

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

POC approved by # 42275  
POC approval date: 12/27/2023

PRINTED: 12/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/29/2023
NAME OF PROVIDER OR SUPPLIER  NEW VISTA NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8647 FENWICK STREET. SUNLAND, CA 91040		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a complaint.  Complaint Number: CA00869735  Representing the Department: Health Facilities Evaluator Nurse(s): 42275  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Five deficiencies were identified for the Complaint Number: CA00869735 (Refer to F553, F580, F711, F732, and F812).	F 000	New Vista Nursing and Rehab Center submits this response and Plan of Correction as part of the requirements under the State and Federal Law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officers, directors, or shareholders.		
F 553 SS=E	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3)  §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care.	F 553	The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.  Any changes to provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be in any proceeding on that basis.		

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

TITLE

(X6) DATE

*[Signature]*

*[Signature]*

12/23/23

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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F 553	<p>Continued From page 1</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</p> <p>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the right of three of seven sampled residents (Resident 1, Resident 2, and Resident 3) were respected by not allowing Residents 1, 2, 3 to attend and participate in their care plan meetings.</p> <p>This deficient practice resulted in the residents and their representatives not having ongoing participation in their care planning process.</p> <p>Findings:</p> <p>a. A review of Resident 1 's Admission Record indicated the facility admitted the resident on 9/21/2023 with diagnoses including essential hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).</p> <p>A review of Resident 1 's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 9/28/2023, indicated</p>	F 553	<p>F- 553 The right to participate in care planning.</p> <ul style="list-style-type: none"> <li>• Immediate Corrective action for resident identified as being affected.</li> </ul> <p>Resident 1 care plan meeting done on 11/29/23, resident 2 care plan meeting scheduled on 12/27/23, resident 3 was discharged unable to attain the care plan meeting.</p> <ul style="list-style-type: none"> <li>• Process of Identifying other Residents with potential to be affected.</li> </ul> <p>The current residents care plan meeting was reviewed between 12/1 to 12/6/23 by the case management, among the reviewed charts there are 2 care plan meeting that was due 09/2023 and 11/2023 but not conducted on time and does not show participation. Those were scheduled with MDS calendars and to review and discuss care planning with the resident and responsible parties on 12/27/23.</p>	12/27/23	12/6/23

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F 553	<p>Continued From page 2</p> <p>Resident 1 was able to understand and make decisions and was totally dependent on two staff ' s assistance with bed mobility and transfer.</p> <p>During an interview on 11/29/2023 at 10:26 a.m., Case Manager (CM) stated, the facility should have the interdisciplinary team (IDT - team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) care plan meeting in 72 hours from the admission then quarterly and annually unless a significant change assessment is needed. CM stated that somehow Resident 1 ' s IDT care plan meeting schedule was missed and was not done until 11/29/2023 (day of the interview). When the CM was asked the purpose of the IDT care plan meeting with the residents and/or family, the CM stated it was important to have the IDT care plan meeting to provide care and treatments needed based on the resident ' s needs.</p> <p>During an interview on 11/29/2023 at 11:05 a.m., Resident 1 stated that she never attended or was invited to attend a meeting with the staff and that she wanted to know what was going on with her care and what was the plan to discharged her.</p> <p>b. A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 9/3/2022 with diagnoses including leukemia (a cancer of the blood, characterized by the rapid growth of abnormal blood cells).</p> <p>A review of Resident 2 ' s MDS dated 9/6/2023, indicated Resident 2 was able to understand and make decisions and required extensive assistance from staff with dressing and personal</p>	F 553	<ul style="list-style-type: none"> <li>• Systemic measures to prevent recurrence.</li> </ul> <p>On 12/15/23 in-service for the IDT team was conducted to emphasize the importance of care planning, to make sure resident centered care plan is designed and the meeting should be conducted in the presence of resident and/or responsible party, and such participation or refusal needs to be documented.</p> <ul style="list-style-type: none"> <li>• How system changes will be monitored.</li> </ul> <p>The effectiveness of the system will be monitored using the following.</p> <ul style="list-style-type: none"> <li>- Medical records will monitor care plan meetings are conducted on time and the presence of documentation that suggest resident or responsible party participation or refusal for care plan meeting purpose using audit tools weekly and present to the DON for follow up.</li> <li>- Trends will be reported to the monthly QA/compliance committee meeting by the DON for the next 3 months for review.</li> </ul> <p>Compliance Date 12/27/2023</p>	12/15/23	

