| Department of Veterans Affairs | STATE HOME INSPECTION (Standards - Nursing Home Care) | | |
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| INITIAL SURVEY (2007 Annual)<br>01/22/2007 – 1/29/2007 | RE-SURVEY | DATE SURVEYED | *REPORTS CONTROL NUMBER*<br>*EXEMPT* |

NAME OF FACILITY *Street Address, City, County, State, Zip Code*
Arizona State Veterans Home 4141 N 3rd Street, Phoenix, Maricopa County, Arizona, 85012

SURVEYED BY *(VHA Field Activity of Jurisdiction)*
Carl T. Hayden VAMC, Phoenix, Arizona

SURVEYORS NAME AND CORRESPONDENCE SYMBOL

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| 1 Judy B. Locke, RN, MSN, CS<br>Nursing/Geriatrics and Extended Care Service | 7 Brenda A. Walker-Mehlert, CTRS<br>Recreation Therapist | 13 Rebecca Brown<br>Financial Management FMS |
| 2 Matthew Ahuett, RPH<br>Pharmacy Department | 8 Caroline Goodman, RD<br>Clinical Nutrition | 14 |
| 3 Sandra Talley, RN<br>Infection Control | 9 Steve Weinberg LCSW<br>Program Director, Community Nursing Homes | 15 |
| 4 Roberta D. Knapp, PT<br>Administrator, GECS | 10 Paul C Rousseau, MD<br>ACOS/Geriatrics and Extended Care Service | 16 |
| 5 Mike Sheltrown,<br>Safety Specialist | 11 Job Long<br>Environmental Care Specialist, EMD | 17 |
| 6 Rachel Brown Jackson<br>Fee Services Section | 12 Josephine La Londe, RN<br>Quality Management | 18 |
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LEGEND: M=Met; P=Provision Met; N=Not Met; NA=Not Applicable

| STANDARDS FOR NURSING HOME CARE | CIRCLE ONE | EXPLANATORY STATEMENTS |
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| **§ 51.210 Administration**<br><br>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.<br><br>a. Governing body:<br><br>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<br><br>2. The governing body or State official with oversight for the facility appoints the administrator who is: | (M) P N NA | Met-JBL<br>Administrator-Catherine Corbin License #01537 Date of hire 12/2/05. |

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| i. Licensed by the State where licensing is required; and<br>ii. Responsible for operations and management of the facility. | | | | | |
| 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:<br><br>1. The State agency and individual responsible for oversight of a State home facility.<br><br>2. The State home administrator;<br><br>3. The State employee responsible for oversight of the State home facility of a contractor operates the State home. | M | P | N | N/A | RDK |
| C 7. Annual State Fire Marshall's report. | M | P | N | NA | RDK, MS |
| c. State official must sign four certificates<br><br>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); | M | | N | | RDK |
| 9. Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51.225); | M | | N | | RDK |
| 10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226); | M | | N | | RDK |
| 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 | | N | | RDK |
| 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-veteran residents | M | P | N | NA | RDK |

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| must be spouses of veterans or parents all of whose children died while serving in the armed forces of the United States. | | | | | |
| 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. | M | P | N | (NA) | RDK |
| f. Licensure. The facility and facility management must comply with applicable State and local licensure laws. | (M) | P | N | NA | RDK |
| g. Staffing qualifications:<br><br>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.<br><br>2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. | M | (P) | N | NA | Met-SGW<br>Partially Met-23 personnel folders for nursing staff were reviewed. 18 did not have current performance appraisals signed by the employees. Performance appraisals were present in the folders but no documentation of review with the employee on performance.<br><br>PCR, RDK |
| h. Use of Outside Resources:<br><br>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.<br><br>2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for:<br><br>i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and<br>ii. The timeliness of service. | (M) | P | N | NA | Met-SGW |
| i. Medical Director:<br><br>1. The facility management must designate a primary care physician to serve as medical director.<br><br>2. The medical director is responsible for:<br><br>i. Participating in establishing policies, procedures, and guidelines to | (M) | P | N | NA | PCR |

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| ensure adequate, comprehensive services;<br>ii. Directing and coordinating medical care in the facility;<br>iii. Helping to arrange for continuous physician coverage to handle medical emergencies;<br>iv. Reviewing the credentialing and privileging process;<br>v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and<br>vi. Monitoring employees' health status and advising the administrator on employee health policies. | | |
| 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.<br><br>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.<br><br>2. The facility management must verify and uniformly apply the following core criteria: Current licensure; 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.<br><br>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.<br><br>4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility.<br><br>5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.<br><br>6. The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted. | (M) P N NA | PCR |

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| k. Required training of nursing aides.<br><br>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 provides such services without pay.<br><br>2. The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless:<br><br>i. That individual is competent to provide nursing and nursing related services; and<br>ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State. | M | (P) | N | NA | Partially Met-A plan for more formal approach to new hire competency testing and evaluation of nurses aides has been proposed by the new Staff Development nurse. The facility was not following its previous format. JBL |
| 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 Sate and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.<br><br>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. | (M) | P | N | NA | Met-JBL |
| 5. Required training. 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.<br><br>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:<br><br>i. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;<br>ii. Address areas of weakness as determined in nurse aide's | (M) | P | N | NA | Met-JBL |

