DEPARTMENT OF VETERANS AFFAIRS
NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM

Omaha
4101 Woolworth Avenue
Omaha NE 68105-1873

Lincoln
600 S 70th Street
Lincoln NE 68510-2493

Grand Island
2201 N Broadwell Avenue
Grand Island NE 68803-2196

JUL - 2 2007

In Reply Refer To: 636

June 29, 2007

Ginada Hostetler, Interim Administrator
Grand Island State Veterans Home
2300 West Capital Ave
Grand Island, NE 68803

Dear Ms. Hostetler;

The Grand Island VAMC State Veterans Home Survey Team completed a 4-day survey of your facility on June 4-7, 2007. Overall, the team was very satisfied with the delivery of care, but did find some deficiencies in need of correction.

Consequently, I am rating your facility as Provisionally Certified until such time that these deficiencies are corrected. Please submit a written plan of corrective action within 10 working days of receipt of this letter. If you have any questions, please contact Kay Stofer, our survey team coordinator at (308) 382-3660, ext. 2340.

Al Washko
Director
NWIHCS

Peter P. Henry, CHE
Director VISN 23
Extended Care & Rehab Service Line

Department of Veterans Affairs	STATE HOME INSPECTION STANDARDS-DOMICILIARY	INITIAL SURVEY	RE-SURVEY	DATE SURVEYED June 4-7, 2007	REPORTS CONTROL

NAME OF FACILITY	STREET ADDRESS	CITY	COUNTRY	STATE	ZIP CODE
Grand Island State Veterans Home	2300 West Capital Ave	Grand Island	Hall	NE	68803

SURVEY BY *(VHA FIELD ACTIVITY OR JURISDICTION)*

SURVEYORS NAME/SIGNATURE AND CORRESPONDENCE SYMBOL

1. UNAL ALICI, Safety Engineer Unal Alici	6. Janelle Wormuth for Amy Thompson AMY THOMPSON, PharmD	11. Brenda Schmid RD LMNT BRENDA SCHMID, RD, LMNT
2. JANE COTE, RN Jane Cote, RN	7. Janelle Wormuth Pharm JANELLE WORMUTH, PharmD	12. Peggy Adrian RD/IC
3. Colleen Nielsen by Colleen Donovan RN COLLEEN NIELSEN, RN	8. Brenda Schmid RD LMNT for Lisa Graves. LISA GRAVES	**LEGEND**
4. Colleen Donovan RN COLLEEN DONOVAN, RN	9. KAY STOFER, LCSW Kay L. Stofer LCSW	S - Substantially Met P - Partially Met N - Not Met NA - Not Applicable
5. Pat Powles by Kay L Stofer LCSW PAT POWLE, RHIA	10. William T Foster by Kay L Stofer WILLIAM T. FOSTER, Auditor	

C. STANDARDS FOR DOMICILIARY CARE	CHOOSE ONE	EXPLANATORY STATEMENTS
1. Governance and Administration: The facility is governed and managed effectively.		
(A) The facility has a governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility.	(S) Substanially Met S P N NA	
(B) Written administrative policies, procedures, and controls are established, implemented and reviewed at least annually to promote the orderly and efficient management of the facility,	(N) Not Met S P N NA	Per VA interpretive guidelines (See VA suggested initial list of policies section K), Dietitian surveyor requested policy manaual for Food Service and a manual was presented. " Staff Member #8 " gave the Dietitian surveyor the Food Service Manual which is not specific to current method of food service or specific to this facility, i.e. no policies for 3 compartment sink dishwashing method, no policy for meal times, monitoring of refrigerator temps, outdates of food items or policy specifying nutrition consult completion, etc. These issues in particular were found to be problem areas observed in the survey.

(C) There are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.	(S) Substanially Met S P N NA	
(D) Written personnel policies and procedures are established and implemented to facilitate sound patient care and personnel policies.	(S) Substanially Met S P N NA	
(E) The facility has an ongoing staff development program including orientation of new employees and in-service education related to the needs and care of domiciliary patients.	(S) Substanially Met S P N NA	
(F) There is evidence of input from all services to management by regular meetings and systematic review of the domiciliary program.	(S) Substanially Met S P N NA	

2. Safety: The facility shall be structurally safe and maintained to protect the health and safety of patients, personnel and visitors.

(A) The facility has a current State Fire Marshall's certificate or documented evidence of compliance with life safety codes.	(S) Substanially Met S P N NA	
(B) The facility has a current report by a qualified VA Life Safety engineer or specialist that the facility is in compliance with the provisions of the Life Safety Code currently in force, applicable to domiciliaries.	(S) Substanially Met S P N NA	
(C) There is evidence that reported life safety deficiencies have been or are being corrected.	(S) Substanially Met S P N NA	

(D) The facility has available an emergency service of electrical power to provide essential service when the normal electrical supply is interrupted.	(S) Substanially Met S P N NA	
(E) The buildings are accessible to and safe for persons with handicaps.	(S) Substanially Met S P N NA	
(F) The facility has a program for prevention and control of infection.	(S) Substanially Met S P N NA	
(G) Linens are handled, stored, processed, and transported in such a manner as to maintain a clean environment and prevent infection.	(S) Substanially Met S P N NA	
(H) The facility has an ongoing program of integrated pest management.	(S) Substanially Met S P N NA	
(I) Cleaning agents, maintenance supplies and pesticides are stored under safe and sanitary conditions.	(S) Substanially Met S P N NA	

3. Physical Environment: The facility provides a functional, aesthetically pleasing, sanitary, and comfortable environment for patients, personnel, and visitors.

(A) The facility employs a supervisor of sanitation and sufficiently trained personnel to maintain a safe, clean, and orderly environment.	(S) Substanially Met S P N NA	

(B) The buildings are maintained in a clean, attractive, and comfortable manner.	(P) Partially Met S P N NA	- Dust found in high places throughout the building. - Cracked vinyl furniture. - Mold in congregate bathrooms.
(C) Acceptable practices are employed for maintenance and repair of equipment, buildings, and grounds.	(S) Substanially Met S P N NA	

4. Medical Care: There is a comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients.

(A) The facility ensures the provision of professional medical services for the patients.	(S) Substanially Met S P N NA	
(B) Each patient has primary physician responsible for the patient's medical care.	(S) Substanially Met S P N NA	
(C) Patients are classified according to domiciliary care required.	(S) Substanially Met S P N NA	
(D) A patient treatment plan is established and maintained for each domiciliary patient.	(N) Not Met S P N NA	- Member #21 has numerous issues with pain related to Seroma. His pain was identified in the medical record on 4-19-07. It is documented that at times he has pain 10 out of 10. There is no care plan related to managing his pain. - Member #23 has had a pain assessment and is on pain medications; however, has no pain care plan.
(E) Primary care medical services are provided for domiciliary patients as needed.	(S) Substanially Met S P N NA	

(F) Each patient has a complete medical re-evaluation annually and as needed.	(S) Substanially Met S P N NA	
(G) There is provision made for preventive and maintenance dental and other health services.	(S) Substanially Met S P N NA	
(H) Transportation is available for patients needing medical, dental and other health services.	(S) Substanially Met S P N NA	
(I) Domiciliary patients are admitted to an infirmary when necessary.	Click to Choose Rating S P N NA	
(J) There is a written agreement with one or more hospitals to accept a patient requiring hospitalization.	(S) Substanially Met S P N NA	
(K) Domiciliary patients are admitted to nursing home care or hospital care if medically necessary.	(S) Substanially Met S P N NA	

5. Nursing Care: The facility maintains an organized nursing service with nursing personnel qualified to meet the nursing care needs of the domiciliary patient.

(A) A full-time qualified registered nurse is responsible for the nursing services provided the patients.	(S) Substanially Met S P N NA	

(B) Primary care nursing services are provided for domiciliary patients.	(S) Substanially Met S P N NA	
(C) Nursing services rendered are documented in the patient's medical record.	(S) Substanially Met S P N NA	
(D) Nursing service participates in the establishment and maintenance of a treatment plan for each domiciliary patient.	(S) Substanially Met S P N NA	
(E) The facility provides for 24-hour nursing services as required to meet the nursing care needs of the domiciliary patients.	(S) Substanially Met S P N NA	

6. Rehabilitation: Rehabilitation services are provided as needed to improve and maintain maximum functioning of each domiciliary patient.

(A) The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patients.	(S) Substanially Met S P N NA	
(B) Rehabilitation services are provided under a written plan of care for each patient.	(S) Substanially Met S P N NA	
(C) Specialized rehabilitation therapy rendered, progress notes, and evaluation of the treatment plan are recorded in the patient's medical record.	(S) Substanially Met S P N NA	

7. Social Services: The facility provides professional social work services to identify and meet the social and emotional needs of patients.