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F 553	<p>Continued From page 3 hygiene.</p> <p>During an interview on 11/28/2023 at 2:02 p.m., Resident 2 stated she was unable to remember when the last meeting was held with the facility staff. Resident 2 stated she was not invited to attend the care plan meeting for a long time.</p> <p>During a concurrent interview and record review on 11/28/2023 at 3:30 p.m., Minimum Data Set Coordinator (MDSC - responsible for overseeing the resident's assessment process) reviewed the IDT Care Plan Conference Summary dated 6/10/2023 and stated the last IDT care plan meeting with Resident 2 was on 6/10/2023, and the last MDS assessment was done on 9/6/2023, but the IDT care plan meeting was not done.</p> <p>c. A review of Resident 3's Admission Record indicated the facility admitted the resident on 6/10/2022 and readmitted on 6/10/2023 with diagnoses including chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems).</p> <p>A review of Resident 3's MDS dated 9/6/2023, indicated Resident 3 was able to understand and make decisions and required extensive assistance from staff with transfer, dressing and locomotion.</p> <p>During an interview on 11/28/2023 at 1:42 p.m., Resident 3 stated, unable to recall if he had a meeting with the facility staff. Resident 3 asked how often the care plan meeting was held and stated he would like to participate and discuss his care plan.</p>	F 553			

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F 553	<p>Continued From page 4</p> <p>During a concurrent interview and record review on 11/28/2023 at 2:59 p.m., MDSC reviewed the IDT Care Plan Conference Summary dated 4/13/2023 and stated that two IDT care plan meetings were missed for Resident 3, and those care plan meetings should have been held at least quarterly.</p> <p>During an interview on 11/29/2023 at 1:15 p.m., the DON stated that the purpose of IDT care plan meeting with a team and the residents and/or their representatives was to have plans of care with individualized care plans for each resident 's needs, and the facility should have arranged the IDT care plan meetings upon admission and at least quarterly to review the residents ' conditions and update the care plans as well.</p> <p>A review of the facility 's policy and procedures titled "Development of Resident Care Plan/IDT" dated 11/30/2018 and reviewed 2/22/2023, indicated, "To establish an IDT care planning process to ensure that resident care and treatment is planned appropriately for the resident 's needs and severity of condition, impairment, disability, or disease .... Residents and family are invited to attend the care planning conference and participate in developing and reviewing the care plan. Scheduling residents for care planning conference is as follows: Within 72 hours from admission is expected to ensure understanding from the patient or the responsible parties. On a 12-week (quarterly) schedule with annual MDS due 12 weeks after third quarter review."</p>	F 553			
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p>	F 580	<p>F 580 Change of conditions</p> <ul style="list-style-type: none"> <li>• Immediate Corrective action for resident identified as being affected.</li> </ul> <p>Resident 2 and 3 skin reassessments were done immediately and change of condition were initiated, MD notified, and recommendation of treatment is in progress. Resident 3 currently discharged from the facility.</p>		

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F 580	Continued From page 5 (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  §483.10(g)(15)	F 580	<ul style="list-style-type: none"> <li>• Process of Identifying other Residents with potential to be affected.</li> </ul> <p>On the same day 11/28/23, the wound consultant nurse did skin sweep across the facility, did not find any new skin issues that necessitate to initiate change of condition. On the existing skin condition recommendation is made by wound MD and treatment is ongoing.</p> <ul style="list-style-type: none"> <li>• Systemic measures to prevent recurrence.</li> </ul> <p>On 12/14/23 all licensed nurses were in-service by the DON on the importance of early identification of resident condition and initiating change of conditions and communicating with MD and responsible party on time and the importance of such communication in the delivery of care on time and patient outcomes.</p>	11/28/23	12/14/23