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| performance reviews and may address the special needs of residents as determined by the facility staff; and<br>iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. | | |
| 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 (P) N NA | Partially Met-JBL As noted in 51.210 (g) performance appraisals were in personnel folders but no evidence that review had been done with the employees. |
| m. Level B Requirement Laboratory Services.<br><br>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:<br><br>i. If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services.<br>ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes, and regulations.<br>iii. If the laboratory chooses to refer specimens for testing of another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations.<br>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.<br>v. Such services must be available to the resident seven days a week, 24 hours a day.<br><br>2. The facility management must:<br><br>i. Provide or obtain laboratory services only when ordered by the primary physician;<br>ii. Promptly notify the primary physician of the findings;<br>iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and<br>iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. | M (P) N NA | Partially Met-JBL, RDK<br>CLIA Certificate of Waiver #03D0907017<br>Review of 20 patient records.<br>Patient #11 did not have a monthly PT/INR documented for December 2006.<br>Patient #12 did not have an every six month Digoxin level and TSH level documented as being done in December 2006. |
| n. Radiology and other diagnostic services. | (M) P N NA | Met-JBL, PCR |

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| 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.<br><br>i. If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations.<br>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.<br>iii. Radiologic and other diagnostic services must be available 24 hours a day, seven days a week.<br><br>2. The facility management must:<br><br>i. Provide or obtain radiology and other diagnostic services only when ordered by the primary physician;<br>ii. Promptly notify the primary physician of the findings;<br>iii. Assist the resident in making transportation arrangement to and from the source of service, if the resident needs assistance; and<br>iv. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services. | | | | | |
| o. Clinical Records<br><br>1. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are:<br><br>i. Complete;<br>ii. Accurately documented;<br>iii. Readily accessible; and<br>iv. Systematically organized. | M | P | N | NA | Met-SGW, RB |
| 2. Clinical records must be retained for:<br><br>i. The period of time required by State law; or<br>ii. Five years from the date of discharge when there is no requirement in the State law. | M | P | N | NA | RB |
| 3. The facility management must safeguard clinical record information against loss, destruction, or unauthorized use. | M | P | N | NA | RB |
| 4. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage | M | P | N | NA | RB |

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| method of the records, except when release is required by:<br><br>i. Transfer to another health care institution;<br>ii. Law;<br>iii. Third party payment contract; or<br>iv. The resident. | | |
| 5. The Clinical record must contain:<br><br>i. Sufficient information to identify the residents;<br>ii. A record of the resident's assessments;<br>iii. The plan of care and services provided;<br>iv. The results of any pre-admission screening conducted by the State; and<br>v. Progress notes. | M (P) N NA | Partially Met-Resident #1-PASSR I not completed at admission for a resident with what appears to be a Primary Mental Health diagnosis that would require a PASSR II evaluation which has not been completed.<br>Date of Placement: 11-16-06<br>PASSR I completed on 1-11-07 (Approximately 56 days after admission) indicating a patient is "Respite-less than 30 days" and does not need a PASSR II evaluation. |
| p. Quality assessment and assurance.<br><br>1. Facility management must maintain a quality assessment and assurance committee consisting of:<br><br>i. The director of nursing services;<br>ii. A primary physician designated by the facility; and<br>iii. At least three other members of the facility's staff. | (M) P N NA | JML |
| 2. The quality assessment and assurance committee:<br><br>i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and<br>ii. Develops and implements appropriate plans of action to correct identified quality deficiencies; and | M (P) N NA | Review of the 2006 monthly quality assessment and assurance committee minutes did identify quality activities, the actual development and implementation of appropriate plans of action and resolution was not evident. An annual 2006 summary review of these activities was prepared by the facility during inspection process conducted in January 2007 for closure of these activities by committee scheduled for February, 2007. JML |
| 3. Identified deficiencies are corrected within an established time period. | (M) P N NA | JML |
| q. Disaster and emergency preparedness.<br><br>1. The facility management must have detailed written plans and procedures to meet all potential emergencies and disaster, such as fire, severe weather, and missing residents. | (M) P N NA | MS |
| 2. The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review | (M) P N NA | MS |

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| the procedures with existing staff, and carry out unannounced staff drills using those procedures. | | | | | |
| r. Transfer agreement.<br><br>1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that:<br><br>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<br>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.<br><br>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 | P | N | NA | RDK |
| u. 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 | P | N | NA | RDK |
| **§ 51.40 Monthly Payment.**<br><br>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: (Refer to VA Fiscal Audit Report) | M | P | N | NA | RB, RBJ |

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| i. one-half of the costs of the care for each day the veteran is in the facility, or<br>ii. $50.55 for each day the veteran is in the facility. | | | | | |
| 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 | P | N | NA | RB, RBJ |
| 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 | P | N | NA | RB, RBJ |
| **§ 51.70 Resident Rights**<br><br>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:<br><br>a. Exercise of rights.<br><br>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.<br><br>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.<br><br>3. The resident has the right to freedom from chemical or physical restraint.<br><br>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.<br><br>5. In the case of a resident who has not been determined incompetent | M | P | N | NA | Met-SGW |

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| 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. | | |
| b. Notice of rights and services.<br><br>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.<br><br>2. The resident or his or her legal representative has the right:<br><br>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<br>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 portion of them upon request and with 2 working days advance notice to the facility management.<br><br>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;<br><br>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<br><br>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.<br><br>6. The facility management must furnish a written description of legal rights which includes:<br><br>i. A description of the manner of protecting personal funds, under paragraph (c) of this section;<br>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.<br><br>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 | (M) P N NA | Met-SGW |

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| 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.<br><br>8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care. | | |
| 9. Notification of changes:<br><br>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:<br><br>A. An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>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);<br>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);<br>D. A decision to transfer or discharge the resident from the facility as specified in § 51.80(a) of this part.<br><br>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:<br><br>A. A change in room or roommate assignment as specified in § 51.100 (f)(2); or<br>B. A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. | (M) P N NA | Met-SGW |