(A) A qualified social worker is on staff or the facility has a written agreement with a qualified social worker or recognized social agency for consultation on a regularly scheduled basis.	(S) Substanially Met S P N NA	
(B) A written psychosocial assessment is maintained in each patient's medical record.	(S) Substanially Met S P N NA	
(C) Results of social services rendered are documented in the patient's medical record.	(S) Substanially Met S P N NA	
(D) The facility has an organized procedure for discharge and transfers.	(S) Substanially Met S P N NA	

8. Dietetics: The facility provides a dietetic service that meets the daily nutritional needs of patients and ensures that special dietary needs are met.

(A) The dietetic service is under the direction of a qualified dietitian or a full-time dietetic service supervisor with consultation from a qualified dietitian.	(S) Substanially Met S P N NA	
(B) Menus, to the extent medically possible, are planned in accordance with the Recommended Dietary Allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	(S) Substanially Met S P N NA	
(C) Special diets are available as needed	(S) Substanially Met S P N NA	

(D) At least three or more regular meals are served daily, with not more than a 14-hour span between substantial evening meal and breakfast.	(S) Substanially Met S P N NA	
(E) Dietetic service personnel practice safe and sanitary food handling techniques.	(N) Not Met S P N NA	- Failed to properly clean equipment using "3 sink method" of washing pots, pans, and utensils to destroy potential disease carrying organisms. Sanitizing sink was tested on 6/5/07 and found to be below the proper pH for sanitation according to manufacturer's directions (Economics Lab). When weekly monitoring records were reviewed it was found that weekly monitoring was below proper pH for the month prior to survey without action taken. This had the potential to adversely affect all residents in the facility. - Failed to store food under sanitary conditions evidenced by the following: 2 coolers in the Liberty dining room were noted to have no method in place for monitoring proper temperatures as evidenced by the form provided to the surveyor on 6/7/07 for documenting temperatures of coolers. Did not include the Liberty dining room coolers. 1 of 2 coolers in the Liberty dining room on 6/5/07 had no thermometer. - A storage bin of fresh ground coffee had a cup inside the bin which staff used for measurement and could potentially contaminate the ground coffee product. This was observed on 6/5/07, 6/6/07 and 6/7/07.
(F) Dining areas are large enough to accommodate all domiciliary patients.	(S) Substanially Met S P N NA	
(G) The nutritional status of each patient is monitored on a regular basis.	(S) Substanially Met S P N NA	

9. Patient Activities: An activities program is available to the domiciliary patients and designed to enhance each patient's sense of physical, psychosocial, and spiritual well being.

(A) A member of the facility's staff is designated as responsible for the patient activities program.	(S) Substanially Met S P N NA	

B) Space, equipment, and supplies for the activities program are adequate for individual and/or group activities.	(S) Substanially Met S P N NA	
(C) There are regularly scheduled activities during weekdays, evenings and weekends.	(S) Substanially Met S P N NA	
(D) Each patient's activity plan is a part of the overall treatment plan.	(S) Substanially Met S P N NA	
(E) Religious services and spiritual activities are provided for patients.	(S) Substanially Met S P N NA	
(F) Domiciliary patients are encouraged to participate in supervised community activities.	(S) Substanially Met S P N NA	

10. Pharmacy: Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements.

(A) A registered pharmacist is responsible for pharmacy services.	(S) Substanially Met S P N NA	
(B) A program is established for the safe procurement, control, and distribution of drugs.	(S) Substanially Met S P N NA	

(C) There is controlled access to all drugs and substances used for treatment.	(S) Substanially Met S P N NA	
(D) Patients on self-medication are instructed by qualified personnel on the proper use of drugs.	(N) Not Met S P N NA	The facility currently has two conflicting policies pertaining to the follow-up documentation of compliance for those members enrolled in the self-medication program. The older policy states that nursing will document compliance on the back of the MAR, while the newer policy states that pharmacy will notifiy the clinical director via e-mail of any concerns with self-administration compliance. According to the Nurses' meeting agenda for March 29, 2007, the nurses were educated on the new policy and in 3 of 3 charts checked had stopped documenting compliance on the back of the MAR. Pharmacy staff had little knowledge of this new policy when questioned, and had no documentation for compliance or non-compliance for the members in the self-medication program.
(E) Provision is made for qualified nursing personnel to administer medication to patients who are not in a self-medication program.	(S) Substanially Met S P N NA	
(F) There is an established system for monitoring the outcome of drug therapy or treatment.	(S) Substanially Met S P N NA	

11. Medical Records: The patient's health status is documented regularly in the medical record in accordance with the treatment plan.

(A) Medical records are completely legible and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	(S) Substanially Met S P N NA	
(B) The facility safeguards medical record information against loss, destruction, or unauthorized use.	(S) Substanially Met S P N NA	

(C) The medical record contains sufficient information to clearly identify the patient.	(S) Substanially Met S P N NA	

12. Quality Assistance: The facility has an active quality assurance program in the domiciliary to ensure effective utilization and delivery of patient care services.

(A) A member of the facility's staff or facility committee is designated as responsible for coordinating the quality assurance program.	(S) Substanially Met S P N NA	
(B) The quality assurance program encompasses reviews of all services and programs provided for the domiciliary patients.	(S) Substanially Met S P N NA	
(C) The quality assurance program encompasses ongoing utilization review.	(S) Substanially Met S P N NA	
(D) The quality assurance program is revaluated at least annually.	(S) Substanially Met S P N NA	

13. Quality of Life: The domiciliary level of care fosters a quality of life conductive to self esteem, security, and personal growth.

(A) Patients are treated with respect and dignity.	(S) Substanially Met S P N NA	
(B) There is input to the domiciliary program through a patient advisory council.	(S) Substanially Met S P N NA	

(C) A home like environment is provided.	(S) Substanially Met S P N NA	
(D) The facility has written policies and procedures concerning the rights and responsibilities of the domiciliary patient.	(S) Substanially Met S P N NA	
(E) Patients are oriented to the policies and procedures of the domiciliary on admission.	(S) Substanially Met S P N NA	
(F) Patients may manage personal financial affairs or are given an accounting as required by state law, of financial transactions made on their behalf.	(S) Substanially Met S P N NA	The facility admission policy for Assisted Living did not include the right to manage member personal funds. The policy was amended on June 7, 2007, to include this right.

Department of Veterans Affairs	STATE HOME INSPECTION (Standards - Nursing Home Care)		
INITIAL SURVEY	RE-SURVEY	DATE SURVEYED June 4 - 7, 2007	*REPORTS CONTROL NUMBER EXEMPT*

NAME OF FACILITY *Street Address, City, County, State, Zip Code*

Grand Island State Veterans Home 2300 West Capital Ave Grand Island Hall NE 68803

SURVEYED BY *(VHA Field Activity of Jurisdiction)*

SURVEYORS NAME AND CORRESPONDENCE SYMBOL

1. UNAL ALICI, Safety Engineer	6. AMY THOMPSON, PharmD	11. BRENDA SCHMID, RD, LMNT
2. JANE COTE, RN	7. JANELLE WORMUTH, PharmD	12. Peggy Ondrack RN IC
3. COLLEEN NIELSEN, RN	8. LISA GRAVES	LEGEND: M=Met; P=Provisional Met; N=Not Met; NA=Not Applicable
4. COLLEEN DONOVAN, RN	9. KAY STOFER, LCSW	
5. PAT POWLE, RHIA	10. WILLIAM T. FOSTER, Auditor	

STANDARDS FOR NURSING HOME CARE	CHOOSE ONE	EXPLANATORY STATEMENTS
§ 51.210 Administration A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident. a. Governing body: 1. The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and 2. The governing body or State official with oversight for the facility appoints the administrator who is: i. Licensed by the State where licensing is required; and ii. Responsible for operations and management of the facility.	(N) Not Met M P N NA	Per VA Interpretive Guidelines (See VA suggested initial list of policies section K), Dietitian surveyor requested policy manual for Food Service and a manual was presented. " Staff Member #8 " gave the Dietitian surveyor the Food Service Manual which is not specific to current method of food service or specific to this facility, i.e. no policies for 3 compartment sink dishwashing method, no policy for meal times, monitoring of refrigerator temps, outdates of food items or policy specifying nutrition consult completion etc. These issues in particular were found to be problem areas observed in the survey. Duane Hodge, Interim Administrator, license # 879

b. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change: 1. The State agency and individual responsible for oversight of a State home facility. 2. The State home administrator; 3. The State employee responsible for oversight of the State home facility if a contractor operates the State home.	(M) MET M P N NA	
C 7. Annual State Fire Marshall's report.	(M) MET M P N NA	
c. State official must sign four certificates 8. Annual certification from the responsible State agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A set forth at § 51.224); 9. Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51.225); 10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226); 11. Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 27-10-0144A located at § 51.227);	(M) MET M P N NA (M) MET M P N NA (M) MET M P N NA (M) MET M P N NA	
d. Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veterans residents must be spouses of veterans or parents all of whose children died while serving in the armed forces of the Untied States.	(M) MET M P N NA	

e. Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.	(N/A) Not Applicable M P N NA	
f. Licensure. The facility and facility management must comply with applicable State and local licensure laws.	(M) MET M P N NA	
g. Staffing qualifications: 1. The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements 2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	(M) MET M P N NA	
h. Use of Outside Resources: 1. If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h) (2) of this section. 2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for: i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and ii. The timeliness of the service.	(M) MET M P N NA	
i. Medical Director: 1. The facility management must designate a primary care physician to serve as medical director. 2. The medical director is responsible for: i. Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services;	(M) MET M P N NA	

ii. Directing and coordinating medical care in the facility; iii. Helping to arrange for continuous physician coverage to handle medial emergencies; iv. Reviewing the credentialing and privileging process; v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and vi. Monitoring employees' health status and advising the administrator on employee health policies.	Refer to rating above	
j. Credentialing and privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologist, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance. 1. The facility management must uniformly apply Credentialing criteria to licensed independent practitioners applying to provide resident care or treatment under the facility's care. 2. The facility management must verify and uniformly apply the following core criteria: Current licensures; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide. 3. The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credential's file must indicate that these criteria are uniformly and individually applied. 4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. 5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.	(P) Provisional Met M P N NA	Does not have current competence and statement that individual is able to perform the services. No process to systematically assess whether inidividual with clinical privileges act within the scope of privileges granted.

6. The facility management systemically must asses whether individuals with clinical privileges act within the scope of privileges granted.	Refer to rating above	
k. Required training of nursing aides. 1. Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay. 2. The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: i. That individual is competent to provide nursing and nursing related services; and. ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State.	(M) MET M P N NA	
3. Registry verification. Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. 4. Multi-State registry verification. Before allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.	(P) Provisional Met M P N NA	Three nursing assistants did not have all registries checked. One aide had documents in her personnel file indicating she had a felony. These reports had the employee's name (which was a family common name) but had no social security number or birth date. HR staff stated that this report came up in search, but they did not think it was this aide due to 1) common name, and 2) address was not the same. The background checks were not investigated to ensure the person is eligible for employment. This person was hired and is currently working.

5. Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. 6. Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must: i. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; ii. Address areas of weakness as determined in nurse aide's performance reviews and may address the special needs of residents as determined by the facility staff; and iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.	(M) MET M P N NA	
l. Proficiency of nurse aides. The facility management must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	(M) MET M P N NA	
m. Level B Requirement Laboratory services. 1. The facility management must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services: i. If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services. ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes and regulations. iii. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory	(M) MET M P N NA	

must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations. iv. The laboratory performing the testing must have a current, valid CLIA number (Clinical Laboratory Improvement Amendments of 1988). The facility management must provide VA surveyors with the CLIA number and a copy of the results of the last CLIA inspection. v. Such services must be available to the resident seven days a week, 24 hours a day. 2. The facility management must: i. Provide or obtain laboratory services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.	See rating above Provide CLIA#/Report	CLIA # 28D0047791, Inspection date 3-14-07
n. Radiology and other diagnostic services. 1. The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. i. If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations. ii. If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations. iii. Radiologic and other diagnostic services must be available 24 hours a day, seven days a week. 2. The facility management must: i. Provide or obtain radiology and other diagnostic services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation	(M) MET M P N NA	

arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services.	See rating above	
o. Clinical Records. 1. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are: i. Complete; ii. Accurately documented; iii. Readily accessible; and iv. Systematically organized.	(N) Not Met M P N NA	- Member #11 has an allergy to Polysporin, but Pharmacy was not notified to place this on the MAR. Also, it was not noted on the alert sheet or in the chart. - Member #19 had an order from 3-19-07 for a Dietician consult, but it did not transpire. - Member #28, on 5-16-07 had an order that was received for a PICC line dressing. This particular order did not get transcribed on the June flowsheet, resulting in several dressing changes being omitted. - Member #29 post fall assessment was done from a fall on 4-9-07 that was not signed or dated by staff. - Member # 26 orders for weekly BP and P not documented on 6-4 and in April for 3 wks had initials but no documentation in Nurses Notes or flowsheets of actual vital signs taken. No weekly BP or P on the MAR for the enitre month of May. - Member # 29 fell. Staff member #7& surveyor observed post fall staff actions. Staff member #7 asked if the member was hurt, but did not ask if he hit his head. Policy states "must ask if member hit head". - Not following facility policy on re-weights: if greater then 3lbs the member has not been reweighed. This was noted throughout 2nd and 3rd communities. - Member #35 discharged not listed on chart alert NKA. - Member #3 started on Hospice on 5-3-07. A DNR order was written by the attending MD on 5-2-07 and again on 5-3-07. The DPOA, wife and daughter met with Hospice on 5-3-07 and a decision was made to change to DNR. Social worker on a subsequent date mailed an NVH form to the family for signature so that code status could be changed. Upon receiving this form back in the mail the social worker sent the chart to the attending on 5-31-07 to " write a DNR order" so that the form on the front of the chart could be changed. In addition, there is a patient roster with the AED equipment indicating code status of all members. Member #3 was listed on this roser as a full code, and had been changed to DNR on 5-2-07.
2. Clinical records must be retained for: i. The period of time required by State law; or ii. Five years from the date of discharge when there is no requirement in the State law.	(M) MET M P N NA	
3. The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	(M) MET M P N NA	

4. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by: i. Transfer to another health care institution; ii. Law; iii. Third party payment contract; or iv. The resident.	(M) MET M P N NA	
5. The Clinical record must contain: i. Sufficient information to identify the residents; ii. A record of the resident's assessments; iii. The plan of care and services provided; iv. The results of any pre-admission screening conducted by the State; and v. Progress notes.	(M) MET M P N NA	
p. Quality assessment and assurance. 1. Facility management must maintain a quality assessment and assurance committee consisting of: i. The director of nursing services; ii. A primary physician designated by the facility; and iii. At least three other members of the facility's staff.	(M) MET M P N NA	
2. The quality assessment and assurance committee: i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and ii. Develops and implements appropriate plans of action to correct identified quality deficiencies; and	(M) MET M P N NA	
3. Identified quality deficiencies are corrected within an established time period.	(M) MET M P N NA	
q. Disaster and emergency preparedness. 1. The facility management must have detailed written plans and procedures to meet all potential emergencies and	(P) Provisional Met	Contingency plans need to be in place in case of a Pandemic Flu outbreak. Department specific plans for emergenices are needed.

disasters, such as fire, severe weather, and missing residents.	M P N NA	
2. The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.	(M) MET M P N NA	
r. Transfer agreement. 1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that: i. Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and ii. Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions. 2. The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility to make transfer feasible	(M) MET M P N NA	
s. Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.	(M) MET M P N NA	
§ 51.40 Monthly Payment. a. 1. VA will pay per diem monthly for nursing home care provided to an eligible veteran in a facility recognized as a State home for nursing home care. During Fiscal Year 2000, VA will pay the lesser of the following: i. one-half of the costs of the care for each day the veteran is in the facility, or ii. $50.55 for each day the veteran is in the facility.	(M) MET Refer to VA Fiscal Audit Report M P N NA	Per diem cost determined from a review of State Home Cost Accounting records for calendar year 2006: Dom - $190.44 compared to $29.31 for the current per diem payment Nursing - $251.17 compared to $63.40 for the current per diem payment

