

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

PRINTED: 08/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2021
NAME OF PROVIDER OR SUPPLIER GOLD COUNTRY HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00737960. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 29825 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000	"Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or the Preparation and/or execution of this Plan of conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq."		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (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	F 580	F580 NOTIFY OF CHANGES <u>Corrective Action for Resident Affected:</u> No corrective action could be taken in this finding as the notification period had passed <u>Identification of Residents with Potential to be Affected:</u> Residents with a change of condition have the potential to be affected by this finding.		9/25/21

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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F 580	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) 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: Based on interview and review of facility documents, the facility failed to ensure the physician was notified when one of three sampled residents (Resident 1) in a census of 22, had a change of condition.</p> <p>This failure increased the risk that Resident 1 would not have a timely intervention to attain his highest practicable physical well being.</p> <p>Findings:</p>	F 580	<p><u>Measures to Prevent Recurrence:</u></p> <p>All licensed nurses were inserviced on the importance of Physician Notification. Even in this instance when local physicians were here diagnosing COVID among the residents' enmasse, assigned physician needs to be noted in the medical record as notified. The DNS or her designee will audit COC to ensure notification of the physician is noted in the residents' medical record.</p> <p><u>Monitoring measures and Staff Responsible for Monitoring:</u></p> <p>Facility will perform quarterly audits for next three months (Sept, Oct, Nov) to audit that physicians are notified of change of condition and it is documented in the medical record. If no additional issues are identified and at the discretion of the QAPI committee, these audits will be performed as needed.</p> <p>Director of Nurses is responsible to ensure the integrity of this plan of correction.</p>		

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F 580	<p>Continued From page 2</p> <p>Resident 1 was admitted to the facility in 2018 with multiple diagnoses which included a bowel obstruction and lung disease.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 1/1/21, the MDS indicated Resident 1 was alert and oriented, able to make his needs known, and required limited to extensive assistance with his activities of daily living (ADLs).</p> <p>During a review of Resident 1's care plan titled, "Colostomy [with] history of Bowel Obstruction," dated 11/13/19, the care plan indicated, "Notify Physician of any [changes] or concerns..."</p> <p>During a review of Resident 1's, "Nurses Notes," dated 1/1/21, the notes indicated, "Abd [abdominal] pain...O2 [oxygen] level low..." There was no documented evidence the physician was notified.</p> <p>During a review of Resident 1's, "Nurses Notes," dated 1/2/21, the notes indicated, "Distended stomach...vomited X5 [5 times] early in the morning...is on 3.5 L [liters] of oxygen... [temperature] 99.2..." There was no documented evidence the physician was notified.</p> <p>During an interview on 6/9/21, at 9:07 a.m., with Licensed Nurse (LN) 1, LN 1 was asked what would be done if there was a rapid decline in a resident's condition and the resident didn't want to go to the hospital and LN 1 stated, "We'd notify the RP [Responsible Party], MD [physician]..."</p> <p>During an interview on 6/9/21, at 12:15 p.m., with the Director of Nurses (DON), the DON was asked what her expectations were when a</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>resident had a change of condition and the DON said, "I'd expect [the] nurse to do a focused...assessment as soon as possible. We'd notify the physician..."</p> <p>During a review of a voice mail from Physician 1 on 7/30/21 at 9:25 a.m., Physician 1 reviewed his notes and indicated Resident 1 was seen [in the daytime] on 12/30/21 and doing OK. There was another visit by a provider on 12/31/21 which included an examination of the abdomen and was, "pretty benign." The change of condition, "must have happened overnight with new abdominal pain, nausea and vomiting...My first response for the nursing staff would be to call the MD, call 911 directly or the on-call physician...or tell them to go to the ER [Emergency Room]..."</p> <p>During an interview on 8/3/21, at 2:50 p.m. with LN 5, LN 5 was asked about Resident 1 and said, "[Resident 1] had a hernia in his abdomen. It was getting distended...I don't remember him vomiting. If so, I'd assess, check his abdomen and call the doctor to see what he wanted me to do...I don't remember if I called the doctor that night when he vomited..."</p> <p>During a review of the facility policy and procedure titled, "Change in a Resident's Condition or Status," revised 5/17, the policy indicated, "The nurse will notify the resident's Attending Physician or physician on call when there has been a...significant change in the resident's physical...condition...need to alter the resident's medical treatment significantly...repetitive refusal of treatment...need to transfer the resident to a hospital..."</p>	F 580			
F 657 SS=D	Care Plan Timing and Revision	F 657			