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| iii. The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member. | | | | | |
| c. Protection of resident funds.<br><br>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.<br><br>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 | P | N | NA | RB,<br>RBJ |
| 3. Deposit of funds:<br><br>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.)<br>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 | P | N | NA | RB, RBJ |
| 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.<br><br>i. The system must preclude any co-mingling of resident funds with facility funds or with the funds of any person other than another resident.<br>ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative. | M | P | N | NA | RB, RBJ |

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| 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 | P | N | NA | RB, RBJ |
| 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 | P | N | NA | RB, RBJ |
| d. Free Choice. The resident has the right to:<br><br>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<br><br>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 | P | N | NA | Met-SGW |
| e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.<br><br>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.<br><br>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;<br><br>3. The resident's right to refuse release of personal and clinical records does not apply when:<br><br>i. The resident is transferred to another health acre institution; or<br>ii. Record release is required by law. | M | P | N | NA | Met-SGW |
| f. Grievances. A resident has the right to:<br><br>1. Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and | M | P | N | NA | Met-SGW |

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| 2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. | | | | | |
| g. Examination of survey results. A resident has the right to:<br><br>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<br><br>2. Receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies. | (M) | P | N | NA | Met-SGW |
| h. Work. The resident has the right to:<br><br>1. Refuse to perform services for the facility;<br><br>2. Perform services for the facility, if he or she chooses, when:<br><br>i. The facility has documented the need or desire for work in the plan of care;<br>ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid;<br>iii. Compensation for paid services is at or above prevailing rates; and<br>iv. The resident agrees to the work arrangement described in the plan of care. | (M) | P | N | NA | Met-SGW |
| i. Mail. The resident has the right to privacy in written communications, including the right to:<br><br>1. Send and promptly receive mail that is unopened; and<br><br>2. Have access to stationary, postage, and writing implements at the resident's own expense. | (M) | P | N | NA | Met-SGW |
| j. Access and visitation rights.<br><br>1. The resident has the right and the facility management must provide immediate access to any resident by the following:<br><br>i. Any representative of the Under Secretary for Health;<br>ii. Any representative of the State;<br>iii. Physicians of the resident's choice; | (M) | P | N | NA | Met-SGW |

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| iv. The State long-term care ombudsman;<br>v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and<br>vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.<br><br>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.<br><br>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. | | | | | |
| k. Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard. | (M) | P | N | NA | Met-SGW |
| 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) | P | N | NA | Met-SGW |
| 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) | P | N | NA | Met-SGW |
| n. Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defined by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe. | (M) | P | N | NA | Met-JBL |
| **§ 51.80 Admission, transfer and discharge rights.**<br><br>a. Transfer and discharge.<br><br>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.<br><br>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: | (M) | P | N | NA | Met-SGW |

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| i. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home.<br>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;<br>iii. The safety of individuals in the facility is endangered;<br>iv. The health of individuals in the facility would otherwise be endangered;<br>v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or<br>vi. The nursing home ceases to operate | | | | | |
| 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) | P | N | NA | Met-SGW |
| 4. Notice before transfer. Before a facility transfers or discharges a resident, the facility must:<br><br>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.<br>ii. Record the reasons in the resident's clinical record; and<br>iii. Include in the notice the items described in paragraph (a)(6) of this section. | (M) | P | N | NA | Met-SGW |
| 5. Timing of the notice.<br><br>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;<br>ii. Notice may be made as soon as practicable before transfer or discharge when:<br><br>A. The safety of individuals in the facility would be endangered;<br>B. The health of individuals in the facility would be otherwise endangered;<br>C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home;<br>D. The resident's needs cannot be met in the nursing home. | (M) | P | N | NA | Met-SGW |

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| 6. Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following:<br><br>i. The reason for transfer or discharge;<br>ii. The effective date of transfer or discharge;<br>iii. The location to which the resident is transferred or discharged;<br>iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and<br>v. The name, address, and telephone number of the State long term ombudsman. | M | P | N | NA | Met-SGW |
| 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 | P | N | NA | Met-SGW |
| b. Notice of bed-hold policy and readmission<br><br>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:<br><br>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<br>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.<br><br>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.<br><br>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 | P | N | NA | Met-SGW |
| 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 | P | N | NA | Met-SGW |

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| 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) | P | N | NA | Met-SGW |
| **§ 51.90 Resident behavior and facility practices.**<br><br>a. Restraints.<br><br>1. The resident has a right to be free from any chemical of physical restrains imposed for purposes of discipline or convenience. When a restrain is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention.<br><br>i. Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior.<br>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 restrains are examples of physical restraints.<br><br>2. The facility management uses a system to achieve a restraint-free environment.<br><br>3. The facility management collects data about the use of restraints.<br><br>4. When alternatives to the use of restraint are ineffective, restraint is safely and appropriately used. | (M) | P | N | NA | Met-JBL |
| b. Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.<br><br>1. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.<br><br>2. Physical abuse includes hitting, slapping, pinching or kicking. Also includes controlling behavior through corporal punishment.<br><br>3. Sexual abuse includes sexual harassment, sexual coercion, and sexual assault.<br><br>4. Neglect is any impaired quality of life for an individual because of | (M) | P | N | NA | Met-SGW<br>Met-JBL |

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| 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 placing the individual in unsafe or unsupervised conditions.<br><br>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. | | |
| 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:<br><br>i. Not employ individuals who:<br><br>A. Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or<br>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<br><br>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.<br><br>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.<br><br>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.<br><br>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) P N NA | Met-SGW<br>Met-JBL |
| **§ 51.100 Quality of Life.**<br><br>A facility management must care for its residents in a manner and in an | (M) P N NA | Met-SGW |