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F 580	<p>Continued From page 6</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure notification of the attending physician when there was a change in the residents' skin condition for two of seven sampled residents (Resident 2 and Resident 3).</p> <p>This deficient practice resulted in delay of medical care and treatment.</p> <p>Findings:</p> <p>a. A review of Resident 3's Admission Record indicated the facility admitted the resident on 6/10/2022 and readmitted on 6/10/2023 with diagnoses including chronic obstructive pulmonary disease (COPD - a group of diseases that cause airflow blockage and breathing-related problems).</p> <p>A review of Resident 3's MDS dated 9/6/2023, indicated Resident 3 was able to understand and make decisions and required extensive assistance from staff with transfer, dressing and locomotion.</p> <p>During a concurrent observation and interview on 11/28/2023 at 1:42 p.m., in Resident 3's room, observed that Resident 3's both lower arms had dry flaky skin. Resident 3 pointed at his left-hand</p>	F 580	<ul style="list-style-type: none"> <li>• How system changes will be monitored.</li> </ul> <p>The effectiveness of the system will be monitored using the following.</p> <ul style="list-style-type: none"> <li>- Medical records will monitor change of condition initiated, communicated with MD on time and the presence of documentation that suggest communication is made with MD using audit tools daily and present to the DON for follow up.</li> <li>- Trends will be reported to the monthly QA/compliance committee meeting by the DON for the next 3 months for review.</li> </ul> <p>Compliance Date 12/23/2023</p>		

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F 580	<p>Continued From page 7</p> <p>web areas (skin between your fingers) between the thumb and the index finger and stated, he could bear with dry skin but not the itchiness on his left hand. When Resident 3 was asked if he received treatments for his dry and itchy skin, Resident 3 stated he did not.</p> <p>During an interview and record review with Treatment Nurse 1 (TN 1) on 11/28/2023 at 3:28 p.m., TN 1 reviewed the Treatment Administration Record (TAR) for the month of 11/2023 and stated not receiving any reports from staff about Resident 3 's dry itchy skin, therefore, the physician was not informed.</p> <p>During a concurrent observation and interview with TN 1 and the MDS Coordinator (MDSC - responsible for overseeing the resident 's assessment process) on 11/28/2023 at 3:40 p.m., in Resident 2 's room, both TN 1 and MDSC assessed Resident 2 's skin, and the MDSC stated they would notify Resident 2 's physician immediately.</p> <p>b. A review of Resident 2 's Admission Record indicated the facility admitted the resident on 9/3/2022 with diagnoses including leukemia (a cancer of the blood, characterized by the rapid growth of abnormal blood cells).</p> <p>A review of Resident 2 's MDS dated 9/6/2023, indicated Resident 2 was able to understand and make decisions and required extensive assistance from staff with dressing and personal hygiene.</p> <p>During a concurrent observation and interview on 11/28/2023 at 2:02 p.m., in Resident 2 's room, observed that Resident 2 's had rashes on both</p>	F 580			