2. Per diem will be paid only for the days that the veteran is a resident at the facility. For purposes of paying per diem, VA will consider a veteran to be a resident at the facility during each full day that the veteran is receiving care at the facility. VA will not deem the veteran to be a resident at the facility if the veteran is receiving care outside the State home facility at VA expense. Otherwise, VA will deem the veteran to be a Resident at the facility during any absence from the facility that last no more than 96 consecutive hours. This absence will be considered to have ended when the veteran returns as a resident if the veteran's stay is for at least a continuous 24-hour period.	(M) MET M P N NA	A review of member eligibility for per diem payment during calendar year 2006 found one instance of non compliance with this standard. Member #23 went on pass on 6/23/2006 and returned on 6/26/2006. This member then went on pass at 7:30a.m. on 6/27/2006 for two more days before returning to the home on 6/29/2006. Since the member did not reestablish residence at the home for a continuous 24-hour period on 6/26, the whole period from 6/23/2006 to 6/28/2006 becomes not eligible for per diem based on exceeding the maximum period of 96 hours for payment of per diem. The state home has taken steps to decrease their June 2007 billing to the VA by $175.86, the value of the overbilling to VA for this episode of care.
b. Total per diem costs for an eligible veteran's nursing home care consist of those direct and indirect costs attributable to nursing home care at the facility divided by the total number of patients (veterans + non-veterans) at the nursing home. Note: Fiscal audit should review and validate the total per diem cost report on VA Form 10-5588 in column 14L.	(M) MET M P N NA	The home's per diem cost calculation was validated as including all bed days of care provided for veterans and non veterans. Monthly billing to the VA on VA Form 10-5588 was verified and found in agreement with the home's records of bed days of care provided. The accuracy of the billing was also verified.
§ 51.70 Resident Rights The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights: a. Exercise of rights. 1. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. 2. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights. 3. The resident has the right to freedom from chemical or physical restraint. 4. In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. In the case of a resident who has not been determined 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.	(M) MET M P N NA	

b. Notice of rights and services. 1. The facility management must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and periodically during the resident's stay. 2. The resident or his or her legal representative has the right: i. Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and ii. After receipt of his or her records for review, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management. 3. The resident has the right to be fully informed in language that he or she can understand of his or her total health status; 4. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (b)(7) of this section; and 5. The facility management must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services to be billed to the resident. 6. The facility management must furnish a written description of legal rights which includes: i. A description of the manner of protecting personal funds, under paragraph (c) of this section; ii. A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.	(P) Provisional Met M P N NA	Per the members interviewed, 2 out of 10 indicated that the Resident Rights documentation was posted on each unit in a position inaccessible to most members. In the observation, surveyors consistently found on the units the notice of Resident Rights to be located high up on the bulletin boards, which was inaccessible to most of the members along with it in very small print.

7. The facility management must have written policies and procedures regarding advance directives (e.g., living wills). These requirements include provisions to inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. 8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.	See rating above	
9. Notification of changes: i. Facility management must immediately inform the resident; consult with the primary physician; and if known, notify the resident's legal representative or an interested family member when there is: A. An accident involving the resident which results in injury and has the potential for requiring physician intervention; B. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); C. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); D. A decision to transfer or discharge the resident from the facility as specified in § 51.80(a) of this part. ii. The facility management must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is:	(N) Not Met M P N NA	- Member #29 - Family was not notified of fall on 6-6-07 per available documentation. - Member #14 - Fall on 5-28-07 was not noted in the member chart that the family was notifed of the fall. Following further investigation it was noted that the family had been notified, and it was documented on the incident report. - Member # 12 - Received new roommate on 05-19-07 and again on 05-25-07. Other than documentation that member was having difficulty with roommates, there was no documentation indicating that an attempt was made to resolve difficulty, preparation for move, the move itself, or follow-up as to adjustment. There was no indication or documentation that interested family had been informed. - Per Social Work notes on 04-18-07 attorney called Staff member #9, indicating member #42's "POA-HC is incapable of being POA for HC and/or 1st emergency contact." As of 06-06-07 face sheet had not been changed. There was no additional documentation that this had been addressed. - There was a change in the policy of the dietary department regarding veterans being allowed to remove food from the dining room to not being allowed to do so. There was no notification to members and/or interested family members prior to this change. There have been several voiced complaints with no follow up.

A. A change in room or roommate assignment as specified in § 51.100 (f)(2); or B. A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. iii. The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.	See Above Rating	
c. Protection of resident funds. 1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility. 2. Management of personal funds. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section.	(M) MET M P N NA	
3. Deposit of funds. i. Funds in excess of $100. The facility management must deposit any resident's personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) ii. Funds less than $100. The facility management must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.	(M) MET M P N NA	The facility maintains all member deposit funds in interest bearing accounts, regardless of amount. Interest is credited monthly based on each member's pro-rata share of the principal balance. One exception to that would be if at any time during a month a member's balance fell to zero, no interest would accrue to that account for that month.
4. Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. i. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.	(M) MET M P N NA	The Home establised a separate account exclusively for member deposits. Monthly statements are sent to each member with funds on deposit.

ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.		
5. Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.	(M) MET M P N NA	Two estates were sampled during the period and found in compliance with this standard (Residents #33 and #34).
6. Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.	(M) MET M P N NA	The State of Nebraska self insures for certain types of liability. They purchase liability insurance for all remaining risks.
d. Free Choice. The resident has the right to: 1. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and 2. Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.	(M) MET M P N NA	
e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. 2. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; 3. The resident's right to refuse release of personal and clinical records does not apply when: i. The resident is transferred to another health care institution; or ii. Record release is required by law.	(N) Not Met M P N NA	The doors in the Administration building to the communal bathrooms were left open. The men's restroom in the main entrance hallway does not allow for complete privacy. 2nd and 3rd Communities wound documentation books exhibited pictures of members who were not adequately draped prior to the pictures being taken of the wound.

f. Grievances. A resident has the right to: 1. Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and 2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	(M) MET M P N NA	
g. Examination of survey results. A resident has the right to: 1. Examine the results of the most recent VA survey with respect to the facility. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and 2. Receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies.	(P) Provisional Met M P N NA	Signage for contacting advocates posted in location (high right-hand corner of unit bulletin boards) inaccessible to be read by most individuals.
h. Work. The resident has the right to: 1. Refuse to perform services for the facility; 2. Perform services for the facility, if he or she chooses, when: i. The facility has documented the need or desire for work in the plan of care; ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid; iii. Compensation for paid services is at or above prevailing rates; and iv. The resident agrees to the work arrangement described in the plan of care.	(M) MET M P N NA	
i. Mail. The resident has the right to privacy in written communications, including the right to: 1. Send and promptly receive mail that is unopened; and 2. Have access to stationary, postage, and writing implements at the resident's own expense.	(M) MET M P N NA	

j. Access and visitation rights. 1. The resident has the right and the facility management must provide immediate access to any resident by the following: i. Any representative of the Under Secretary for Health; ii. Any representative of the State; iii. Physicians of the resident's choice; iv. The State long-term care ombudsman; v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time. 2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. 3. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.	(M) MET M P N NA	
k. Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	(M) MET M P N NA	
l. Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.	(M) MET M P N NA	
m. Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.	(M) MET M P N NA	

n. Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defines by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe.	(M) MET M P N NA	
§ 51.80 Admission, transfer and discharge rights. a. Transfer and discharge: 1. Definition. Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same facility. 2. Transfer and discharge requirements. The facility management must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: i. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home; ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; iii. The safety of individuals in the facility is endangered; iv. The health of individuals in the facility would otherwise be endangered; v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or vi. The nursing home ceases to operate.	(M) MET M P N NA	
3. Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (a)(2)(vi) of this section, the primary physician must document in the resident's clinical record.	(M) MET M P N NA	
4. Notice before transfer. Before a facility transfers or discharges a resident, the facility must: i. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.	(M) MET M P N NA	

ii. Record the reasons in the resident's clinical record; and iii. Include in the notice the items described in paragraph (a)(6) of this section.	See rating above	
5. Timing of the notice. i. The notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged, except when specified in paragraph (a)(5)(ii) of this section; ii. Notice may be made as soon as practicable before transfer or discharge when: A. The safety of individuals in the facility would be endangered; B. The health of individuals in the facility would be otherwise endangered; C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home; D. The resident's needs cannot be met in the nursing home.	(M) MET M P N NA	
6. Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following: i. The reason for transfer or discharge; ii. The effective date of transfer or discharge; iii. The location to which the resident is transferred or discharged; iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and v. The name, address and telephone number of the State long term care ombudsman.	(M) MET M P N NA	
7. Orientation for transfer or discharge. A facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.	(M) MET M P N NA	

b. Notice of bed-hold policy and readmission. 1. Notice before transfer. Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility management must provide written information to the resident and a family member or legal representative that specifies: i. The duration of the facility's bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; and ii. The facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section permitting a resident to return. 2. Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. 3. Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room. If the resident requires the services provided by the facility.	(M) MET M P N NA	
c. Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.	(M) MET M P N NA	
d. Admissions policy. The facility management must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract to pay the facility from the resident's income or resources.	(M) MET M P N NA	

§ 51.90 Resident behavior and facility practices. a. Restraints. 1. The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. i. Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. ii. Physical restraint is any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. Bed rails and vest restraints are examples of physical restraints. 2. The facility management uses a system to achieve a restraint-free environment. 3. The facility management collects data about the use of restraints. 4. When alternatives to the use of restraint are ineffective, restraint is safely and appropriately used.	(M) MET M P N NA	
b. Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion. 1. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation. 2. Physical abuse includes hitting, slapping, pinching or kicking. Also includes controlling behavior through corporal punishment. 3. Sexual abuse includes sexual harassment, sexual coercion, and sexual assault. 4. Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include	(M) MET M P N NA	

placing the individual in unsafe or unsupervised conditions. 5. Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.	See rating above	
c. Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The facility management must: i. Not employ individuals who: A. Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or B. Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and ii. Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. 2. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures. 3. The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 4. The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.	(M) MET M P N NA	