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| environment, that promotes maintenance or enhancement of each resident's quality of life.<br><br>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.<br><br>b. Self-determination and participation. The resident has the right to:<br><br>1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care;<br><br>2. Interact with members of the community both inside and outside the facility; and<br><br>3. Make choices about aspects of his or her life in the facility that are significant to the resident. | | | | | |
| 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 | (P) | N | NA | Partially Met-Issues continued on for months and then off minutes without indication of resolution, pending, etc. BWM<br>Met-SGW |
| d. Participation in resident and family groups.<br><br>1. A resident has the right to organize and participate in resident groups in the facility;<br><br>2. A resident's family has the right to meet in the facility with the families of other residents in the facility;<br><br>3. The facility management must provide the council and any resident or family group that exists with private space;<br><br>4. Staff or visitors may attend meetings at the group's invitation;<br><br>5. The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;<br><br>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. | (M) | P | N | NA | Met-SGW |

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| e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the right of other residents in the facility. The facility management must arrange for religious counseling by clergy of various faith groups. | M | P | N | NA | Met-SGW |
| f. Accommodation of needs. A resident has the right to:<br><br>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<br><br>2. Receive notice before the resident's room or roommate in the facility is changed. | M | P | N | NA | Met-SGW |
| g. Patient activities.<br><br>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 | P | N | NA | Met-SGW<br>Met-BWM |
| 2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who:<br><br>- Is licensed or registered, if applicable, by the State in which practicing; and<br><br>- Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body. | M | P | N | NA | Met-BWM |
| h. Social Services.<br><br>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; | M | P | N | NA | Met-SGW |
| 2. A nursing home with 100 or more beds must employ a qualified social worker of a full-time basis; | M | P | N | NA | Met-SGW |
| 3. Qualifications of social worker. A qualified social worker is an | M | P | N | NA | Met-SGW |

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| individual with:<br><br>i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and<br>Note: A master's degree social worker with experience in long-term care is preferred.<br>ii. A social work license from the State in which the State home is located, if offered by the State; and<br>iii. A minimum of one year of supervised social work experience, in a health care setting working directly with individuals. | | |
| 4. The facility management must have sufficient support staff to meet patient's social services needs. | (M) P N NA | Observation only: In the past review period, 3 social workers have left the service and only 1 has been replaced due to lack of qualified applicants. As such, the workload typically distributed among 4 full-time social workers is being delegated to 2 social workers. As of 1-26-07, another social worker has been hired with a future start date estimated for 2 weeks. SGW |
| 5. Facilities for social services must ensure privacy for interviews. | (M) P N NA | Met-SGW |
| i. Environment. The facility management must provide:<br><br>1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible; | (M) P N NA | JL |
| 2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; | (M) P N NA | JL |
| 3. Clean bed and bath linens that are in good condition; | (M) P N NA | JL |
| 4. Private closet space in each resident room, as specified in § 51.200(d)(2)(iv) of this part; | (M) P N NA | JL |
| 5. Adequate and comfortable lighting levels in all areas; | (M) P N NA | JL |
| 6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and | (M) P N NA | |
| 7. For the maintenance of comfortable sound levels. | (M) P N NA | |
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| **§ 51.110 Resident assessment.**<br><br>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.<br><br>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 medical 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 | (P) | N | NA | Partially Met-2/20 records reviewed were now admissions to the facility in January 2007. Both patients (#13, #15) had admission orders signed by a nurse practitioner but were not co-signed by a physician. JBL |
| b. Comprehensive assessments.<br><br>1. The facility management must make a comprehensive assessment of a resident's needs;<br><br>i. Using the Health Care Financing Administration Long Term Care Resident Assessment Instrument Version 2.0; and<br>ii. Describing the resident's capability to perform daily life functions, strengths, performances, needs as well as significant impairments in functional capacity.<br>iii. All nursing homes must be in compliance with this standard by no later than January 1, 2000. | (M) | P | N | NA | Met-JBL Facility is using the MDS.<br>Met-BWM<br>Met-RDK<br>Met-SGW |
| 2. Frequency. Assessments must be conducted:<br><br>i. No later than 14 days after the date of admission;<br>ii. Promptly after a significant change in the resident's physical, mental, or social condition; and<br>iii. In no case less often than once every 12 months. | M | (P) | N | NA | Met-BWM<br>Partially Met-Resident #1-demonstrated multiple episodes of leaving unit, returning intoxicated, being returned by fire department after being found laying in the road and making veiled suicidal statements, being found in VAMC Chapel intoxicated and there has been no evaluation of either substance abuse or risk assessment. SGW<br>Partially Met-one of two new admissions in January 2007 (#13) did not have the MDS completed within fourteen days of admission (due 1-18-07) and no care plan was completed (due 1-25-07) JBL |
| 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. | M | (P) | N | NA | Partially Met-Two veterans missing 90 day notes. BWM<br>Partially Met-Resident #1-items identified in above standard were not integrated into resident's assessment.<br>Resident #2-had 2 psychiatric evaluations completed resulting in a new diagnosis of Delusional d/o without revisions to assessments SGW<br>Partially Met-Patient #21 had multiple documented episodes of leaving the facility and returning with the smell of alcohol and appearing drunk. He had two falls and in a third incident was found off site and returned by the fire department. The assessment was not revised nor care plan implemented to deal with this issue. JBL |

