

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 507548	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2009
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NAME OF PROVIDER OR SUPPLIER WISHING WELL ASSISTED LIVING COMMUNITY A	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 COUNTRY CLUB ROAD Fairmont, WV 26554
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E 002	Change of Ownership (CHOW) Survey March 9-12, 2009 Census: 36 Surveyors: Jane Cost, RN, HFNS II Louise Hall, RN, HFNS II	E 002		
E 192	64CSR14-7.1.g. Health Care Standards Prior to transfer or discharge of a resident, the licensee shall prepare a summary to accompany the resident that includes the resident's medical history, functional needs assessment and service plans, the current physician's orders, the resident's advanced directives, any allergies and pertinent progress notes. (CLASS II) DEFICIENT PRACTICE and FINDINGS: Based on review on March 9-12, 2009, the administrator has failed to ensure a complete summary of information accompanies a resident at the time of transfer or discharge as required by this regulation. 1. Review revealed four (4) of four (4) residents (#'s 5, 23, C-1, and C-2) were transferred to the hospital emergency room without a complete summary of information as required by this regulation. a. Resident #5 was transferred on March 6, 2009. Allergies were not documented on the	E 192	March 9-12, 2009 There will be mandatory in-service with the nursing staff regarding the OHFLAC transfer/discharge form. This form will accompany each resident at the time of their transfer or discharge from the community. The staff development coordinator will explain the form and how to utilize it. DON and/or Assistant DON will audit the paperwork on residents that are transferred/discharged to ensure compliance. The audit will be conducted in the morning, after receiving report of who was transferred/discharged out. Completion Date: April 10, 2009	04/10/09

Office of Health Facility Licensure and Certification LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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04/07/2009

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NAME OF PROVIDER OR SUPPLIER WISHING WELL ASSISTED LIVING COMMUNITY A	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 COUNTRY CLUB ROAD Fairmont, WV 26554
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E 202	<p>transfer form.</p> <p>b. Resident #23 was transferred on March 2, 2009. The only information sent to the transferring facility was a note written by the nurse on the transfer form. The "Transfer to Hospital Checklist" form documented the transfer form was completed on "both sides" with the original sent to the hospital and a copy of the form on the chart. The form was incomplete.</p> <p>c. Resident #C-1 was transferred on February 28, 2009. The functional needs section of the transfer form was not completed.</p> <p>d. Resident #C-2 was transferred on January 30, 2009. The transfer form documents "See attached" under the section entitled "Diet, Drugs and Other Therapy". There were no copies attached to this form for review. The allergy section was not completed on the transfer form.</p> <p>64CSR14-7.4.c. Health Care Standards</p> <p>A licensed health care professional shall determine whether or not a resident is capable of self-administration of medications in accordance with Subsection 3.33. of this rule and shall document it in the resident's medical record prior to the resident self administering medications, and also on a significant change of the resident's condition. (CLASS II)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on observation and review on March 9-12,</p>	E 202	<p>March 9-12, 2009</p> <p>A RN will complete a medication self-administration assessment on resident #25. The assessment will contain resident's name and the medications resident has in room and is requesting to self-medicate.</p> <p>Resident #25's physician will be notified of resident's request and demonstrated ability to safely self-administer medications. A signed physician's order will be obtained for resident to self-administer.</p>	04/08/09

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E 235	<p>2009, the administrator and supervising registered nurse have failed to assure a licensed health care professional determines a residents ability to safely self-administer medications.</p> <p>1. Review revealed one (1) applicable resident (#25) who currently self-administers part of his medications did not have a physician's order to self-administer medications.</p> <p>2. Observation revealed resident #25 had the following medication in his room that he takes independently:</p> <ul style="list-style-type: none"> a. Unisom - one (1) at bedtime b. Robitussin cough syrup - PRN for cough c. Dulcolax - PRN d. Tums - one after each meal <p>3. Chart review revealed the two (2) most recent self-administration evaluation forms, dated 10/14/08 and 1/13/09, had been completed by CS [RN]. Neither evaluation had a resident's name documented on the form and no documentation of the medications being self-administered. Therefore, there was no way to determine whether or not resident #25 had actually been evaluated for his ability to safely self-administer these medications.</p> <p>64CSR14-9.1.c. Dietary Services</p> <p>When therapeutic or modified diets are provided by the residence, the licensee shall maintain on file a physician's order for each diet. The licensee shall prepare therapeutic or modified diets, as ordered by the physician, according to written instructions that includes types and amounts of food to be served, obtained from the resident's</p>	E 235	<p>Resident #25 and future residents who request to self-administer their medications will have a signed physician order and will be evaluated by the RN quarterly to assess safety and accuracy.</p> <p>Completion Date: April 8, 2009</p> <p>March 9-12, 2009</p> <p>Resident #36's doctor discontinued fluid restriction.</p> <p>The Dietary Manager, DON and/or Assistant DON will audit dietary documentation and physician ordered</p>	04/03/09