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F 657	<p>Continued From page 4</p> <p>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of facility records, the facility failed to update care plans for one of three sampled residents (Resident 1) in a census of 22, when Resident 1's condition declined.</p> <p>This failure increased the risk that interventions would not be implemented in a timely manner.</p>	F 657	<p>F657 CARE PLAN TIMING AND REVISION</p> <p><u>Corrective Action for Resident</u></p> <p><u>Affected:</u></p> <p>No corrective action could be taken in this finding as the notification period had passed</p> <p><u>Identification of Residents with Potential to be Affected:</u></p> <p>Residents with a change of condition have the potential to be affected by this finding.</p> <p><u>Measures to Prevent Recurrence:</u></p> <p>Nurses will receive an inservice regarding documentation of a change of condition in the resident's care plan. This inservice will instruct the Licensed Nurses on the components required in the entry in the nursing plan of care.</p>		9/25/21

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F 657	<p>Continued From page 5</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2018 with multiple diagnoses which included a bowel obstruction and lung disease.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 1/1/21, the MDS indicated Resident 1 was alert and oriented, able to make his needs known, and required limited to extensive assistance with his activities of daily living (ADLs).</p> <p>During a review of Resident 1's care plan titled, "Colostomy [with history] of Bowel Obstruction," dated 11/13/19, the care plan indicated, "[M]onitor ostomy site and bag placement prn [as needed] per [physician] orders...notify physician of any [changes] or concerns." The care plan was last updated 5/20/20.</p> <p>During a review of Resident 1's care plan titled, "PAIN MANAGEMENT Care Plan," dated 3/18/19, the care plan indicated, "Approach Plan...Assess resident's pain...Document Pain every shift using 0-10 pain scale...Re-assess Pain with changes..." It was last updated 5/20/20.</p> <p>During a review of Resident 1's care plan titled, "SOCIAL SERVICES CARE PLAN," dated 2/20/20, the care plan indicated, "Monitor for unmet personal needs, comfort items, etc..." The care plan was last updated 5/20/20.</p> <p>During an interview on 6/9/21 at 9:45 a.m., with the Activities Director (AD), the AD said, "The last week I noticed [Resident 1's] stomach becoming more bulging. He stayed more to his room, did not get up and walk as often...His color was off.</p>	F 657	<p><u>Monitoring measures and Staff Responsible for Monitoring:</u></p> <p>Facility will perform quarterly audits for next three months (Sept, Oct, Nov) to audit that care plans are updated, in the resident's medical record, when a COC occurs. If no additional issues are identified and at the discretion of the QAPI committee, these audits will be performed as needed. Director of Nursing is responsible to ensure the integrity of this plan of correction.</p>		