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| 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. | M | (P) | N | NA | Partially Met-Resident #1 with substance abuse and potential high risk behaviors as well as fall risk (only opened at a temporary problem, despite the documentation showing this to exceed the 14 day window for temporary problems. Resident#2 diagnoses with Delusional d/o which was subsequently not integrated into the Care Plan. SGW<br>Partially Met-Patient #21 had multiple documented episodes of leaving the facility and returning with the smell of alcohol and appearing drunk. He had two falls and in a third incident was found off site and returned by the fire department. The assessment was not revised nor care plan implemented to deal with this issue. JBL, RDK |
| c. Accuracy of assessments.<br><br>1. Coordination.<br><br>i. Each assessment must be conducted or coordinated with the appropriate participation of health professionals.<br>ii. Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the completion of the assessment.<br><br>2. Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. | (M) | P | N | NA | Met-JBL, SGW, BWM |
| d. Comprehensive care plans.<br><br>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:<br><br>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<br><br>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. | M | P | (N) | NA | Not Met-Resident #1 has temporary Fall Risk problem opened but the Temporary Problem sheet did not contain any indication of approaches, goals, or measurable objectives. Resident #1 has "12-11-06 Elopement" written on the Care Plan, but no goals, approaches, measurable objectives included. Resident #2-diagnosed with Delusional d/o and this new diagnosis was not integrated into the Care Plan. Resident #4 had another resident's Care Plan in his medical record-wrong Care Plan in resident's medical record. Patient #6-Incident report of 5-5-06 indicates wander guard utilized for this resident, however, no other documentation ins contained in the medical record-not on Care Plan and no follow-up documentation regarding use or discontinuance of wander guard. SGW<br>Partially Met-Patient #21 had multiple documented episodes of leaving the facility and returning with the smell of alcohol and appearing drunk. He had two falls and in a third incident was found off site and returned by the fire department. The assessment was not revised nor care plan implemented to deal with this issue. JBL |
| 2. A comprehensive care plan must be:<br><br>i. Developed within 7 calendar days after completion of the | M | (P) | N | NA | Partially Met- one of two new admissions in January 2007 (#13) did not have the MDS completed within fourteen days of admission (due 1-18-07) and no care plan was completed (due 1-25-07) JBL |

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| comprehensive assessment;<br>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<br>iii. Periodically reviewed and revised by a team of qualified persons after each assessment. | | | | | |
| 3. The services provided or arranged by the facility must:<br><br>i. Meet professional standards of quality; and<br>ii. Be provided by qualified persons in accordance with each resident's written plan of care. | M | (P) | N | NA | Partially Met-Review of 20 patient records demonstrated problems with weights and documentation of administration of medications/treatments. Patient #12 had a weight change from 165# (12/06) to 148.6# (1/07). No reweigh was found and no follow-up documented in patient record. The last dietary note was 12/13/06. Patient #13 was admitted 1/4/07 without an admission weight. MD ordered weight to be done 1/8/07, dietary note of 1/10/07 documented no admission weight was available. There was missing documentation that medications/treatments were done on: Patients #19, #14, #11, #4, #2, #3, #6, #7. There was no order found for Patient #16 to be on a CPAP machine.JBL |
| e. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes:<br><br>1. A recapitulation of the resident's stay;<br><br>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<br><br>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) | P | N | NA | Met-SGW |
| **§ 51.120 Quality of care.**<br><br>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.<br><br>a. Reporting of Sentinel Events:<br><br>1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function.<br><br>2. Examples of sentinel events are as follows:<br><br>i. Any resident death, paralysis, coma or other major permanent | M | (P) | N | NA | The facility management must report sentinel events to the director of the VA medical center facility of jurisdiction within 24 hours of identification and complete RCA within 45 days in accordance with State Veterans Homes Patient Safety Improvement Handbook. A fall event on 7/20/06 resulted in a surgical intervention. Safety Code Assessment process increases score of "3" to a catastrophic as a result of **frequency** of falls that occur at ASVH.<br><br>Completed RCA was submitted to ASVH Quality Committee according to August 2006 minutes within 45 days with appropriate actions taken to prevent injuries and manage negative consequences. The ASVH process for scoring and timely reporting of sentinel events to the facility of jurisdiction needs review. JML |

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| loss of function associated with a medication error; or<br>ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or<br>iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or<br>iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or<br>v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or<br>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.<br><br>3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification. | | | | | |
| 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.<br><br>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) | P | N | NA | JML |
| b. Activities of daily living. Based on the comprehensive assessment of a resident, the facility management must ensure that:<br><br>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:<br>i. Bathe, dress, and groom;<br>ii. Transfer and ambulate;<br>iii. Toilet;<br>iv. Eat; and<br>v. Talk or otherwise communicate. | (M) | P | N | NA | Met-JBL |
| 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) | P | N | NA | RDK |
| 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 | (M) | P | N | NA | |

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| elimination. | | | | | |
| 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:<br><br>1. In making appointments; and<br><br>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) | P | N | NA | Met-JBL |
| d. Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that:<br><br>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<br><br>2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. | (M) | P | N | NA | Met-JBL |
| e. Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that:<br><br>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<br><br>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) | P | N | NA | Met-JBL |
| 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) | P | N | NA | Met-JBL |
| f. Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that:<br><br>1. A resident who enters the facility without a limited range of motion | (M) | P | N | NA | Met-JBL |

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| 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<br><br>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. | | | | | |
| 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. | M | P | (N) | NA | Not Met-Resident #1-staff have documented repeated substance abuse issues without any follow-up services or interventions. Resident#1-found lying in a street and stating he "wanted to go home to Heaven" with no follow-up interventions or risk assessments. Resident #2-received 2 psychiatric evaluations indicating Delusional d/o, refused medications, no further interventions or assessments documented. Resident #2-RN notes indicate episodes of delusional thought and verbal aggression and resident-to-resident abuse, Social work notes indicate no mood/behaviors for the same periods of time. Resident #6-wander guard applied secondary to being found on residential street, facility unable to clarify what are the procedures related to use of wander guard. Chart indicates date of wander guard application (5-5-06), there are no subsequent follow-up notes in the chart through 1-25-07. |
| h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that:<br><br>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 unavoidable; and<br><br>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. | (M) | P | N | NA | Met. CEG |
| i. Accidents. The facility management must ensure that:<br><br>1. The resident environment remains as free of accident hazards as is possible; and<br><br>2. Each resident receives adequate supervision and assistance devices to prevent accidents. | M | (P) | N | NA | Partially Met-Patient #21 had multiple documented episodes of leaving the facility and returning with the smell of alcohol and appearing drunk. He had two falls and in a third incident was found off site and returned by the fire department. The assessment was not revised nor care plan implemented to deal with this issue. JBL |
| j. Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident: | (M) | P | N | NA | Met. CEG |

