducted on 01/09/12 for all licensed nursing staff relative to the importance of administering medications according to physician's orders and that documentation of all medication administration is completed properly and in a timely manner. To prevent recurrence of the deficiency, MARS and TARS are currently being audited daily by the RCD Completion Date: 01/09/12 on-going 2. RCD discussed with MPOA the	

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	ordered for three (3) applicable residents. 1. Review of a physician's order for Resident #6 revealed K-Dur 20 mEq was ordered bid. Review of the medication administration record (MAR) for Resident #6 revealed the 7:00 p.m. dose of K-Dur was not documented as being administered on January 1 and 2, 2012. 2. Review of records for Resident #27 revealed a physician's order for Lovaza 16 mg. bid. The initials beside this medication on the MAR was circled and documented as "medication ordered not come yet" for the 7:00 a.m. dose on January 1-4, 2012, and the 7:00 p.m. dose on January 1-3, 2012. a. Interviews with a licensed practical nurse, LJ, and the resident care coordinator, CLM revealed the family had not supplied this medication for the resident. 3. Review of records for Resident #31 revealed a physician's order for Catapress 0.3 mg. (1) po every eight (8) hours to begin on January 3, 2012. The MAR for Resident #31 revealed "medicine ordered and not come yet" on January 3 and 4, 2012. a. In an interview with CLM, she stated the family took script to pharmacy but has not brought medication to the facility yet. 4. This was given as technical assistance on the last annual survey and remains a concern.		importance of having medication delivered to the facility in a timely manner. The center's nursing staff will notify all responsible parties 2 weeks in advance of medications coming due. The RCD in-serviced nursing staff on 01/09/12 on monitoring and ordering resident's medications by due date, and to re-order with center pharmacy if responsible parties have not delivered medications in a timely manner. a. To prevent recurrence of the deficiency, the ED and RCD mailed a letter on 01/04/12 to all resident responsible parties with notification of the new policy. Completion Date: 01/04/12 3. RCD discussed with MPOA the importance of having medication delivered to the facility in a timely manner. a. To prevent recurrence of the deficiency, the ED and RCD mailed a letter on 01/04/12 to all resident responsible parties with notification of the new policy. Completion Date: 01/04/12 4. Both RCO and ED are focusing on correcting all previous and new deficiencies as well as technical assistance tags to be in compliance with 16-50-1 et. Seq., and Legislative Rule 64CSR14 for Assisted Living Residences.	

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E 234	64CSR14-9.1.b. Dietary Services 9.1.b. The licensee shall ensure that each resident is offered at least three (3) freshly prepared meals seven (7) days a week, and also special diets and snacks that meet resident's needs and choices, as identified in his or her needs assessment. The meals shall provide a variety of foods as follows: 9.1.b.1. Breakfast: fruit or juice, cereal, whole-grain or enriched bread products, and Grade A vitamin D milk. 9.1.b.2. Noon and evening meals: protein sources, such as meat, poultry, fish, eggs, cooked dried legumes, cheese or peanut butter; vegetables or fruit; whole-grain or enriched grain food products; and Grade A vitamin D milk. (CLASS II) DEFICIENT PRACTICE and FINDINGS: Based on review, interview and observation on January 3-5, 2012, the licensee has failed to ensure that milk is provided for two (2) of two (2) residents. 1. Review of a dietary list prepared on January 5, 2012, by the facility dietitian, revealed that Residents (#s 8 and 24) was to be served milk at each meal.	E 234	Completion Date: On-going January 3-5, 2012 1. Resident #s 8 and 24 are no longer served milk because they do not prefer milk. Resident #8 prefers iced tea and/or coffee; Resident #24 prefers coffee only. 2. The physician's, order dated 11/01/11 for Resident #24 in which surveyor referred to was previously discontinued by physician. A more current order existed discontinuing the order for milk. 3. Direct care employees were unaware of the requirement to serve milk to residents #s 8 and 24 because the requirement did not exist. 4. Resident #s 8 and 24 were not served milk with their meal due to their preference. Physician diet orders for milk do not exist for resident #s 8 and 24. To correct this deficient practice, the RCD reviewed the Special Diet List with Dietician; list was updated and posted for all employees to view. Completion Date: 01/24/12 on-going	

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	2. Resident #24's record contained a physician's order dated November 2, 2011, for the resident to be served eight (8) oz. of milk at each meal. 3. Interviews with three (3) direct care employees who are responsible to serve meals and drinks to residents revealed the following: - They were unaware of the requirement to serve milk to residents (#s 8 and 24). - An employee stated there was no list posted about any resident requiring milk at each meal. - Another employee stated the only resident she was aware of who wanted to be served milk at each meal was Resident #32. 4. During the lunch meal on January 5, 2012, residents (#s 8 and 24) was not served milk with their meal.			