| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 515187 | A. BUILDING _____ B. WING _____ | 01/14/2004 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PRINCETON HEALTH CARE CENTER | 315 COURTHOUSE RD. 315 COURT HOUSE ROAD |

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| F 152 SS=C | 483.10(a)(3)&(4) EXERCISE OF RIGHTS<br><br>In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.<br><br>In the case of a resident who has not been judged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.<br><br>Based on record review and staff interview, the facility failed to ensure that eleven (11) of twenty-two (22) sampled residents deemed incompetent, were determined in accordance with section 16-30-7 of the West Virginia Health Care Decisions Act (WVHCDA) . Facility census 110. Resident identifiers: #41, #83, #70, #102, #39, #12, #73, #79, #115, #85 and #4.<br><br>Findings include:<br><br>a) Residents #41, #83, #70, #102, #39, #12, #73, #79, #115, #85 and #4<br><br>The medical record of all eleven (11) resident listed above were reviewed between 9:00 a.m. and 5:00 p.m. on 01/06/03 and 01/07/03. All eleven (11) residents' medical records contained the same form used to establish the "determination of capacity" on the resident.<br><br>The determination of capacity statement was a component of an "annual evaluation" form which included: the medical diagnosis, lab results, old problems (current medical diagnosis of the resident), new problems (if any), physical exam, | F 152 | | 02/20/04 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/30/2004

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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| | problems with exam (if any), rehabilitation potential, and competency. The competency component of the form included the statement, "On the basis of my medical judgement, this resident appears able/unable the manage his/her affairs. The "able/unable" on all eleven (11) residents identified above was marked "unable". Residents #41, #83, #70, #102, #39, #12, #73, #79, #115, #85, and #4 did not have the cause, nature, and expected duration documented on the "annual evaluation" form.<br><br>It was determined that the facility was not in accordance with 16-30-7 of the WVHCDA, which states, the facility "(s)hall state the basis for the determination of incapacity, including the cause, nature and expected duration of the persons incapacity, if these are known."<br><br>The administrator, director of nursing, and social worker were interviewed at 10:00 a.m. on 01/08/03, and did not deny the competency evaluation was not in accordance with 16-30-7 of the WVHCDA.<br><br>The facility failed to ensure that the reasons for each resident's determination of capacity included the cause, nature and expected duration, if these are known. | | | |
| F 161 SS=C | 483.10(c)(7) PROTECTION OF RESIDENT FUNDS<br><br>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.<br><br>Based on a review of the facility's surety bond, it | F 161 | | 03/01/04 |

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| | was determined that the facility failed to assure that the bond was approved in accordance with state law. The surety bond is required to protect the residents' funds that are managed by the facility. This practice has the potential to affect all residents that have funds managed by the facility. Facility census 110.<br><br>Findings include:<br><br>a) The facility's surety bond was reviewed on 01/06/04. There was no evidence that the bond was approved by the state attorney general's (AG) office, as required by state law.<br><br>The administrator was questioned on 01/07/04 at 12:30 p.m., regarding the surety bond. He was unable to provide evidence that the bond had been approved by the AG's office and was being held by the state survey agency, as required.<br><br>The state survey agency was phoned on 01/07/04 at 1:00 p.m., and verified that this facility had not had a surety bond on file at this office since 1999. | | | |
| F 272 SS=D | 483.20(b) RESIDENT ASSESSMENT<br><br>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following:<br><br>Identification and demographic information;<br><br>Customary routine;<br><br>Cognitive patterns; | F 272 | PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO AN ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION. | 02/04/04 |

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| | Communication;<br><br>Vision;<br><br>Mood and behavior patterns;<br><br>Psychosocial well-being;<br><br>Physical functioning and structural problems;<br><br>Continence;<br><br>Disease diagnosis and health conditions;<br><br>Dental and nutritional status;<br><br>Skin conditions;<br><br>Activity pursuit;<br><br>Medications;<br><br>Special treatments and procedures;<br><br>Discharge potential;<br><br>Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and<br><br>Documentation of participation in assessment.<br><br>Based on observation, medical record review, and staff interviews, it was determined that the facility failed to properly assess the use of a Foley indwelling urinary catheter as required. The Foley catheter was present at the time of admission and when the assessment was completed on 11/08/03. The catheter was not assessed using the resident assessment | | | |

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instrument process and was still present at the time of the survey (01/05/04) without a physician's order. This was found to be true for one (1) of three (3) sampled residents with foley catheters present. Resident identifier: #57.

Findings include:

a) Resident #57

Resident #57 was observed during the initial tour on 01/05/04, and throughout the survey, and was noted to have an indwelling urinary catheter present. The resident had a diagnosis of chronic renal failure and recurrent urinary tract infections.