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| 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<br><br>2. Receives a therapeutic diet when a nutritional deficiency is identified. | | | | | |
| k. Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health. | M | (P) | N | NA | Met. CEG<br>**Partially Met**-Patient #12 had a weight change from 165# (12/06) to 148.6# (1/07). No reweigh was found and no follow-up documented in patient record. The last dietary note was 12/31/06. Patient #13 was admitted 1/4/07 without an admission weight. MD ordered weight to be done 1/8/07, dietary note of 1/10/07 documented no admission weight was available. JBL |
| l. Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services:<br><br>1. Injections;<br><br>2. Parenteral and enteral fluids;<br><br>3. Colostomy, ureterostomy, or ileostomy care;<br><br>4. Tracheostomy care;<br><br>5. Tracheal suctioning;<br><br>6. Respiratory care;<br><br>7. Foot care; and<br><br>8. Prostheses. | (M) | P | N | NA | Met. CEG |
| m. Unnecessary drugs:<br><br>1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:<br><br>i. In excessive dose (including duplicate drug therapy); or<br>ii. For excessive duration; or<br>iii. Without adequate monitoring; or<br>iv. Without adequate indications for its use; or<br>v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or<br>vi. Any combinations of the reasons above. | (M) | P | N | NA | Pull of 20 random charts indicate compliance. MA |
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| 2. Antipsychotic Drugs. Based on comprehensive assessment of a resident, the facility management must ensure that:<br><br>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<br>ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. | (M) | P | N | NA | Charts indicate recommendations to taper anti-psychotics when appropriate. Additionally, AIMS tests, consent form and behavioral sheets are all readily available. |
| n. Medication Errors. The facility management must ensure that:<br><br>1. Medication errors are identified and reviewed on a timely basis; and<br><br>2. Strategies for preventing medication errors and adverse reactions are implemented. | (M) | P | N | NA | Forms are filled out by the RN when a medication error occurs. These forms are turned in to the supervisor and eventually the DON. Some proactive approaches to prevent medication errors include the use of name alert sheets on patient charts and the investigation into the possible use of bar-coded medication administration. |
| **§ 51.130 Nursing Services**<br><br>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.<br><br>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) | P | N | NA | Met-JBL |
| b. The facility management must provide registered nurses 24 hours per day, 7 days per week. (See staffing profile) | (M) | P | N | NA | Met-JBL |
| c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty.<br><br>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 the nursing home.<br><br>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 | (M) | P | N | NA | Met-JBL |

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| only when the facility has an average daily occupancy of 60 or fewer residents in the nursing home. | | | | | |
| 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. (See staffing profile) | (M) | P | N | NA | Met-JBL |
| 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 | (P) | N | NA | Partially Met- During inspection on the patient units, it was noted patient call lights were not always answered in a timely manner. One light was on for twenty-five minutes and answered when VA inspector brought it to staff attention. There were other incidences of 10-15 minute delays in answering lights. There were no instances where emergency lights were not answered in a timely manner. JBL |
| **§ 51.140 Dietary services.**<br><br>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.<br><br>a. Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis.<br><br>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.<br><br>2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association. | (M) | P | N | NA | Met. CEG |
| b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service. | (M) | P | N | NA | Met. CEG |
| c. Menus and nutritional adequacy. Menus must:<br><br>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;<br><br>2. Be prepared in advance; and<br><br>3. Be followed. | M | P | (N) | NA | Not Met.<br>This standard was not met based on multiple observations of meals in the dining rooms. The overall problem appears to be that nursing staff are not reviewing the resident's tray ticket prior to serving the resident's tray. The tray ticket is placed on the table and then the napkin and silverware are placed on top of the tray ticket which makes it difficult to review the resident's meal for accuracy. This results in residents either not receiving items that are specified on their tray ticket/menu and/or resident's receiving the wrong menu item.<br>A plan of correction submitted in response to the VA Survey in January 2006 |