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	<p>physician or a dietitian. At no time shall a resident be offered less than one thousand four hundred (1,400) calories daily, unless specifically ordered by a physician. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on March 9-12, 2009, the administrator has failed to assure physician ordered therapeutic diets are provided and managed as required by this regulation.</p> <p>1. Review revealed one (1) applicable resident (#36) had a diagnosis of "Inappropriate Anti-diabetic Hormone" and had the following physician ordered diet: NCS/NAS - 1200 cc fluid restriction. Order dated 1/5/09 on the resident assessment form.</p> <p>2. During interview on Wednesday, March 11, 2009, DF [Aide] stated resident #36 marks the food choices and beverages that she wants for each meal on the daily individual menus provided. She stated meals come to the dining room in the tray warmer without drinks on the trays and the aides are required to prepare the drinks for the residents during the meal. She stated 120 cc juice glasses and 240 cc glasses and cups are used in the dining room.</p> <p>DF, [Aide] provided surveyors with resident #36's completed menu for Thursday, March 12, 2009. Two (2) juices and hot chocolate were selected for breakfast; skim milk and cranberry juice were selected for lunch; and skim milk was selected for dinner. DF stated resident #36 also uses milk on her cereal during breakfast and she gets</p>		<p>diets in resident records to ensure they are current and accurate.</p> <p>There will be a "Diet Type Report" in the dining room for serving staff. This will be a reference and communication tool for staff to utilize to determine what the physician ordered therapeutic diet is for current residents and future residents. There will also be production sheets available for staff that coincides with diets being served.</p> <p>When there is an addition, revision, or discharge, the Diet Type Report will be updated at that time by the Dietary Manager.</p> <p>Completion Date: April 3, 2009</p>	

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	<p>water from the nurses for her pills. She stated the resident has cups in her room and family members bring food items, etc., to the resident to keep in her personal refrigerator. The aide stated there would be no way to know whether or not the resident was compliant with the ordered fluid restriction while in her room.</p> <p>Review revealed the pre-printed menu for resident #36 had no fluid "amounts" documented to guide staff regarding how much of each beverage to provide to the resident during each meal.</p> <p>When questioned about available guidelines to assist staff in providing the correct amounts of fluids each day, DF [Aide] stated there was nothing written, the employees "just know" how much to give. She also stated the employees do not document the amount of fluid intake at any given meal or on any given day.</p> <p>3. During interview, BV [Dietary Manager] provided a written breakdown of the amounts of fluid resident #36 was to receive on a daily basis to maintain the 1200 cc restriction. This form was taken from a file drawer in the dietary manager's office and had the following amounts listed:</p> <p>a. Breakfast: 600 cc + 40 cc on the 7-3 shift for medications b. Lunch: 240 cc + 40 cc on the 3-11 shift for medications c. Dinner: 240 cc + 40 cc on the 11-7 shift for medications</p> <p>During interview, the dietary manager stated the dietary staff know the amount of fluid resident #36 was to receive each day. She confirmed</p>			

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	<p>there was no documentation by staff during meals or medication pass to identify exactly how much liquid the resident consumes.</p> <p>4. During interview, JD [Genesis Corporation resource nurse] provided surveyors with a corporate policy/procedure regarding fluid restrictions which included the requirement for staff documentation of liquid intake. JD agreed there would be no way to accurately determine the amount of fluid the resident receives without the required documentation.</p>			