The medical record for Resident #57 was reviewed, and there was no physician's order found in the record for this resident, since the time of admission on 10/31/03, to have the indwelling catheter.

The minimum data set assessment (MDS) and the resident assessment protocol (RAP) for urinary incontinence and indwelling catheter were reviewed. The MDS, dated 11/08/03, provided information that the resident had an indwelling catheter, and it was indicated that an additional assessment would be completed for the area of urinary incontinence. The further assessment (RAP), dated 11/11/03, stated, "the resident has a foley catheter which she had at the time of admission. Attempting to get information concerning the reason. No diagnosis at this time. History of urinary tract infections will proceed with this trigger."

The care plan identified the care to be provided for the catheter, but the care plan did not indicate why the catheter was present. It was unable to

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| | be determined from the medical record if the physician had been consulted about the continued catheter use or of the possibility of removing the catheter. There was no evidence that information was obtained by the facility about the previous urinary function of the resident prior to her hospitalization.<br><br>The nurse was interviewed on 01/06/04 at 2:00 p.m., and she was unable to find a physician's order for the catheter. She did find a transfer form from the hospital, which accompanied the resident at the time of admission to the nursing facility.<br><br>The director of nursing was made aware of the situation regarding the catheter at 3:00 p.m. on 01/06/04. She was unable to provide evidence that the catheter had been ordered by the physician at this facility. She was also questioned about the assessment process of the catheter and was unable to find any documentation that the catheter for Resident #57 was further assessed, as stated in the "RAP". | | | |
| F 371 SS=E | 483.35(h)(2) DIETARY SERVICES<br><br>The facility must store, prepare, distribute, and serve food under sanitary conditions.<br><br>Based on observation and staff interview, the facility failed to ensure that food items stored in the stand-up commercial freezer were stored to protect them from freezer burn and labeled and dated as required. The commercial stand-up refrigerator and the walk-in refrigerator contained items stored in plastic wrap with no dated labels, and dates on half gallon condiment bottles were not sufficiently dated after being opened. Facility | F 371 | PLEASE SUBMIT CREDIBLE EVIDENCE IN ADDITION TO AN ACCEPTABLE PLAN OF CORRECTION FOR THIS CITATION. | 01/30/04 |

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census 110.

Findings include:

a) The initial kitchen observation was conducted at 2:00 p.m. on 01/05/03. A dietary staff person accompanied this surveyor at this time. A large commercial upright refrigerator unit was observed to have three (3) freezer doors and two (2) refrigerator doors. All units were side by side. The first freezer unit contained large commercial sized bags of frozen corn, zucchini, cauliflower and frozen peas. The bags were clear plastic but had no labels or dates on them. There was a bag of french toast sticks in a thin plastic bag (not of freezer quality) with the top loosely folded over. The bag was not secured with a clip or twist top closure. A small package of previously opened frozen pancakes was repackaged in a freezer quality plastic bag, but no label or date was present.

The second freezer unit contained a large bag of frozen fish fillets in a thin plastic bag (not of freezer quality) with the top folded over the contents. The fish fillets were observed to have frozen white edges indicative of freezer burn. The bag was not secured with a clip or twist top closure. Two (2) very large bags of unopened chicken livers were also on the shelf in clear freezer quality plastic, but there were no labels or dates on present on the product. Two (2) large packages of frozen pancakes were observed in this freezer, opened and repackaged on freezer quality plastic bags, but without labels or dates present.

One (1) of the two (2) refrigerator sections of the commercial unit contained a dinner plate with three (3) sandwiches covered with plastic wrap,

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| | but there was no dated label present. The dietary staff person did not deny the items some of the items were stored in a manner that might cause the fish and french toast to deteriorate in its quality and that dates and labels were not present.<br><br>The walk-in refrigerator was observed at 2:15 p.m. on 01/05/03, during the initial tour, and again at 4:00 p.m. on 01/07/03 with the dietary manger. The walk-in refrigerator contained open gallon bottles of condiments. The over one-half used bottle of ranch dressing was dated 12/26, but no year. The three-quarter used bottle of mayonnaise was date 9/5, but no year. The one-quarter used bottle of cole slaw mix was dated 11/21, but no year. A gallon sized bag of fresh cole slaw mix was on the shelf dated "use by 12/28/03." The food service manager was present with this surveyor at this time and did not deny the labels were not sufficiently completed and the fresh coleslaw mix was out of date.<br><br>The facility failed to ensure foods in the walk-in refrigerator, the commercial upright refrigerator, and freezer were stored to enhance and maintain their quality and labeled and dated as required to maintain knowledge of the shelf life. | | | |