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| | | by the ASVH on 3/23/06 states that "Dietary Services will send thickened liquid products, such as coffee, water, milk and juices, when available, on the meal trays." Only thickened milk is currently provided by dietary services. Also, the same plan of correction states that the diet/meal tickets were placed in a more visible area on the resident's tray so that the staff could easily note the appropriate type of milk to be given to the resident. From the observations below, this change has not improved the situation.<br>The facility's Policy Statement regarding Supervision of Resident Nutrition states the following:<br>1. Nursing personnel are responsible for assuring that residents are served the correct diet.<br>2. Prior to serving the tray, check the diet card to assure that it is correct. If there is doubt, check the written physician's order.<br>As stated above, observations reflected that nursing staff were not checking tray tickets for accuracy.<br>Patient#1-diet order: Reg, 1800 ADA, (Fluid restr on TT but not ordered by MD) Tray Ticket specified 2% mild; Pt received 2 whole milk and a juice.<br>Patient#2-diet order: Reg, Reg w/chopped meat. Chopped meat contained a bone.<br>Patient #3-diet order: LF LC Reg. TT listed 2% mild-didn't receive<br>Patient #4-diet order: Reg, Reg. TT listed skim milk-received whole milk<br>Patient #5-diet order: Reg. TT listed yogurt and banana-didn't receive<br>Patient #6-Lf, LC mech soft, Nectar Thick liquids-Received Honey Thick Milk<br>Patient #7-TT listed whole milk-received low fat<br>Patient #8 TT listed skim milk, prune juice and bottled water-did not receive. During bev distribution, received cranberry juice.<br>Patient #9-TT listed banana-didn't receive; CNA called kitchen and was informed they were out of bananas-no sub offered<br>Patient #10-Diet order LF, LC-received whole milk<br>Patient #11-TT listed bottled water-did not receive<br>Patient #12 RCS, Reg. TT listed 8 oz Clucerna-did not receive<br>Patient #13-RCS, Reg. TT listed whole milk-received low fat Patient had 2 full size pieces of choc cake on tray<br>Patient #14-Reg., TT listed salad daily –did not receive<br>Patient #15: RCS, Mech. TT listed 2% milk-given whole milk<br>Patient #6 (lunch)-LF, LC mech soft, nectar thick liquid. Pt. received whole milk which CNA thickened.<br>Patient #16: Reg Diet 1 banana, 1 van yogurt-did not receive<br>Patient #17-Reg, Pureed-received LF milk<br>Patient #18-Thick liquids-received skim milk; CNA had to thicken<br>Patient #19-Reg, Pureed-Tom juice-did not receive<br>Patient #20-Reg, Pureed-Nectar Thick V-8 juice-did not receive Promote-received Nepro; CNA removed (no fluids given at breakfast) CEG |
| d. Food. Each resident receives and the facility provides:<br><br>1. Food prepared by methods that conserve nutritive value, flavor, and appearance; | (M) P N NA | Met. CEG |

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| 2. Food that is palatable, attractive, and at the proper temperature;<br><br>3. Food prepared in a form designed to meet individual needs; and<br><br>4. Substitutes offered of similar nutritive value to residents who refuse food served. | | | | | |
| e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician. | M | (P) | N | NA | Partially met. CEG<br>Patient #21-MD order was 1800 cal, REG. Tray ticket had fluid restriction identified-there was no MD order for a fluid restriction.<br>Patient #22-Reg, Puree, Nectar Thick. MD ordered Promote. Patient did not receive. |
| f. Frequency of meals.<br><br>1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.<br><br>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.<br><br>3. The facility staff must offer snacks at bedtime daily.<br><br>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) | P | N | NA | Met-CEG |
| g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them. | (M) | P | N | NA | Met. CEG |
| h. Sanitary conditions. The facility must:<br><br>1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities;<br><br>2. Store, prepare, distribute, and serve food under sanitary conditions; and<br><br>3. Dispose of garbage and refuse properly. | (M) | P | N | NA | Met. CEG |
| **§ 51.150 Physician services.** | (M) | P | N | NA | PCR |

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| 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.<br><br>a. Physician supervision. The facility management must ensure that:<br><br>1. The medical care of each resident is supervised by a primary care physician;<br><br>2. Each resident's medical record must list the name of the resident's primary physician; and<br><br>3. Another physician supervises the medical care of residents when their primary physician is unavailable. | | |
| b. Physician visits. The physician must:<br><br>1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;<br><br>2. Write, sign, and date progress notes at each visit; and<br><br>3. Sign and date all orders. | (M) P N NA | PCR |
| c. Frequency of physician visits.<br><br>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.<br><br>2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.<br><br>3. Except as provided in paragraphs (c)(4) of this section, all required physician visits must be made by the physician personally.<br><br>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) P N NA | PCR |
| 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) P N NA | |

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| e. Physician delegation of tasks.<br><br>1. Except as specified in paragraph (e)(2) of this section a primary physician may delegate tasks to:<br><br>i. A certified physician assistant or a certified nurse practitioner; or<br>ii. A clinical nurse specialist who:<br><br>A. Is acting within the scope of practice as defined by State law; and<br>B. Is under the supervision of the physician.<br><br>Note: A certified clinical nurse specialist with experience in long term care is preferred. | (M) | P | N | NA | PCR |
| 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) | P | N | NA | PCR, RDK |
| **§ 51.160 Specialized rehabilitative services.**<br><br>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:<br><br>1. Provide the required services; or<br><br>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) | P | N | NA | RDK |
| b. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. | (M) | P | N | NA | RDK |
| **§ 51.170 Dental Services. A facility:**<br><br>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;<br><br>b. May charge a resident an additional amount for routine and emergency | (M) | P | N | NA | RDK |

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| dental services;<br><br>c. Must, if necessary, assist the resident:<br><br>1. In making appointments; and<br><br>2. By arranging for transportation to and from the dental services; and<br><br>3. Promptly refer residents with lost or damaged dentures to a dentist. | | | | | |
| **§ 51.180 Pharmacy services**<br><br>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) | P | N | NA | The facility contracts with Omnicare for emergency drugs. Drug information is disseminated at monthly meetings. MA |
| 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) | P | N | NA | The facility contracts with Omnicare pharmacy and the Carl T Hayden VAMC to provide pharmacy services to its residents. MA |
| 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:<br><br>1. Provides consultation on all aspects of the provision of pharmacy services in the facility;<br><br>2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. | (M) | P | N | NA | Both Omnicare and the VAMC provide pharmacist consultants to do chart reviews on all residents on a monthly basis. MA |
| c. Drug regimen review.<br><br>1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.<br><br>2. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon. | (M) | P | N | NA | Charts that were reviewed indicate that a pharmacist is reviewing each resident chart on a monthly basis. Reports are acted upon in a timely manner. MA |

