

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2013
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NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 EDSON PLACE, NE WASHINGTON, DC 20019
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from November 18, 2013 through December 4, 2013. A sample of three clients was selected from a population of two males and three females with varying degrees of intellectual disabilities. This survey was initiated utilizing the full survey process. During the course of the survey, a comprehensive review of Client #2's and Client #5's health care and nutritional status was conducted.</p> <p>The findings of the survey were based on observations, interviews with direct support staff, nursing and administrative staff, as well as a review of clients' medical and habilitation records and the facility's administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Healthy Weight Range - HWR Primary Care Physician - PCP Pounds - lbs Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHID Individual Support Plan - ISP Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician's Order - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN</p>	W 000		
W 189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with</p>	W 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 189

Continued From page 1
initial and continuing training that enables the
employee to perform his or her duties effectively,
efficiently, and competently.

This STANDARD is not met as evidenced by:
Based on observation, interview and record
review, the facility failed to ensure staff was
effectively trained to manage the provisions
outlined in each client's nutritional assessment,
for one of the three clients in the sample. (Client
#3)

The finding includes:

On November 18, 2013, beginning at 5:05 p.m.,
dinner observations revealed Client #3 was
served baked fish, red beans and rice, tomatoes
and okra, fruit and juice for dinner. The client
was not observed to eat her baked fish, tomatoes
and okra. The client did however, eat the red
beans and rice, and fruit. Continued observations
of the dinner meal revealed the client was given
broccoli and cheese and 10 to 15 breaded
chicken nuggets as a substitution for the baked
fish, tomatoes and okra. Client #3 consumed
100% of the meal substitutions. At 7:25 p.m.,
interview with DSP #3 confirmed that Client #3
ate 10 to 15 chicken nuggets along with the
broccoli and cheese. When queried, DSP #3
stated that she has had training on Client #3's
diet and menu substitutions.

On November 19, 2013, 12:21 p.m., review of
Client #3's nutritional assessment dated July 10,
2013, revealed the client was prescribed a low
fat, low salt, high fiber 1200 calorie bite size diet.
At approximately 3:00 p.m., interview with DSP
#3, who prepared the dinner meal on November

W 189

W189

VOAC will ensure that training for all
staff is effective. QIDP/RC, nurses and
consultants will conduct training and
quiz staff regularly to ensure the
information shared during training is
understood and staff can transfer the
information to the daily functions.
VOAC will ensure retraining of all staff
on the nutritional assessment.
Particular attention will be given to the
concerns about the weight.

By 1/14/14

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W 189	<p>Continued From page 2</p> <p>18, 2013, confirmed that Client #3 was prescribed a low fat, low salt 1200 calorie diet. When asked how many chicken nuggets should Client #3 consume while on a 1200 calorie diet, DSP #3 responded by saying, "she was not sure". DSP #3 also stated that she should have placed the chicken nuggets in the oven as oppose to frying the on top of the stove.</p> <p>On November 19, 2013, at 12:30 p.m., review of the Client #3's vital sign charts from November 2013 through July 2013 revealed the following weight increases:</p> <ul style="list-style-type: none"> - November 2013 weight was 139.5 lbs. - October 2013 weight was 137 lbs. - September 2013 weight was 136.9. - August 2013 weight was 135.1 lbs. - July 2013 weight was 135 lbs. <p>Further review of the vital sign charts revealed the client's HWR was 114 lbs - 149 lbs. Although Client #3 remains within her HWR, her weight continues to increase.</p> <p>Review of the In-service training records on November 20, 2013, at 10:30 a.m., revealed that all staff had received training on Client #3's nutritional needs on November 9, 2013. Observations on November 18, 2013, however, indicated that the training had not been implemented or effective.</p>	W 189		
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN	W 242		