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F 657	<p>Continued From page 6</p> <p>He looked uncomfortable. He seemed to take more time when walking and take [sic] a deep breath for the last month..."</p> <p>During an interview on 6/9/21 at 12:22 p.m., with Certified Nurses Assistant (CNA) 2, CNA 2 said, "I did notice his abdomen becoming distended...I heard in report the licensed nurse talking about his distended abdomen so I didn't need to tell them...He has been in the hospital for his stomach before..."</p> <p>During an interview on 6/22/21 at 3 p.m., with Licensed Nurse (LN) 4, LN 4 was asked about revision of the care plans and said, "Everyone [any licensed nurse] is supposed to update the care plan."</p> <p>During an interview on 8/5/21 at 8:33 a.m., with the Director of Nurses (DON), the DON was asked what her expectations were for updating of the care plans and said, "I'd expect care plans to be updated for long term care residents quarterly and if there is a significant change of condition."</p> <p>During a review of the facility policy and procedure titled, "Comprehensive Care Plans," revised 10/1/17, the policy indicated, "Updating Care Plans...The Care Plan will be updated and/or revised for the following reasons...Significant change in the resident's condition...a change in planned interventions...New diagnosis, new medications, or abnormal labs."</p>	F 657			
F 697 SS=E	<p>Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management.</p>	F 697	<p>F697 PAIN MANAGEMENT</p> <p><u>Corrective Action for Resident Affected:</u></p> <p>No corrective action could be taken in this finding as the notification period had passed</p> <p><u>Identification of Residents with Potential to be Affected:</u></p> <p>Residents with a change of condition have the potential to be affected by this finding.</p>		

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F 697	<p>Continued From page 7</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of facility records, the facility failed to ensure a pain assessment was completed after the administration of pain medications for two of three sampled residents (Resident 1 and Resident 2) in a census of 22.</p> <p>This failure increased the risk that pain would not be measured accurately and treated effectively for Resident 1 and Resident 2.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2018 with diagnoses which included fractured vertebrae, joint replacement, intestinal obstruction, injury to the shoulder and severe headaches.</p> <p>During a review of Resident 1's most recent Minimum Data Set (MDS, an assessment tool), dated 1/1/21, the MDS indicated Resident 1 was alert and oriented and able to make his needs known.</p> <p>During a review of Resident 1's physician orders, dated 12/2020, the orders indicated: Acetaminophen (an anti-inflammatory medication) 325 mg (mg, milligram, a unit of dose) two tablets were ordered every 6 hours as needed for pain, four times maximum.</p> <p>Tramadol (a synthetic narcotic) 50 mg one tablet</p>	F 697	<p><u>Measures to Prevent Recurrence:</u></p> <p>An inservice will be held with the Licensed Nurses about documenting the pain scale in the residents' MAR using the 0-10 scale. Regardless of the emergency nature of an event, documentation of pain and then the medication's effectiveness needs to be recorded in the records, using the same scale.</p> <p><u>Monitoring measures and Staff Responsible for Monitoring:</u></p> <p>Facility will perform quarterly audits for next three months (Sept, Oct, Nov) to audit that pain is addressed using the 0-10 scale and that the results of the administration of a pain medication are also noted using that scale. If no additional issues are identified during these monthly audits, and at the discretion of the QAPI committee, these audits will be performed as needed.</p> <p>Director of Nursing is responsible to ensure the integrity of this plan of correction.</p>		9/25/21

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F 697	<p>Continued From page 8</p> <p>was ordered every 6 hours as needed for pain four times maximum.</p> <p>Hydrocodone with acetaminophen (a narcotic pain reliever) 5 mg-325 mg one tablet was ordered every 6 hours as needed for pain four times maximum.</p> <p>During a review of Resident 1's care plan titled, "PAIN MANAGEMENT Care Plan," dated 3/18/19, the care plan indicated, "Document Pain every shift using 0-10 pain scale...Reassess Pain with changes...notify MD if not effective."</p> <p>During a review of Resident 1's Medication Administration Record (MAR) "NURSES MEDICATION NOTES," dated 12/1/20 through 12/31/20, the MAR medication notes indicated pain medication was administered 53 times. Fifty one results had no pain level indicated, on a scale of 1-10 [1 being the least pain and 10 being the most severe pain], after the pain medication was administered.</p> <p>Resident 2 was admitted to the facility in the spring of 2021 with diagnosis which included a laceration, arthritis and broken bones.</p> <p>During a review of Resident 2's most recent MDS, dated 4/6/21, the MDS indicated Resident 2 was alert and oriented, able to make her needs known and required extensive to total assistance with her activities of daily living.</p> <p>During a review of Resident 2's physician orders, dated 6/20, the orders indicated: Tramadol 50 mg one every eight hours times 10 days and then every 6 hours as needed. Oxycodone/acetaminophen 5/325, half of a tablet every six hours as needed for moderate pain and</p>	F 697			