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F 580	<p>Continued From page 8</p> <p>upper arms, shoulders, and on her left side of face. Resident 2 stated that she had the rashes for about a month and no treatment was provided.</p> <p>During an interview and record review with TN 1 on 11/28/2023 at 3:28 p.m., TN 1 reviewed the TAR for the month of 11/2023 and stated not receiving any reports from staff about Resident 2 having rashes and the physician was not informed.</p> <p>During a concurrent observation and interview with TN 1 and the MDSC on 11/28/2023 at 3:33 p.m., both TN 1 and MDSC assessed Resident 2 's skin in the resident room. The MDSC stated, the resident might have secondary skin issues like infection by scratching to relieve itches if not treated.</p> <p>During an interview on 11/29/2023 at 1:15 pm, the Director of Nursing (DON) stated that on 11/28/2023 (day of the observation), the attending physician of Resident 2 and Resident 3 were notified and ordered dermatology (branch of medicine concerned with the diagnosis and treatment of skin disorders) consults. The DON further stated the nurses should have reported to the physician Resident 2 's and Resident 3 's skin condition when the resident first noticed them.</p> <p>A review of the facility 's policy and procedures titled "Change of Condition" dated January 2013, last reviewed by the facility on 2/22/2023, indicated, "An acute change of condition is a sudden, clinically important deviation from a resident 's baseline in physical, cognitive, behavioral, or functional domains. "Clinically</p>	F 580			

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F 580	Continued From page 9	F 580			
F 711 SS=D	<p>important" means a deviation that, without intervention, may result in complications .... It is the policy of this facility that all changes in resident condition will be documented in the medical record and communicated to the physician and resident/ responsible party."</p> <p>Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3)</p> <p>§483.30(b) Physician Visits The physician must-</p> <p>§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;</p> <p>§483.30(b)(2) Write, sign, and date progress notes at each visit; and</p> <p>§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the attending physician completed for three of seven sampled residents (Resident 1, Resident 2, and Resident 4) their History and Physical (H&amp;P) examination timely and ensure all the conditions of the residents were identified and treated as needed.</p> <p>This deficient practice had the potential for not meeting the residents ' care needs.</p>	F 711	<p>F 711 physician visits</p> <ul style="list-style-type: none"> <li>• Immediate Corrective action for resident identified as being affected.</li> </ul> <p>On 11/29/23 during the physician pertain to those residents were asked to do review the history and physical and to do their diligence to correct any inconsistency.</p> <ul style="list-style-type: none"> <li>• Process of Identifying other residents with potential to be affected.</li> </ul> <p>Between 12/1/23 to 12/5/23 the medical record review the existence of documentation of physician visit and existence of current history and physical. Among the reviewed charts, there are no similar findings.</p>	12/05/23	

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NAME OF PROVIDER OR SUPPLIER  NEW VISTA NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8647 FENWICK STREET. SUNLAND, CA 91040		
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F 711	<p>Continued From page 10</p> <p>Findings:</p> <p>a. A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 9/21/2023 with diagnoses including essential hypertension (occurs when you have abnormally high blood pressure that's not the result of a medical condition).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 9/28/2023, indicated Resident 1 was able to understand and make decisions and totally dependent on two staff ' s assistance with bed mobility and transfer.</p> <p>During a concurrent interview and record review on 11/28/2023 at 9:27 a.m., the MDS Coordinator (MDSC - responsible for overseeing the resident ' s assessment process) reviewed Resident 1 ' s H&amp;P exam dated 9/21/2023, and stated the H&amp;P was completed by Nurse Practitioner 1 (NP 1 - a nurse who has advanced clinical education and training, and NPs share many of the same duties as doctors) on 9/21/2023, at 2:29 p.m., but Resident 1 arrived at the facility on 9/21/2023 at 5:40 p.m. per Resident 1 ' s Admission Record. The H&amp;P was done before admission.</p> <p>b. A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 9/3/2022 with diagnoses including leukemia (a cancer of the blood, characterized by the rapid growth of abnormal blood cells).</p> <p>A review of Resident 2 ' s MDS dated 9/6/2023, indicated Resident 2 was able to understand and make decisions and required extensive assistance from staff with dressing and personal</p>	F 711	<ul style="list-style-type: none"> <li>• Systemic measures to prevent recurrence.</li> </ul> <p>On 12/22/23 physician the facility send e-mail and other by phone call to physician stating the legal obligation, the importance of timely initial visit by the attending physician and comprehensive, legible and accurate representation of current diagnosis and history of the patient within 72 hrs. of admission. Such documentation should be available in the patient chart for the use of other health care teams. Medical records should actively engage and seek such documentation.</p> <ul style="list-style-type: none"> <li>• How system changes will be monitored.</li> <li>- Medical records will monitor change of condition communicated with MD on time and the presence of documentation that suggest communication is made with MD using audit tools daily and present to the DON for follow up.</li> <li>- Trends will be reported to the monthly QA/compliance committee meeting by the DON for the next 3 months for review.</li> </ul> <p>Compliance date 12/27/2023</p>	12/22/23	