§ 51.100 Quality of Life. A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. a. Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. b. Self-determination and participation. The resident has the right to: 1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care; 2. Interact with members of the community both inside and outside the facility; and 3. Make choices about aspects of his or her life in the facility that are significant to the resident.	(P) Provisional Met M P N NA	Member #42 informed by letter that he was not allowed his preference of a bath over a shower.
c. Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.	(M) MET M P N NA	
d. Participation in resident and family groups. 1. A resident has the right to organize and participate in resident groups in the facility; 2. A resident's family has the right to meet in the facility with the families of other residents in the facility; 3. The facility management must provide the council and any resident or family group that exists with private space; 4. Staff or visitors may attend meetings at the group's invitation;	(M) MET M P N NA	

5. The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; 6. The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility.	See rating above	
e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religious counseling by clergy of various faith groups.	(M) MET M P N NA	
f. Accommodation of needs. A resident has the right to: 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and 2. Receive notice before the resident's room or roommate in the facility is changed.	(N) Not Met M P N NA	Member #12 received a new roommate on 05-19-07 and again on 05-25-07. Other than documentation that member was having difficulty with roommates, there was no documentation indicating attempt to resolve difficulty, preparation for move, move himself, or follow-up as to adjustment. There was no indication or documentation that interested family had been informed.
g. Patient activities. 1. The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	(M) MET M P N NA	
2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: - Is licensed or registered, if applicable, by the State in which practicing; and - Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body.	(M) MET M P N NA	

h. Social Services. 1. The facility management must provide medically related social services to attain or maintain the highest practicable mental and psychosocial well being of each resident;	(N) Not Met M P N NA	This was not met as evidenced by identified psychosocial issues not followed up by Social Work. - Member #38 - Closed record. Member died 02-19-07, admitted on Hospice 01-17-07. Last Social Work note 02-15-07 regarding care plan meeting "appears to be doing well." No interventions, follow-up regarding end of life family needs, etc. - Member #12 - An order 05-18-07 for social work consult regarding need for individual counseling. Social work note on 05-25-07 for member states that he has a new roommate, but no mention of consult results. In discussion with the Social Work Director on 06-04-07 stated that he had done an assessment on this member and determined him not suitable for counseling due to his cognitivie impairment. When asked where the documentation regarding the assessment was located, he stated he had not yet done the documentation. An MMSE was done on 06-05-07 with a 29/30 score. This member was admitted on 01-11-07 and his H & P indicates pervasive depression with helplessness/hopelessness. He was having some behaviors and sexual comments. In visiting with this veteran, this surveyor learned that the member's wife had died a few months before his admission to GISVH, he had left the home they had built, and was dealing with the need for skilled care. None of these issues were addressed on the care plan and/or in social service documentation. It was also learned from the veteran that there had been roommate issues with two previous roommates but that he and the current roommate are compatible. He has some affairs to get in order prior to dying and he has some spirituality issues. Again, not addressed in care plan or social service documentation. - Member #20 left the building on 05-06-07 in an elopement type behavior; however, a staff member accompanied him out the door and stayed with him until he agreed to return. Prior to his leaving the building, it was documented 3 times that he was making comments to the effect "when are you going to kill me." The cause of these comments were attributed to constipation rather than a psychosocial issue. In talking with staff, veteran's goals were to see his son 's car race, sense of urgency to get things done, convinced he will go to hell, and scared of dying. None of these issues were addressed on his care plan or in any documentation that they had been addressed. While this member was out of the building at 7:50 a.m. the nurse practitioner was called and she stated to offer Zyprexa as ordered PRN when member returns. At 8:30 a.m. after returning agreeably and resting in recliner member was given Lorazapam (was his PRN med). At 11:40 a.m. this veteran was 1-1d for toileting to decrease anxiety. At 1:30 p.m. his son came and the member told him that his only friend at GISVH had died last week and he had been on his mind. Again there is no other mention of this and no follow-up by Social Work. Although nurses documented that the Social Work Director was involved in the return of this member, there is no social work documentation regarding the incident. This veteran was placed on Hospice 05-15-07. The Hospice staff had determined that there was unfinished business with member's children which they are addressing. In talking with the care plan team, each, including the social worker, was unaware that the member had children other than the one son. In reviewing the initial Social History it did have the additional children listed. On the behavior

		tracking form his angry verbal outbursts and suicidal talk was tracked, each attributed to constipation. Also, it needs to be noted that at the time this member returned to the facility his electric scooter was taken from him. He now ambulates in a regular wheelchair which he has difficulty maneuvering and he did indicate that it feels like he is being punished. Getting the scooter back has not been addressed although it has been one month. Also, on 06-06-07, the surveyor nurse identified depression in this member to the extent that he had made a suicidal comment with no follow-up by staff. The Clinical Nurse Manager and Social Work Director were approached with this information and they called a care plan meeting and developed interventions for safety immediately. The facility does not have a policy for suicidal behavior. - Member # 3 was admitted to Hospice 5-3-07 with a diagnosis of debility NOS. No Social Service note since 5-2-07. The Hospice policy states "all disciplines will assess the member and document at least weekly". - Member # 39 requested an interview with surveyor. During visit, he displayed anger, depression, and some hostility. None of these are care planned, even though staff indicated that these are part of his issues. He states that filing grievance does not work although he has not filed a formal grievance. He has written letters to various staff members. He has issues with the dining room, finances, and medical care. - Member #20 on 6-5-07 care plan meeting in WWII regarding nurse indicated gets headaches, gets emotional with tears in his eyes. Daughter came and there were no more displayed emotions. Causes identified by nurses were weather and spiritual reminders. Staff then went on to next veteran. This surveyor asked the social worker to comment first on the process for following-up on the identified emotional behavior. The nurse preceeded to share her insight on resident with social worker making no comments.
2. A nursing home with 100 or more beds must employ a qualified social worker on a full-time basis;	(M) MET M P N NA	
3. Qualifications of social worker. A qualified social worker is an individual with: i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and Note: A master's degree social worker with experience in long-term care is preferred. ii. A social work license from the State in which the State home is located, if offered by the State; and iii. A minimum of one year of supervised social work experience, in a health care setting working directly with individuals.	(M) MET M P N NA	
4. The facility management must have sufficient support staff to meet patient's social services needs.	(M) MET M P N NA	

5. Facilities for social services must ensure privacy for interviews.	(M) MET M P N NA	
i. Environment. The facility management must provide: 1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;	(N) Not Met M P N NA	The Administration building has dark, dingy institutional hallways. The men's communities are especially stark. In asking staff it was stated "men don't care. " There was evidence of mold and a high dusting problem. Congregate bathrooms have an unpleasant look with mold problems.
2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) MET M P N NA	
3. Clean bed and bath linens that are in good condition;	(M) MET M P N NA	
4. Private closet space in each resident room, as specified in § 51.200 (d)(2)(iv) of this part;	(M) MET M P N NA	
5. Adequate and comfortable lighting levels in all areas;	(M) MET M P N NA	
6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	(M) MET M P N NA	
7. For the maintenance of comfortable sound levels.	(M) MET M P N NA	
§ 51.110 Resident assessment. The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. a. Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident's immediate care and a medial assessment, including a medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.	(M) MET M P N NA	

b. Comprehensive assessments. 1. The facility management must make a comprehensive assessment of a resident's needs; i. Using the Health Care Financing Administration Long Term Care Resident Assessment Instrument Version 2.0; and ii. Describing the resident's capability to perform daily life functions, strengths, performances, needs as well as significant impairments in functional capacity. iii. All nursing homes must be in compliance with this standard by no later than January 1, 2000.	(P) Provisional Met M P N NA	Member #3 was placed on Hospice on 5-3-07. During the site visit on 6/4/2007 member spent almost all day in bed. On June 5, 2007, surveyor asked member if he hurt and he replied "yes, all over". There was no evidence of pain assessment in the medical record from May 4, through June 5th.
2. Frequency. Assessments must be conducted: i. No later than 14 days after the date of admission; ii. Promptly after a significant change in the resident's physical, mental, or social condition; and iii. In no case less often than once every 12 months.	(P) Provisional Met M P N NA	1 of 23 residents had an initial nutrition assessment completed greater than 14 days after admission. - Resident #20 had diagnosis for diabetes and congestive heart failure, both of which have potential nutrition related treatments. - Resident #28 had 25.5 lb. weight loss over 6 weeks with no significant change of condition was completed. The physician, dietician, and family were not notified of this change. The care plan did not indicate this change in status. - Resident #20 had on his care plan that he desired to lose weight. This was first noted in Dec. 2006. As of 5-31-07 when care plan was updated the problem was continued but the member had gained 44 lbs in the last 6 months. Neither physician nor family were notified of this change.
3. Review of Assessments. The nursing facility management must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.	(N) Not Met M P N NA	In 7 out of 23 records reviewed, the facility failed to re-assess residents nutrition needs within 3 months (resident #'s 12, 17, 18, 19, 20, 34, 35). This included residents who had weight loss or were on dialysis.
4. Use. The results of the assessment are used to develop, review, and revise the resident's individualized comprehensive plan of care, under paragraph (d) of this section.	(P) Provisional Met M P N NA	- Member #28 had 25.5 lb weight loss over 6 weeks with no significant change of condition was completed. The physician, dietician, family were not notified of this change. Care Plan did not indicate this change in status. - Member #20 had on his care plan that he desired to lose weight. This was first noted in Dec. 2006. As of 5-31-07 when care plan was updated the problem was continued but the member had gained 44 lbs. in the last 6 months. Neither physician nor family were notified of this change.
c. Accuracy of assessments. 1. Coordination. i. Each assessment must be conducted or coordinated	(N) Not Met M P N NA	Weights not being communicated by the aides to the nurses, the nurses did not communicate to dietary or the physician. Nurses did not take the time to look and see why they did not receive the weights from the aides, or check the log.