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W 242	<p>Continued From page 3</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide each client with training to reduce the dependency on the use of a bib during mealtimes, for one the three clients included in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The facility failed to provide evidence that Client #3 was given an opportunity to learn how to protect her clothing during mealtimes without the use of a bib.</p> <p>Client #3 was observed wearing a cloth bib during dinner time on November 18, 2013, from 5:05 p.m. through 5:22 p.m. There was minimal to no food spillage observed throughout the meal. At 5:18 p.m., DSP #2 was observed to hand Client #3 a napkin to wipe her mouth. Moments later, the client wiped her mouth independently and was given verbal praise by staff. At 5:22 p.m., when asked, the QIDP removed the bib from around Client #3's neck and replaced it with a paper towel. Again, there was minimal to no food spillage observed. At approximately 5:25 p.m., DSP #2 was interviewed to ascertain why Client #3 wore a cloth bib during dinner time. DSP #2</p>	W 242	<p>—</p> <p>W242</p> <p>VOAC will ensure to the extent possible and based on the individuals ISP and functional abilities that staff are trained on how to support each individual using their . QIDP will ensure that to the extent possible, the individual in question gets an opportunity to participate fully in her activities of daily living to include mealtime.</p> <p>By 1/4/14</p>		

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W 242

Continued From page 4
stated that Client #3 wore a cloth bib during
mealtime to protect her clothing. When further
queried if a cloth bib was worn while on outings at
restaurants, DSP #2 responded by saying, "no",
Client #3 used the restaurant cloth napkin.

Interview with the QIDP on November 19, 2013,
at 2:30 p.m., revealed that Client #3 was more
than capable of using a paper towel and/or cloth
napkin during mealtimes to protect her clothing.
When asked if there was a training program in
place to teach the client to protect her clothing
during mealtimes, the QIDP replied "No".

W 331

483.460(c) NURSING SERVICES

The facility must provide clients with nursing
services in accordance with their needs.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility
failed to ensure that nursing personnel informed
the PCP of the frequent use of the PRN
medications administered for nausea/vomiting
and itching, for one of the three clients in the
sample. (Client #2)

The finding includes:

The facility nursing staff failed to ensure that the
PCP was made aware of the frequent use of PRN
medications for Client #2, as evidenced below:

Review of the medical records on December 3,
2013, at 11:10 a.m., revealed Client #2 had
diagnoses that included Itchy scalp, Pruritus,
Folliculitis, Seborrheic dermatitis,
Dermatophytosis of hands, hiatal hernia,

W 242

W 331

W331

VOAC will ensure that its nursing
personnel inform the PCP of the
frequent use of PRN medications.
Nurses will notify PCP once PRN use of
medication becomes frequent to ensure
that The PCP is aware and agree to the
use of the PRN frequently. The RN will
be counseled on the need to document
her phone calls to the PCP.

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W 331

Continued From page 5

esophageal ulcer, Esophagitis, and Situs Inversus. Review of the September 2013 physician's orders (POs) revealed Client #2 was prescribed Benadryl 25 mg PRN at bedtime for Pruritus and Phenergan 25 mg suppository rectal (insert 1 suppository rectally every twelve hours as needed for nausea and vomiting).

On December 3, 2013, at 11:12 a.m., review of the October 2013 and November 2013 MARs and corresponding nursing notes revealed that the nursing staff administered the PRN medications of Benadryl for Pruritus and Phenergan for nausea, vomiting and itching 17 out of 34 days as indicated below:

- October 7, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR and corresponding nursing note documented that the medications were effective and helpful, respectively.
- October 8, 2013 - Benadryl (6:00 p.m.) and Phenergan (8:00 p.m.) were administered. The MAR documented that the medications were helpful.
- October 9, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective and helpful, respectively.
- October 10, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective and helpful, respectively.
- October 11, 2013 - Benadryl and Phenergan

W 331

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W 331	<p>Continued From page 6</p> <p>were administered at 8:00 p.m. The MAR documented that the medications were effective.</p> <ul style="list-style-type: none"> • October 14, 2013 - Benadryl (6:00 p.m.) and Phenergan (8:00 p.m.) were administered. The MAR documented that the medications were effective. • October 17, 2013 - Benadryl was administered. The MAR did not reflect whether or not the medication was effective. • October 18, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. • October 19, 2013 - Benadryl and Phenergan were administered. The MAR did not reflect whether or not the medications were effective. • October 22, 2013 - Benadryl was administered. The MAR did not reflect whether or not the medication was effective. • October 25, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. • October 28, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. • November 1, 2013 - Benadryl was administered at 8:00 p.m. The MAR documented the medication was effective. • November 4, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were helpful. 	W 331			