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F 711	<p>Continued From page 11 hygiene.</p> <p>A review of Resident 2 ' s initial H&amp;P exam dated 9/6/2022, indicated there were boxes left blank to indicate Resident 2 ' s mental capacity.</p> <p>c. A review of Resident 4 ' s Admission Record indicated the facility admitted the resident on 11/16/2023 with diagnoses including history of transient ischemic attack (TIA - a temporary period of symptoms like a stroke).</p> <p>A review of Resident 4 ' s initial H&amp;P exam dated 11/16/2023, indicated there were boxes left blank to indicate Resident 4 ' s mental capacity.</p> <p>During a concurrent interview and record review on 11/28/2023 at 4:15 p.m., MDSC reviewed Resident 4 ' s H&amp;P done 11/16/2023 and stated it was not complete because the physician did not mark the resident ' s mental capacity and the initial H&amp;P should have been completed within 72 hours from admission.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 11/29/2023 at 1:09 p.m., the DON reviewed Resident 1 ' s H&amp;P dated 9/21/2023 and stated that if NP 1 documented with incorrect information in Resident 1 ' s H&amp;P, this could result to confusion if NP 1 examined the right resident or not. The DON further reviewed Resident 2 ' s H&amp;P dated 9/6/2022 and Resident 4 ' s H&amp;P dated 11/16/2023, and stated that it was very important to indicate the resident ' s mental capacity in H&amp;P in order for staff to know the residents ' base line cognitive (relating to the mental process involved in knowing, learning, and understanding things) status and if the resident has the mental capacity</p>	F 711			

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F 711	Continued From page 12 to make decisions related to his or her care.	F 711			
F 732 SS=E	<p>A review of the facility 's policy and procedures titled "Charting and Documentation" dated 3/30/2018, last reviewed by the facility on 2/22/2023, indicated, "The medical record, electronic or otherwise, should facilitate communication between the interdisciplinary team regarding the resident 's condition and response to care .... Documentation in the medical record will be objective, complete, and accurate."</p> <p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to</p>	F 732	<ul style="list-style-type: none"> <li>• Immediate Corrective action for resident identified as being affected.</li> </ul> <p>The NHPPD postings were immediately corrected to reflect the categories of licensed personnel with current census and no resident affected by the deficient practice.</p> <ul style="list-style-type: none"> <li>• Process of Identifying other Residents with potential to be affected.</li> </ul> <p>Looking back on the months of November, NHPPD does not show any shortage of staff and there was no effect on any resident.</p>	12/14/23	

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F 732	<p>Continued From page 13 residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staffing information of licensed and unlicensed nursing staff at the beginning of each shift was posted and updated daily.</p> <p>This deficient practice resulted in the residents and visitors not having accurate and current nurse staffing information of the total number of staff and the actual hours worked by the staff each shift.</p> <p>Findings:</p> <p>During an observation on 11/28/2023 at 10:46 a.m., Census and Direct Care Service Hours Per Patient Day (DHPPD) dated 11/28/2023 posted in Nurses Station 1 (NS 1), indicated the scheduled total direct care service hours, scheduled total Certified Nursing Assistant (CNA) direct care service hours, beginning patient census, scheduled DHPPD, and scheduled CNA DHPPD. However, the facility did not indicate the total number and the actual hours worked by the</p>	F 732	<ul style="list-style-type: none"> <li>• Systemic measures to prevent recurrence.</li> </ul> <p>On 12/15/23 DON in-service the DSD and RN supervisors for the appropriate posting of NHPPD, proper completion of the form and what data meet the requirement.</p> <ul style="list-style-type: none"> <li>• How system changes will be monitored.</li> </ul> <p>The NHPPD posting will be monitored and posted appropriately by the night shift RN supervisor, DSD will monitor daily for appropriateness of the posting and update throughout the day for any changes. Any issues will be communicated with DON daily and DON give trend report on the monthly QA meeting.</p> <p>Compliance Date 12/27/2023</p>	12/15/23	