with the appropriate participation of health professionals. ii. Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the completion of the assessment. 2. Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.		
d. Comprehensive care plans. 1. The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following: i. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under § 51.120; and ii. Any services that would otherwise be required under § 51.120 of this part but are not provided due to the resident's exercise of rights under § 51.70, including the right to refuse treatment under § 51.70(b)(4) of this part.	(N) Not Met M P N NA	Planned weight loss must have measurable goals and reasonable timetable to follow. The following members #27& #20, both had planned weight loss care planned. - Member #20 had a weight gain of 44 lbs in a 6-month time frame. Member #20 chart does not have a suicide care plan - Member #42 was admitted 01-20-1997. On 05-09-07, (ARD) MDS identified no behaviors, mood depression, pain, falls, skin issues, and independent with all cares. It did show set up only with toileting. When staff member asked, documentation showed night shift provided urinal for member. This member has his own car and goes off campus as desires, including overnight camping trips. It is documented that he is oriented times 3 and has good insight and judgement. This guidline is not met as this assesssment information was not utilized to change the care plan and/or the member's level of care. On 01-21-00, there was a problem added to the care plan, "risk for decreased activity R/T recovery from hip surgery." This problem was reviewed on 05-22-07 with the notation "continue goal." Documentation shows member exercises, physically active, and makes own bed.
2. A comprehensive care plan must be: i. Developed within 7 calendar days after completion of the comprehensive assessment; ii. Prepared by an interdisciplinary team, that includes the primary physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and iii. Periodically reviewed and revised by a team of qualified persons after each assessment.	(N) Not Met M P N NA	Care plan meeting held with Member #20 regarding his Hospice status. Nurse stated to veteran "Care plan has not been changed since the one he read two weeks previously, the only change is now on Hospice." The facility Hospice Policy states "Once the Hospice order is received Social Work, Activities, and Dietary will assess the member, document in progress notes, and make appropriate changes to care plans by the end of the next business day. Nursing will assess, document, and implement interventions within 24 hours. The care plan goals and interventons will maintain comfort and quality of life for the member." This was not done. Also, the member asked about getting his scooter back that had been removed from his possession approximately one month previously. There was no resolution to this and it was not added to the care plan.
3. The services provided or arranged by the facility must: i. Meet professional standards of quality; and ii. Be provided by qualified persons in accordance with each resident's written plan of care.	(M) MET M P N NA	

e. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes: 1. A recapitulation of the resident's stay; 2. A summary of the resident's status at the time of the discharge to include items in paragraph (b)(2) of this section; and 3. A post discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.	(M) MET M P N NA	
§ 51.120 Quality of care. Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. a. Reporting of Sentinel Events: 1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function. 2. Examples of sentinel events are as follows: i. Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; or ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or vi. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. 3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification.	(M) MET M P N NA	

4. The facility management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10 working days following the event. i. Goal. The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility.	(M) MET M P N NA	
b. Activities of daily living. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to: i. Bathe, dress, and groom; ii. Transfer and ambulate; iii. Toilet; iv. Eat; and v. Talk or otherwise communicate.	(M) MET M P N NA	
2. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section; and	(M) MET M P N NA	
3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.	(M) MET M P N NA	
c. Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident: 1. In making appointments; and 2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.	(M) MET M P N NA	

d. Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and 2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	(N) Not Met M P N NA	- Per policy, not consistently documenting weekly wound assessment and every two week pictures, but not documenting when wound was healed as evidenced by member #28. Member had 3 coccyx wounds noted a,b,c on one picture with subsequent pictures only showing one wound but unsure which wound it was. - Member #26 weekly assessments documented 5-2-07 then not again until 5-23-07. No measurements taken on 5-23-07. Pictures taken on 3-11-07 then not again until 5-24-07. Also documented down staging of wounds which is not allowable should be asssessed as healing stage wound. - Member #11 had 5 wounds: coccyx wound assessed and documented according to policy, Lt side scrotal wound weekly assessment done on 4-19, 5-4, 5-11, and then not done until 6-1, picture only on 4-19, no documentation of healed wound. Rt & Lt groin wounds weekly documentation and pictures done according to policy, but did not document when wound was healed and no measurements noted on 5-11. Rt. Inguinal fold weekly documentation done on 4-19, 5-4, and 5-11 with no measurements done on 5-11, picture on 4-19 only and no documentation of healed wound. Lt Inguinal fold weekly documentation 4-19, 5-4, and 5-11 with no measurements on 5-11, picture done on 4-19 only and no documentation if wound is healed or not.
e. Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that: 1. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and 2. A resident who is incontinent of urine receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.	(M) MET M P N NA	
3. A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible.	(M) MET M P N NA	

f. Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 2. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion.	(M) MET M P N NA	
g. Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident, who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem.	(N) Not Met M P N NA	This was not met as evidenced by identified psychosocial issues not followed up by Social Work. - Member #38 was a closed record. Member died 02-19-07, admitted on Hospice 01-17-07. Last social work note 02-15-07 regarding care plan meeting "appears to be doing well." No interventions, follow-up regarding end of life family needs, etc. - Member #12 had an order 05-18-07 for social work consult regarding need for individual counseling. On 05-25-07 social work note, member has new roommate, but no mention of consult results. In discussion with Social Work Director on 06-04-07 stated that he had done assessment on this member and determined him not suitable for counseling due to his cognitive impairment. When asked where the documentation regarding the assessment was located, he stated he had not yet done the documentation. A MMSE was done on 06-05-07 with a 29/30 score. This member was admitted on 01-11-07 and his H & P indicates pervasive depression with helplessness/hopelessness. He was having some behaviors and sexual comments. In visiting with this veteran, this surveyor learned that the member's wife had died a few months before his admission to GISVH, he had left the home they had built, and he was dealing with the need for skilled care. None of these issues were addressed on the care plan and/or in social service documentation. It was also learned from the veteran that there had been roommate issues with two previous roommates, but that he and the current roommate are compatible. He has some affairs to get in order prior to dying and he has some spirituality issues. Again, not addressed in care plan or social service documentation. - Member #20 left the building on 05-06-07 in an elopement type behavior; however, a staff member accompanied him out the door and stayed with him until he agreed to return. Prior to his leaving the building, it was documented 3 times that he was making comments to the effect "when are you going to kill me." The cause of these comments was attributed to constipation rather than a psychosocial issue. In talking with staff, veteran's issues were going to see his son's car race, sense of urgency to get things done, convinced he will go to hell, and scared of dying. None of these issues were addressed on his care plan or in any documentation that they had been addressed. While this member was out of the building