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W 331	<p>Continued From page 7</p> <ul style="list-style-type: none"> November 5, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were helpful. November 6, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective. November 7, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective. <p>Interview with the LPN on December 4, 2013 at 4:10 p.m., revealed that he had been working with Client #2 for over two years. Further interview with the LPN revealed that Client #2 was aphasic (non-verbal) and presented episodes of itching (scratching at her neck, ear, and hands) several times week. Continued discussion with the LPN revealed that Client #2 exhibited frequent vomiting during the months of October 2013 and November 2013.</p> <p>Review of Client #2's record on December 4, 2013, at 10:05 a.m., revealed that the facility utilized a form to document the client's frequency of vomiting. The form, entitled "Vomiting Monitoring Form" (VMF), documented that Client #2 vomited three times in October 2013 and four times in November 2013 (totaling seven episodes). The LPN was queried to ascertain why the Phenergan and Benadryl were given more times than reflected on the VMF for October 2013 and November 2013. The LPN stated that Client #2 presented signs of vomiting (retching) at times and that's why the medication was administered. The LPN stated that although he documented as having administered Phenergan</p>	W 331			

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W 331	Continued From page 8 for nausea and vomiting in his nursing notes and on the MAR, he did not document retching on the VMF. Interview with the RN, on December 3, 2013, at 3:03 p.m., revealed that she spoke to the PCP about notifying him each time Client #2's PRN medications (Phenergan and Benadryl) were administered. The RN stated that according to the PCP, the nursing staff did not have to call each time PRN medications were administered because they were not administering the medications outside of the orders. When asked to see notifications to the PCP for the frequent use of the PRN medications for October 2013 and November 2013, the RN stated that she did not document the phone calls in the nursing notes.	W 331			
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record verification, the facility failed to ensure that a client received their Sure Prep in accordance with physician's orders, for one of three clients in the sample. (Client #1) The finding includes: On November 18, 2013, beginning at 8:30 p.m., LPN #2 was observed cleaning Client #1's left ischial decubitus with "Skintegrity" wound cleaner. LPN #2 then moistened a Kerlix gauze in a	W 368	W368 VOAC and the nursing team will ensure that individuals receive their medication regiment as prescribed and documented in the Physician Order Sheet. Sure prep has since been purchased and is in use according to the POS. VOAC and RN will ensure that the nurses are in-serviced on following POS. By 1/17/14		

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W 368	Continued From page 9 container filled with Dakins Solution and secured it to the wound. On November 19, 2013, at 9:30 a.m., review of the client's physician's order sheets (POS) dated November 15, 2013, revealed an order to apply Sure Prep to the surrounding tissue of the left ischial decubitus. Interview with LPN #1 on November 19, 2013, at 11:15 a.m., revealed Sure Prep should be used to protect the skin and keep the tape on. At the time of survey, the LPN failed to apply Sure prep, as prescribed by the PCP.	W 368		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills quarterly, for one of the five shift of duty reviewed (weekend 6:00 p.m. - 6:00 a.m.). The finding includes: The facility failed to conduct simulated fire drills at least four times (4) a year for each shift, as evidenced below: On November 18, 2013, at 2:12 p.m., interview with DSP #1 revealed that there were five designated shifts (8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and 12:00 a.m. - 8:00 a.m.), Monday through Friday. Further interview	W 440	W 440 VOAC will ensure that fire drills are conducted according to the regulatory requirements; one per shift per quarter. VOAC will ensure that RC and QIDP monitor the data collection process to ensure drills are documented accordingly. By 1/10/14	