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F 697	<p>Continued From page 9</p> <p>one tablet every six hours for severe pain.</p> <p>During a review of Resident 2's MAR "NURSES MEDICATION NOTES," the MAR notes indicated: Tramadol 50 mg one tablet by mouth was given 3 times from 6/1/21 to 6/3/21. No post administration pain level was recorded on a one-to-10 scale.</p> <p>On 6/1/21, oxycodone-acetaminophen 5 mg-325 mg one half tablet was given one time. No post administration pain level was recorded on a one-to-10 scale.</p> <p>Oxycodone-acetaminophen 5 mg-325 mg one tablet was given 24 times from 6/2/21 to 6/5/21. No post administration pain level was recorded on a one-to-10 scale.</p> <p>During an interview on 6/9/21 at 8:15 a.m., with Resident 2, Resident 2 was asked about her care and said, "I was in pain. [Licensed Nurse (LN) 1] did not ask my pain level...She never asks my pain level...I couldn't go back to sleep..."</p> <p>During an interview on 6/9/21 at 9:07 a.m., with LN 2, LN 2 said, "Nurses are supposed to ask resident's pain level before and after administration and document, wait one half hour and ask the pain level again...If pain is not relieved, you should call the doctor."</p> <p>During an interview on 6/22/21 at 1:50 p.m., with LN 3, LN was asked how she would assess the resident's pain level [before and after giving pain medication] and said, "Best practice is to ask the pain level on a scale of one-to-10."</p> <p>During an interview on 8/5/21 at 8:33 a.m., with the Director of Nurses (DON), the DON was asked what her expectations were regarding the</p>	F 697			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2021
NAME OF PROVIDER OR SUPPLIER GOLD COUNTRY HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667		
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F 697	Continued From page 10 assessment of pain, using the one-to-10 pain scale, after the administration of a pain medication and said, "I'd expect them [licensed nurses] to assess the resident within an hour after pain medication administration..."	F 697			
F 842 SS=E	<p>During a review of the undated facility policy and procedure titled, "PAIN MANAGEMENT PROGRAM," the policy indicated, "Rate intensity of Pain. 0-10"</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident</p>	F 842	<p>F842 RESIDENT RECORDS – IDENTIFIABLE INFORMATION</p> <p><u>Corrective Action for Resident Affected:</u> No corrective action could be taken in this finding as the notification period had passed</p> <p><u>Identification of Residents with Potential to be Affected:</u> Residents with a change of condition have the potential to be affected by this finding.</p>		

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F 842	<p>Continued From page 11</p> <p>representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p>	F 842	<p><u>Measures to Prevent Recurrence:</u></p> <p>An inservice will be done with the Licensed Nurses about the importance and process of charting a resident's change of condition in the medical record. It will include the task of documenting both in the nurses notes, to notify upcoming staff of issues needing monitoring; and then in the weekly summary that will also address the change and its outcome or pending nature.</p> <p><u>Monitoring measures and Staff Responsible for Monitoring:</u></p> <p>Residents Facility will perform quarterly audits for next three months (Sept, Oct, Nov) to audit that change of condition is addressed in the residents medical record. If no additional issues are identified and at the discretion of the QAPI committee, these audits will be performed as needed.</p> <p>Director of Nursing is responsible to ensure the integrity of this plan of correction.</p>	9/25/21	