		7:50 a.m. the nurse practitioner was called and she stated to offer Zyprexa as ordered PRN when member returns. At 8:30 a.m. after returning agreeably and resting in recliner member was given Lorazapam (was his PRN med). At 11:40 a.m. this veteran was 1-1d for toileting to decrease anxiety. At 1:30 p.m. his son came and the member told him that his only friend at GISVH had died last week and he had been on his mind. Again there is no other mention of this and no follow-up by Social Work. Although nurses documented that the Social Work Director was involved in the return of this member, there is no social work documentation regarding the incident. This veteran was placed on Hospice 05-15-07. The Hospice staff had determined that there was unfinished business with member's children which they are addressing. In talking with the care plan team, each, including the social worker, was unaware that the member had children other than the one son. In reviewing the initial Social History, it did have the additional children listed. On the behavior tracking form his angry verbal outbursts and suicidal talk was tracked, each attributed to constipation. Also, it needs to be noted that at the time this member returned to the facility his electric scooter was taken from him. He now ambulates in a regular wheelchair which he has difficulty maneuvering and he did indicate that it feels like he is being punished. Getting the scooter back has not been addressed although it has been one month. Also, on 06-06-07, the surveyor nurse identified depression in this member to the extent that he had made a suicidal comment with no follow-up by staff. The Clinical Nurse Manager and Social Work Director were approached with this information and they called a care plan meeting and developed interventions for safety immediately. The facility does not have a policy for suicidal behavior. - Member # 3 was admitted to Hospice 5-3-07 with a diagnosis of debility NOS. No Social Service note since 5-2-07. The Hospice policy states "all disciplines will assess the member and document at least weekly. - Member # 39 requested an interview with surveyor. During visit, he displayed anger, depression and some hostility. None of these are care planned, even though staff indicate that these are part of his issues. He states that filing grievance does not work although he has not filed a formal grievance. He has written letters to various staff members. He has issues with the dining room, finances, and medical care. - Member #20 on 6-5-07 care plan meeting in WWII regarding nurse indicated gets headaches and gets emotional with tears in his eyes. Daughter came and there were no more displayed emotions. Causes identified by nurses were weather and spiritual reminders. Staff then went on to next veteran. This surveyor asked the social worker to comment first on the process for following-up on the identified emotional behavior. The nurse preceeded to share her insight on resident with social worker making no comments.
h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who has been able to adequately eat or take fluids alone or with assistance is not fed by enteral feedings unless the resident's clinical condition demonstrates that use of enteral feedings were	(N) Not Met M P N NA	The facility failed to appropriately manage a resident who received total enteral feedings. Resident #44 whose documented ideal body weight of 105 lbs.was obese at a weight of 141 lbs and ht. of 5'2". While receiving enteral feedings, this obese resident gained 16 additional lbs. or 11 % additional weight over the past year. This weight gain was not addressed in care plan problems nor was there any subsequent adjustment of tubefeeding caloric content to prevent further undesirable weight gain.

unavoidable; and 2. A resident who is fed by enteral feedings receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers and other skin breakdowns, and to restore, if possible, normal eating skills.	See rating above	
i. Accidents. The facility management must ensure that: 1. The resident environment remains as free of accident hazards as is possible; and 2. Each resident receives adequate supervision and assistance devices to prevent accidents.	(N) Not Met M P N NA	- Assistive devices (gait belts) should be more readily assessable, preferably not behind locked doors as evidenced by 3rd Phillips. Extra gait belts stored in locked storage closet by dining room. - As evidenced by member in 3rd Phillips with unsteady gait in dining room, no gait belts available, aides had to unlock supply closet in order to get to an available gait belt. On 2nd WWII, member sliding out of recliner, aide went to go find a gait belt, pharmacy surveyor had to assist two aides in bodily lifting the member up higher into his chair due to lack of gait belt. - Needle boxes are not stabilized so they can easily be tipped over.
j. Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident: 1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and 2. Receives a therapeutic diet when a nutritional deficiency is identified.	(N) Not Met M P N NA	- The facility failed to monitor parameters of nutritional status by the following: 1) failing to document monthly weights as evidenced by 8 of 23 records reviewed: Residents # 18 - 2/2007, 5/2007; #26 - 4/2007; #04 - 12/2006, 1/2007; #01 - 10/2006, 11/2006; #20 - 12/2006,2/2007; #19 - 1/2007; #12 - 12/2006; #28 - 12/2006; 2) failing to assess body weight measurments according to facility procedure outlined on "Monthly Vital Form" which indicates procedure to " re-weigh [resident]if weight change is greater that 3 lbs." In 4 out of 23 records reviewed #08 - 5/2007; #15 - 3/2007, 4/2007, 5/2007; #17 - 9/2006;3/2007; #09 - 4/2007, 5/2007, 6/2007; 3) when four nursing staff were questioned as to what actions are taken when a 3 lb weight change is confirmed, each nurse stated the process of notification was to notify the physician and the dietitan of change in weight. - In records where a 3 lbs weight change occurred, there was no documented evidence of notification to clincal providers. In addition there was no evidence of action taken as a result of the change in weight. - Failed to address nutrition needs of the resident as ordered by physician consult on 2 residents #19 - ordered 3/19/07 and #34 - ordered 1/22/07.
k. Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health.	(M) MET M P N NA	

l. Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services: 1. Injections; 2. Parenteral and enteral fluids; 3. Colostomy, ureterostomy, or ileostomy care 4. Tracheostomy care; 5. Tracheal suctioning; 6. Respiratory care; 7. Foot care; and 8. Prostheses.	(P) Provisional Met M P N NA	- No sharps container available in member room. Nurse carried syringe back down the hall after administering insulin in the member room. - PICC line arm circumference should be checked with each IV access per policy. This was not observed on member #28. - Cath care technique not done according to policy per observation on member #28 and member #17. Staff performing cath care #1 and #4. - O2 masks and tubing were not dated and changed per policy, some dated 4-30-07. This was noted on 2nd and 3rd Phillips and World WarII.
m. Unnecessary drugs: 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: i. In excessive dose (including duplicate drug therapy); or ii. For excessive duration; or iii. Without adequate monitoring; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or vi. Any combinations of the reasons above.	(M) MET M P N NA	
2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that: i. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	(P) Provisional Met M P N NA	- Member #18 MAR indicates that he received Lorazepam 0.5 mg on 05-22-07 at 1700. While the MAR has follow-up documentation, the nursing notes and behavior sheets lack corresponding documentation. - Member # 36 MAR indicates that he received Zyprexa Zydis 5 mg on 05-14-07 at 1600 and 04-23-07 at 1540. The MAR has a follow-up documentation, but the nursing notes and behavior sheets lack corresponding documentation. - Member #14 MAR indicates received Lorazepam on 04-28-07. Nursing notes and behavior sheets lack corresponding documentation.

n. Medication Errors. The facility management must ensure that: 1. Medication errors are identified and reviewed on a timely basis; and 2. Strategies for preventing medication errors and adverse reactions are implemented.	(N) Not Met M P N NA	- Member #11 has order for Loprox to the Rt thigh, observed staff member #5 applying the cream to the Rt. thigh and Rt. forearm - Clonazepam 0.5 mg on MAR to be given at 0800 and 1200N, observed staff member #6 giving 0800 dose at 1015. - Member #28 triple antibiotic did not get applied to PICC site every 48 hours per order due to transcription error. - Member #3 had an order for Duoderm to heels. This was charted as healed on 4-26-07; however, the Duoderm was still on the May and June Treatment sheets. - Member #3 had an order dated 4-9-07 for oxygen 1-4 L per nasal cannula to keep O2 sats above 90 if possible. The medical record did not show evidence of oxygen sats being monitored. - The facility has a medication/treatment incident form designed to report medication errors; however, many of the forms are incomplete. Areas commonly left blank include: reason error occurred, action as a result, signature and date of person making error, signature of nurse in charge, name and date of physician notified, and follow-up by AD. The facility is not following their Medication Error Report policy.
§ 51.130 Nursing Services. The facility management must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by resident assessment and individualized comprehensive plans of care, of all patients within the facility 24 hours a day, 7 days a week. a. The nursing service must be under the direction of a full-time registered nurse who is currently licensed by the State and has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff.	(M) MET M P N NA	
b. The facility management must provide registered nurses 24 hours per day, 7 days per week.	(M) MET See staffing profile M P N NA	
c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty. 1. Based on the application and results of the case mix and staffing methodology, the director of nursing may serve in a dual role as director and as an onsite-supervising nurse only when the facility has an average daily occupancy of 60 or fewer residents in nursing home. 2. Based on the application and results of the case mix and staffing methodology, the evening or night supervising nurse may serve in a dual role as supervising nurse as well as provides direct patient care only when the facility has an average daily occupancy of 60 or fewer residents in nursing home.	(M) MET M P N NA	

d. The facility management must provide nursing services to ensure that there is a minimum direct care nurse staffing per patient per 24 hours, 7 days per week of no less than 2.5 hours.	(M) MET See staffing profile M P N NA	
e. Nurse staffing must be based on a staffing methodology that applies case mix and is adequate for meeting the standards of this part.	(M) MET M P N NA	
§ 51.140 Dietary Services. The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. a. Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis. 1. If a qualified dietitian is not employed full-time, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian. 2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association.	(M) MET M P N NA	
b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	(M) MET M P N NA	
c. Menus and nutritional adequacy. Menus must: 1. Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; 2. Be prepared in advance; and 3. Be followed.	(M) MET M P N NA	