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W 440	Continued From page 10 revealed that there were two designated shifts (8:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m.) for the weekend (Saturday/Sunday).	W 440			
W 448	Review of the facility's fire drill records on November 18, 2013, beginning at 2:15 p.m. revealed that no drills were held during the weekday shift (12:00 a.m. - 8:00 a.m.) from January 2013 through March 2013 and weekend shift (6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m.) from January 2013 through March 2013. At 2:59 p.m., the QIDP reviewed the fire drill reports and confirmed that no drills were conducted during the aforementioned time periods (January 2013 - March 2013). The QIDP then stated that she would follow-up with management staff regarding this issue. 483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide evidence that problems with evacuation drills were investigated and addressed, for five of the five clients in the facility. (Clients #1, #2, #3, #4 and #5) The finding includes: On November 18, 2013, observations conducted from 9:05 a.m. through 7:20 p.m., revealed Clients #1, #2, #3 and #5 were non-mobile and utilized a custom-molded wheelchair for their mobility. Client #4 utilized a standard wheelchair	W 448	<p>W448</p> <p>VOAC will ensure that QIDP, RC, nurses and Quality Assurance Coordinator review and where necessary investigate problems with drills. The time frame for conducting drills will be examined to ensure all staff conducting drills understands what the acceptable time frame for a drill is.</p> <p>By 1/10/14</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2013
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA			STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
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W 448	<p>Continued From page 11</p> <p>for mobility. All five clients were also observed to have hospital beds in their bedrooms.</p> <p>Review of the fire evacuation drills from the period January 2013 through November 2013 was conducted on November 18, 2013, beginning at 2:15 p.m. The facility had documented several drills conducted during the twelve (12) month period. While some drills were drills achieved more- than 10 minutes, several took less time to complete during the overnight shift, as evidence below:</p> <ul style="list-style-type: none"> - an overnight drill on May 17, 2013, reportedly took one and half minutes to complete; - an overnight drill on August 31, 2013, reportedly took three minutes and fifteen seconds to complete; - an overnight weekend drill on August 31, 2013, reportedly too three minutes to complete; and, - an overnight drill on October 30, 2013, reportedly took three minutes and fifteen seconds to complete; <p>The QIDP and DSP #1 were both interviewed on November 18, 2013, at 2:59 p.m. When mentioned that several fire drills took less than three minutes to complete the aforementioned fire drills, they (QIDP and DSP #1) both responded by saying, "that was impossible", given the clients overall health issues. The QIDP then stated that there was only three staff on duty during the overnight shift and that each client required a two-person lift for transfer. When further queried to ascertain if the problem had been investigated, the QIDP failed to be able to</p>	W 448			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/27/2013
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W 448	Continued From page 12 provide information and/or documented evidence that the issue had been addressed. At the time of the survey, the facility failed to provide evidence that problems associated with evacuation drills were addressed.	W 448			

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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from November 18, 2013 through December 4, 2013. A sample of three residents was selected from a population of two males and three females with varying degrees of intellectual disabilities. During the course of the survey, a comprehensive review of Resident #2's and Resident #5's health care and nutritional status was conducted.</p> <p>The findings of the survey were based on observations, interviews, and the review of records, including incident reports.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Primary Care Physician - PCP Pounds - lbs Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Individual Support Plan - ISP Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician's Order - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN</p>	I 000		
I 135	<p>3505.5 FIRE SAFETY</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by:</p>	I 135	<p>3505.5</p> <p>VOAC will ensure that fire drills are conducted according to the regulatory requirements; one per shift per quarter. VOAC will ensure that RC and QIDP monitor the data collection process to ensure drills are documented accordingly.</p> <p>By 1/10/14</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