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F 732	<p>Continued From page 14</p> <p>categories of Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and CNAs per shift.</p> <p>During a concurrent observation, interview and record review with the Director of Staff Development (DSD) on 11/29/2023 at 8:52 a.m., the DSD reviewed the Census and DHPPD dated 11/29/2023 posted in NS 1. When the DSD was asked where the facility posted detailed nurse staffing information such as how many RNs, LVNs, or CNAs working each shift, the DSD stated that the facility did not post that information and only posted with the Census and DHPPD posted currently.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 11/29/2023 at 1:30 p.m., the DON reviewed the Census and DHPPD dated from 11/1/2023 to 11/10/2023 and stated that the facility had been posting only the Census and DHPPD at NS 1 not the number of each category of nursing staff per shift. The DON further stated the facility had been doing it incorrectly, and the right nurse staffing information indicating each category of nursing staff would be posted and updated each shift from now on.</p> <p>A review of the facility ' s policy and procedures titled "Posting Direct Care Daily Staffing Numbers" dated 11/20/2022 and reviewed 2/22/2023, indicated, "Within two (2) hours of the beginning of each shift, the number of Licensed the nurses (RNs and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format ... The actual time worked during that shift for each</p>	F 732			

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F 812	<p>Continued From page 16</p> <p>During an observation on 11/28/2023 at 11:50 a.m., in the kitchen, observed Dietary Aide 1 (DA 1) placed meal trays for Resident 5, Resident 6, and Resident 7 in the open mobile meal cart.</p> <p>During an observation on 11/28/2023 at 12:09 p.m., Restorative Nursing Assistant 1 (RNA - a certified nursing assistant who has additional training in restorative nursing care to increase the residents' strength and mobility 1) took Resident 6's meal tray and left Resident 7's meal tray in the open mobile meal cart. RNA 1 entered Resident 6's room to assist the resident and set up the meal tray. While RNA 1 was settling up Resident 6's meal tray in Resident 6's room, Resident 7's meal tray was left unattended in the open mobile meal cart located in the hallway.</p> <p>During an interview with RNA 1 on 11/28/2023 at 1:02 pm, when RNA 1 was asked if she was able to monitor Resident 7's meal tray left in the open mobile meal cart in the hallway while helping Resident 6's meal tray in the resident room, RNA 1 stated that she did not monitor the tray left in the open cart in the hallway, and she should have not left the trays unattended, because the confused residents might touch the meal trays and she would not know what happened to unattended trays in the open cart.</p> <p>During an interview with the Director of Nursing (DON) on 11/29/2023 at 1:25 pm, the DON stated meal trays should be attended and supervised by staff until delivered to the residents.</p> <p>A review of the facility's policy and procedures titled "Covering Food During Transport" undated and reviewed 2/22/2023, indicated, "Food will be delivered from the kitchen to residents in a</p>	F 812	<p>• How system changes will be monitored.</p> <p>Dietary supervisor and IP will observe daily during mealtime and will report to administration. IP will give trend report on the monthly QA meeting.</p> <p>Compliance Date 12/27/23</p>		

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F 812	Continued From page 17 manner that does not cause contamination .... Meal trays will be delivered in cart. All foods will be covered on trays if not in an enclosed or covered cart. Exception: If cart is going from kitchen directly into dining room."	F 812			