d. Food. Each resident receives and the facility provides: 1. Food prepared by methods that conserve nutritive value, flavor, and appearance; 2. Food that is palatable, attractive, and at the proper temperature; 3. Food prepared in a form designed to meet individual needs; and 4. Substitutes offered of similar nutritive value to residents who refuse food served.	(P) Provisional Met M P N NA	Member #13 was observed at breakfast meal 6/5/07 in the Phillips 3 dining room; however, member has a physician ordered diet as pureed. Resident's tray was observed to have a partially eaten slice of toasted bread. Chief of Food Service also observed member #13's tray and confirmed that the toast was not appropriate for pureed diet.
e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) MET M P N NA	
f. Frequency of meals. 1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in paragraph (f)(4) of this section. 3. The facility staff must offer snacks at bedtime daily. 4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day, if a resident group agrees to this meal span, and a nourishing snack is served.	(M) MET M P N NA	
g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) MET M P N NA	
h. Sanitary conditions. The facility must: 1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; 2. Store, prepare, distribute, and serve food under sanitary	(N) Not Met M P N NA	- Failed to properly clean equipment using "3 sink method" of washing pots, pans and utensils to destroy potential disease carrying organisms. Sanitizing sink was tested on 6/5/07 and found to be below the proper pH for sanitation according to manufacturer's directions (Economics Lab). When weekly monitoring records were reviewed it was found that weekly monitoring was below proper pH for the month prior to survey without

conditions; and 3. Dispose of garbage and refuse properly.		action taken. This had the potential to adversely affect all residents in the facility. - Failed to store food under sanitary conditions evidenced by the following: 2 coolers in the Liberty dining room were noted to have no method in place for monitoring proper temperatures as evidenced by the form provided to the surveyor on 6/7/07 for documenting temperatures of coolers. Did not include the Liberty dining room coolers. 1 of 2 coolers in the Liberty dining room on 6/5/07 had no thermometer. - A storage bin of fresh ground coffee had a cup inside the bin which staff used for measurement and could potentially contaminate the ground coffee product. This was observed on 6/5/07, 6/6/07, and 6/7/07. - Outdated supplements noted on 2nd Phillips nourishment bar - The tray on the ice machine in the Liberty Café had lime deposits and needed cleaning. This was observed on 6/5, 6/6 & 6/7.
§ 51.150 Physician services. A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. a. Physician supervision. The facility management must ensure that: 1. The medical care of each resident is supervised by a primary care physician;	(M) MET M P N NA	
2. Each resident's medical record must list the name of the resident's primary physician; and 3. Another physician supervises the medical care of residents when their primary physician is unavailable.	See rating above	
b. Physician visits. The physician must: 1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; 2. Write, sign, and date progress notes at each visit; and 3. Sign and date all orders.	(M) MET M P N NA	

c. Frequency of physician visits. 1. The resident must be seen by the primary physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, or more frequently based on the condition of the resident. 2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 3. Except as provided in paragraphs (c) (4) of this section, all required physician visits must be made by the physician personally. 4. At the option of the physician, required visits in the facility after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section.	(M) MET M P N NA	
d. Availability of physicians for emergency care. The facility management must provide or arrange for the provision of physician services 24 hours a day, 7 days per week, in case of an emergency.	(M) MET M P N NA	
e. Physician delegation of tasks. 1. Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: i. A certified physician assistant or a certified nurse practitioner; or ii. A clinical nurse specialist who: A. Is acting within the scope of practice as defined by State law; and B. Is under the supervision of the physician. Note: A certified clinical nurse specialist with experience in long term care is preferred.	(M) MET M P N NA	
2. The primary physician may not delegate a task when the regulations specify that the primary physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.	(M) MET M P N NA	

§ 51.160 Specialized rehabilitative services. a. Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the resident's comprehensive plan of care, facility management must: 1. Provide the required services; or 2. Obtain the required services from an outside resource, in accordance with § 51.210(h) of this part, from a provider of specialized rehabilitative services.	(M) MET M P N NA	
b. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.	(M) MET M P N NA	
§ 51.170 Dental Services. A facility: a. Must provide or obtain from an outside resource, in accordance with § 51.210 (h) of this part, routine and emergency dental services to meet the needs of each resident; b. May charge a resident an additional amount for routine and emergency dental services; c. Must, if necessary, assist the resident: 1. In making appointments; and 2. By arranging for transportation to and from the dental services; and 3. Promptly refer residents with lost or damaged dentures to a dentist.	(M) MET M P N NA	
§ 51.180 Pharmacy services. The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff.	(M) MET M P N NA	
a. Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	(M) MET M P N NA	

b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	(M) MET M P N NA	
c. Drug regimen review. 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. 2. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon.	(M) MET M P N NA	
d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	(N) Not Met M P N NA	Throughout the facility serveral expired and inappropriately labeled medications were found. Examples include: 2nd World War II, topical clotrimazole with expiration date Aug. 06, Lantus insulin with open date of 4-11-07, Xalatan eye drops opened but not dated. 3rd Administratin, Lantus insulin opened but not dated. 3rd World War II, emergency use insulin opened and dated but not labeled with patient name. 3rd Phillips, tuberculin labeled with open date of 3-28-07, manufacturer packaging states it expires 30 days after opening. Anderson, Ativan opened and no dated Pershing, Novolin insulin labeled as opened on 5-31-07, Novolin dated as opened on 5-2-07. Pharmacy, Vancomycin dated as opened 10-4-06, Testosterone opened and not dated. The facility's policy appears to be flawed in that it does not inculde specific guidelines on the labeling and expiration dates of various medications. When questioned, staff are unsure with answers on the expiration dates of injectable medications saying that they are only good for 30 days or until the expiration date printed by the manufacturer on the bottle.
e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	(P) Provisional Met M P N NA	Temperatures need to be checked on refrigerators in WWII and Administration 2nd floor.

2. The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.	(M) MET M P N NA	
§ 51.190 Infection Control. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. a. Infection control program. The facility management must establish an infection control program under which it: 1. Investigates, controls, and prevents infections in the facility; 2. Decides what procedures, such as isolation, should be applied to an individual resident; and 3. Maintains a record of incidents and corrective actions related to infections.	(P) Provisional Met M P N NA	- Dust found in high places throughout the facility, to include, ceiling fans (Administration, Library, Red Room) blinds, OT, and vents in day room. - Bathroom tile stained. - Freezer out of temperature range in Phillips 2nd and 3rd. - Cracked vinyl furniture and wheelchairs throughout facility.
b. Preventing spread of infection: 1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. 2. The facility management must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. 3. The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	(M) MET M P N NA	
c. Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) MET M P N NA	

§ 51.200 Physical environment. The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. a. Life safety from fire. The facility must meet the applicable provisions of the 1997 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference).	Refer to Life Safety Report	
b. Emergency power. 1. An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. 2. The system must be the appropriate type essential electrical system in accordance with the requirement of NFPA 99, Health Care Facilities. 3. When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities. 4. The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources per NFPA 99, Health Care Facilities.	(M) MET M P N NA	
c. Space and equipment. Facility management must: 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	(P) Provisional Met M P N NA	The facility needs to develop a written medical equipment management plan or policy, i.e., IV pumps. Policy to check AED equipment not being followed. It is to be checked weekly; however, on June 6th the equipment had not been checked since May 18th.

d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents: 1. Bedrooms must: i. **Accommodates no more than four residents;** ii. Measure at least 115 net square feet per resident in multiple resident bedrooms; iii. Measure at least 150 net square feet in single resident bedrooms; iv. Measure at least 245 net square feet in small double resident bedrooms; and v. Measure at least 305 net square feet in large double resident bedrooms used for spinal cord injury residents. It is recommended that the facility have one large double resident bedroom for every 30 resident bedrooms. vi. Have direct access to an exit corridor; vii. Be designed or equipped to assure full visual privacy for each resident; viii. Except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains; ix. Have at least one window to the outside; and x. Have a floor at or above grade level.	(M) MET **Existing home square Footage Review guidelines for Existing home and UFAS standards** M P N NA	
2. The facility management must provide each resident with: i. A separate bed of proper size and height for the safety of the resident; ii. A clean, comfortable mattress; iii. Bedding appropriate to the weather and climate; and iv. Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.	(M) MET M P N NA	
e. Toilet facilities. Each resident room must be equipped with or located near toilet and bathing facilities. It is recommended that public toilet facilities be also located near the resident's dining and recreational areas.	(M) MET M P N NA	

f. Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from: 1. Resident rooms; and 2. Toilet and bathing facilities.	(M) MET M P N NA	
g. Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must: 1. Be well lighted; 2. Be well ventilated; 3. Be adequately furnished; and 4. Have sufficient space to accommodate all activities.	(M) MET M P N NA	
h. Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must: 1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;	(P) Provisional Met M P N NA	Bathroom floors throughout facility noted to have the appearance of not being clean, unable to tell if they had mold on them. Bathroom stalls had chipped paint and rust in Administration and Pershing buildings. The elevator walls in the Administration building were soiled and in need of paint.
2. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;	(M) MET M P N NA	
3. Equip corridors with firmly secured handrails on each side; and	(M) MET M P N NA	
4. Maintain an effective pest control program so that the facility is free of pests and rodents.	(M) MET M P N NA	