DV2Y11

If continuation sheet 1 of 8

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I 135	<p>Continued From page 1</p> <p>Based on interview and record review, the GHIID failed to hold evacuation drills quarterly, for three of the five shift of duties reviewed (Weekday 12:00 a.m. - 8:00 a.m. and weekend 6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m.).</p> <p>The finding includes:</p> <p>The GHIID failed to conduct simulated fire drills at least four times (4) a year for each shift, as evidenced below:</p> <p>On November 18, 2013, at 2:12 p.m., interview with DSP #1 revealed that there were five designated shifts (8:00 a.m. - 4:00 p.m.; 4:00 p.m. - 12:00 a.m.; and 12:00 a.m. - 8:00 a.m.), Monday through Friday. Further interview revealed that there were two designated shifts (6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m.) for the weekend (Saturday/Sunday).</p> <p>Review of the GHIID's fire drill records on November 18, 2013, beginning at 2:15 p.m. revealed that no drills were held during the weekday shift (12:00 a.m. - 8:00 a.m.) from January 2013 through March 2013 and weekend shift (6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m.) from January 2013 through March 2013. At 2:59 p.m., the QIDP reviewed the fire drill reports and confirmed that no drills were conducted during the aforementioned time periods (January 2013 - March 2013). The QIDP then stated that she would follow-up with management staff regarding this issue.</p>	I 135		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	I 401		

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I 401	<p>Continued From page 2</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHIID failed to ensure that nursing personnel informed the PCP of the frequent use of the PRN medications administered for nausea/vomiting and itching, for one of the three residents in the sample. (Resident #2)</p> <p>The findings include:</p> <p>The GHIID nursing staff failed to ensure that the PCP was made aware of the frequent use of PRN medications for Resident #2, as evidenced below:</p> <p>Review of the medical records on December 3, 2013, at 11:10 a.m., revealed Resident #2 had diagnoses that included Itchy scalp, Pruritus, Folliculitis, Seborrheic dermatitis, Dermatophytosis of hands, hiatal hernia, esophageal ulcer, Esophagitis, and Situs Inversus. Review of the September 2013 physician's orders (POs) revealed Resident #2 was prescribed Benadryl 25 mg PRN at bedtime for Pruritus and Phenergan 25 mg suppository rectal (insert 1 suppository rectally every twelve hours as needed for nausea and vomiting).</p> <p>On December 3, 2013, at 11:12 a.m., review of the October 2013 and November 2013 MARs and corresponding nursing notes revealed that the nursing staff administered the PRN medications of Benadryl for Pruritus and Phenergan for nausea, vomiting and itching 17 out of 34 days as</p>	I 401	<p>3520.3</p> <p>See W 331 and W 368</p> <p>VOAC will ensure that its nursing personnel inform the PCP of the frequent use of PRN medications. Nurses will notify PCP once PRN use of medication becomes frequent to ensure that The PCP is aware and agree to the use of the PRN frequently. The RN will be counseled on the need to document her phone calls to the PCP.</p> <p>By 1/14/14</p>	

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I 401	<p>Continued From page 3</p> <p>Indicated below:</p> <ul style="list-style-type: none"> October 7, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR and corresponding nursing note documented that the medications were effective and helpful, respectively. October 8, 2013 - Benadryl (6:00 p.m.) and Phenergan (8:00 p.m.) were administered. The MAR documented that the medications were helpful. October 9, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective and helpful, respectively. October 10, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective and helpful, respectively. October 11, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective. October 14, 2013 - Benadryl (6:00 p.m.) and Phenergan (8:00 p.m.) were administered. The MAR documented that the medications were effective. October 17, 2013 - Benadryl was administered. The MAR did not reflect whether or not the medication was effective. October 18, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. 	I 401		

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I 401	<p>Continued From page 4</p> <ul style="list-style-type: none"> October 19, 2013 - Benadryl and Phenergan were administered. The MAR did not reflect whether or not the medications were effective. October 22, 2013 - Benadryl was administered. The MAR did not reflect whether or not the medication was effective. October 25, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. October 28, 2013 - Phenergan was administered. The MAR did not reflect whether or not the medication was effective. November 1, 2013 - Benadryl was administered at 8:00 p.m. The MAR documented the medication was effective. November 4, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were helpful. November 5, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were helpful. November 6, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective. November 7, 2013 - Benadryl and Phenergan were administered at 8:00 p.m. The MAR documented that the medications were effective. <p>Interview with the LPN on December 4, 2013 at 4:10 p.m., revealed that he had been working with Resident #2 for over two years. Further</p>	I 401		