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F 842	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of facility documents, the facility failed to ensure assessments were documented for one of three sampled residents (Resident 1) in a census of 22.</p> <p>This failure increased the risk all disciplines would not be aware of Resident 1's condition.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2018 with multiple diagnoses which included a bowel obstruction and lung disease.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 1/1/21, the MDS indicated Resident 1 was alert and oriented, able to make his needs known, and required limited to extensive assistance with his activities of daily living (ADLs).</p> <p>During a review of Resident 1's care plan titled, "Colostomy with [history] of Bowel Obstruction," revised 5/20/20, the care plan indicated as an intervention, "[M]onitor ostomy site [and] bag placement per orders...Notify physician of any [changes] of condition."</p> <p>During a review of Resident 1's document titled, "DECEMBER 2020 TREATMENTS- GENERAL TREATMENT," the document indicated, "Monitor...colostomy site/bag placement [every] day." The document was not initialed as assessed on 12/3/20, 12/19/20, 12/28/20, 12/29/20, 12/30/20 or 12/31/20. Resident 1's, "JANUARY 2021 TREATMENTS- GENERAL</p>	F 842			

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F 842	<p>Continued From page 13</p> <p>TREATMENT," was not initialed as assessed on 1/1/21 and 1/2/21.</p> <p>Review of Resident 1's medical record revealed no nurses notes written from 11/28/20 until 12/31/20.</p> <p>Resident 1's last "WEEKLY SUMMARY," was dated 11/30/20, one month prior to Resident 1's rapid decline on 1/1/21. There was no [nurses] "Weekly Summary" provided for the month of 12/2020.</p> <p>During an interview on 6/9/21, at 9:07 a.m., with Licensed Nurse (LN) 1, LN 1 was asked what she would do when a resident had a change of condition and said, "We assess and place on 24, 48, or 72 hour monitoring...look at the problem, notify MD [physician] and RP [responsible Party] depending on the severity. I'd call right away. [Licensed nurses] can call MD or RP." LN 1 was asked what she would do if a resident developed abdominal distension with vomiting and shortness of breath and said, "I'd assess (bowel sounds), get vital signs and call the MD. If we can't get a hold of the resident's primary MD, we can call the Medical Director..."</p> <p>During an interview on 6/9/21, at 9:45 a.m., with the Activities Director (AD), the AD said, "The last week [before Resident 1's death] I noticed his stomach became more bulging...His color was off. He looked uncomfortable...He seemed to take more time when walking (would take a deep breath) for the last month...I feel it was obvious to everybody and I think I mentioned it to the nurses and CNA [Certified Nurses Assistant]."</p> <p>During an interview on 6/9/21, at 12:22 p.m., with</p>	F 842			

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F 842	<p>Continued From page 14</p> <p>CNA 2, CNA 2 said, "I did notice his [Resident 1's] abdomen becoming distended...I heard in report the licensed nurse talking about his distended abdomen so I didn't need to tell them..."</p> <p>During an interview on 6/9/21, at 12:15 p.m., with the Director of Nurses (DON), the DON said, "Throughout December [Resident 1] didn't look good, grayish pallor, abdomen was getting gradually larger. [Physician 1] saw him at least once a month. I don't know if he noticed it... [Resident 1] would ask for pain meds [medications]...as frequently as he could have them. We constantly assessed him visually [and he had] overactive bowel sounds in all four quadrants. He seemed in pain. [Physician 1] was contacted several times since December. I don't know if [Physician 1] actually listened to [Resident 1's] bowel sounds or assessed him...I checked his cap refill [the time taken for the color to return to an external capillary bed after pressure is applied to cause blanching], color, intermittently throughout December [2020] but didn't document each time.</p> <p>During an interview on 6/21/21, at 1:50 p.m., with LN 3, LN 3 was asked about documenting by narrative in the nurses notes and said, "If they are on antibiotics or have a change of condition we do [every shift] charting..."</p> <p>During an interview on 8/5/21, at 8:33 a.m., with the DON, the DON was asked what her expectations were for the documentation of assessments and said, "I'd expect them [licensed nurses] to document after a major change of condition...I'd expect a weekly summary to be done for every resident."</p>	F 842			

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F 842	Continued From page 15 During a review of the facility policy and procedure titled, "Change in a Resident's Condition of Status," dated 2017, the policy indicated, "The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status."	F 842			