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| 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. | M | (P) | N | NA | Vials of PPD and insulin in most cases were dated, but were still present in the refrigerator after their 28 day expiration period had elapsed. No other expired drugs were found. MA |
| e. Storage of drugs and biologicals.<br><br>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. | (M) | P | N | NA | Medications were all appropriately stored and locked. Refrigerator did not contain any food items. MA |
| 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) | P | N | NA | Controlled drugs are kept under lock and key on the nursing wards. Emergency stock of controlled substance are kept under lock and key in the supervisors office and 2 signatures are required when dispensing medication from the emergency stock. MA |
| **§ 51.190 Infection Control.**<br><br>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.<br><br>a. Infection control program. The facility management must establish an infection control program under which it:<br><br>1. Investigates, controls, and prevents infections in the facility;<br><br>2. Decides what procedures, such as isolation, should be applied to an individual resident; and<br><br>3. Maintains a record of incidents and corrective actions related to infections. | M | P | (N) | NA | 1. **Not met**: Documentation of the facility infection control program's activities to investigate, control and prevent infections was not found in the manuals available. The only Infection Control Committee meeting report was for July 2006.<br>2. **Partially met**: a. The infection control manual contains information that is not applicable to the current situation. Airborne isolation procedures are described in depth and the facility is not capable of housing a patient requiring this isolation.<br>b. The infection control manual procedures are copied from a source that describes OSHA requirements regarding exposure controls; evidence of compliance was not found.<br>c. At the 7/06 ICC meeting it was decided that Isolation Carts were to be placed (1 for each unit) to make PPE available for staff. Carts were not available.<br>3. **Partially met**: Documentation of infections, incidents, exposures for 2006 was not available. |
| b. Preventing spread of infection:<br><br>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.<br><br>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. | M | P | (N) | NA | 1. **Not met**: a. The IC manual states that prior to admission, the facility will know if the patient has an active infection or colonization with a clinically significant MDRO. Evidence of this surveillance was not found.<br>b. There was no evidence that patients with an MDRO were managed any different from other patients.<br><br>2. **Met**: The facility Employee Health program does prohibit employees who may have a communicable disease from direct |

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| 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. | | | | | patient contact.<br>3. **Partially met**: Hand hygiene is required; there was no evidence of monitoring this compliance. |
| c. Linens. Personnel must handle; store, process, and transport linens so as to prevent the spread of infection. | (M) | P | N | NA | 1. **Met**: There were no problems found with linen storage, processing or transporting. ST |
| **§ 51.200 Physical environment.**<br><br>The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.<br><br>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.** | M | P | (N) | NA | **Deficiency Noted**: Storage too close to sprinklers in the facilities kitchen storage room.<br>Reference: NFPA 13<br><br>**Recommendation:** Maintain at least an 18 inch clearance from the lower part of sprinklers<br>**Deficiency Noted**: Door wedges used to hold open door to housekeeping office; also door closer has been removed.<br>Reference: NFPA 101<br><br>**Recommendation:** Evaluate space to determine if this is part of the fire / smoke barrier and if so install door closer and keep door closed, unless it is held open by a device that will allow it to close when fire alarms are activated.<br>**Deficiency Noted**: Excess oxygen E-tanks were stored improperly (stacked on other tanks) in the storage area.<br>Reference: NFPA 99<br><br>**Recommendation;** The facility needs to train staff to use the storage area properly and if needed use the other half of the area to store excess tanks. These tanks need to be in a rack and / or secured from tipping and / or falling. (Note) there were numerous tank storage spaces in the front part of this area that were empty. **MS** |
| b. Emergency power.<br><br>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.<br><br>2. The system must be the appropriate type essential electrical system in accordance with the requirement of NFPA 99, Health Care Facilities.<br><br>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.<br><br>4. The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other | (M) | P | N | NA | |

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| approved sources per NFPA 99, Health Care Facilities. | | | | | |
| c. Space and equipment. Facility management must:<br><br>1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed<br><br>2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. | (M) | P | N | NA | |
| d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents:<br><br>1. Bedrooms must:<br><br>**Existing home square footage. Review guidelines for Existing home and UFAS standards.**<br><br>i. **Accommodates no more than four residents**;<br>ii. Measure at least 115 net square feet per resident in multiple resident bedrooms;<br>iii. Measure at least 150 net square feet in single resident bedrooms;<br>iv. Measure at least 245 net square feet in large double resident bedrooms; and<br>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.<br>vi. Have direct access to an exit corridor.<br>vii. Be designed or equipped to assure full visual privacy for each resident;<br>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;<br>ix. Have at least one window to the outside; and<br>x. Have a floor at or above grade level. | (M) | P | N | NA | Met for areas nursing inspects-JBL, JL |
| 2. The facility management must provide each resident with:<br><br>i. A separate bed of proper size and height for the safety of the resident;<br>ii. A clean, comfortable mattress;<br>iii. Bedding appropriate to the weather and climate; and | (M) | P | N | NA | |

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| iv. Functional furniture appropriate to the resident's bedroom with clothes racks and shelves accessible to the resident. | | | | | |
| 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 | P | N | NA | |
| f. Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from:<br>1. Resident rooms; and<br>2. Toilet and bathing facilities. | 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:<br>1. Be well lighted;<br>2. Be well ventilated;<br>3. Be adequately furnished; and<br>4. Have sufficient space to accommodate all activities. | M | P | N | NA | Met. CEG, BWM |
| 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:<br>1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply; | M | P | N | NA | MS |
| 2. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two; | M | P | N | NA | MS |
| 3. Equip corridors with firmly secured handrails on each side; and | M | P | N | NA | MS |
| 4. Maintain an effective pest control program so that the facility is free of pests and rodents. | M | P | N | NA | JL |