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I 401	<p>Continued From page 5</p> <p>Interview with the LPN revealed that Resident #2 was aphasic (non-verbal) and presented episodes of itching (scratching at her neck, ear, and hands) several times week. Continued discussion with the LPN revealed that Resident #2 exhibited frequent vomiting during the months of October 2013 and November 2013.</p> <p>Review of Resident #2's record on December 4, 2013, at 10:05 a.m., revealed that the GHIID utilized a form to document the resident's frequency of vomiting. The form, entitled "Vomiting Monitoring Form" (VMF), documented that Resident #2 vomited three times in October 2013 and four times in November 2013 (totaling seven episodes). The LPN was queried to ascertain why the Phenergan and Benadryl were given more times than reflected on the VMF for October 2013 and November 2013. The LPN stated that Resident #2 presented signs of vomiting (retching) at times and that's why the medication was administered. The LPN stated that although he documented as having administered Phenergan for nausea and vomiting in his nursing notes and on the MAR, he did not document retching on the VMF.</p> <p>Interview with the RN, on December 3, 2013, at 3:03 p.m., revealed that she spoke to the PCP about notifying him each time Resident #2's PRN medications (Phenergan and Benadryl) were administered. The RN stated that according to the PCP, the nursing staff did not have to call each time PRN medications were administered because they were not administering the medications outside of the orders. When asked to see notifications to the PCP for the frequent use of the PRN medications for October 2013 and November 2013, the RN stated that she did not document the phone calls in the nursing</p>	I 401		

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I 401	Continued From page 6 notes. 2. The GHIID's nursing staff failed to apply sure prep to Resident #1, as prescribed by the PCP. On November 18, 2013, beginning at 6:30 p.m., LPN #2 was observed cleaning Resident #1's left ischial decubitus with "Skintegrity" wound cleaner. LPN #2 then moistened a Kerlix gauze in a container filled with Dakins Solution and secured it to the wound. On November 19, 2013, at 9:30 a.m., review of the resident's physician's order sheets (POS) dated November 15, 2013, revealed an order to apply Sure Prep to the surrounding tissue of the left ischial decubitus. Interview with LPN #1 on November 19, 2013, at 11:15 a.m., revealed Sure Prep should be used to protect the skin and keep the tape on.	I 401	VOAC and the nursing team will ensure that individuals receive their medication regiment as prescribed and documented in the Physician Order Sheet. Sure prep has since been purchased and is in use according to the POS. VOAC and RN will ensure that the nurses are in-serviced on following POS. By 1/17/14	
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHIID failed to provide each resident with training to reduce the dependency on the use of a bib during mealtimes, for one the three residents included in the sample. (Resident #3) The finding includes: The GHIID failed to provide evidence that	I 422		

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1422	<p>Continued From page 7</p> <p>Resident #3 was given an opportunity to learn how to protect her clothing during mealtimes without the use of a bib.</p> <p>Resident #3 was observed wearing a cloth bib during dinner time on November 18, 2013, from 5:05 p.m. through 5:22 p.m. There was minimal to no food spillage observed throughout the meal. At 5:18 p.m., DSP #2 was observed to hand Resident #3 a napkin to wipe her mouth. Moments later, the resident wiped her mouth independently and was given verbal praise by staff. At 5:22 p.m., when asked, the QIDP removed the bib from around Resident #3's neck and replaced it with a paper towel. Again, there was minimal to no food spillage observed. At approximately 5:25 p.m., DSP #2 was interviewed to ascertain why Resident #3 wore a cloth bib during dinner time. DSP #2 stated that Resident #3 wore a cloth bib during mealtime to protect her clothing. When further queried if a cloth bib was worn while on outings at restaurants, DSP #2 responded by saying, "no", Resident #3 used the restaurant cloth napkin.</p> <p>Interview with the QIDP on November 19, 2013, at 2:30 p.m., revealed that Resident #3 was more than capable of using a paper towel and/or cloth napkin during mealtimes to protect her clothing. When asked if there was a training program in place to teach the resident to protect her clothing during mealtimes, the QIDP replied "No".</p>	1422		