

GRAND ISLAND VETERANS HOME
STATE INSPECTION STATEMENT OF COMPLIANCE
FEBRUARY 24, 2010

Title 175 Chapter 12-006.09C1c

Based on observation, interview and record review; the facility failed to review and revise the PLAN OF CARE for 1 Member (Member 4) to reflect the current needs, interventions for behaviors, change in status and measureable goals.

The Plan of Care for Member 4 was reviewed on February 18, 2010 by the Clinical Supervisors. Attached is a copy of Electric Mobility (EM) agreement signed by Member 4 on May 4, 2009 and October 27, 2009. The Survey Report indicated Member 4 was never educated on the Policy and Procedure for Electric Mobility. This documentation supports he has had the policy and procedure reviewed and he has in possession a copy of the policy and procedure.

A meeting held on February 18, 2010 with the Care Plan Team for Member 4 education included the need for revision of the care plan and implementation of monitoring strategies. All nurses will be educated at Nurse Meeting held on February 25, 2010. The Plan of Care for Member 4 will be revised to reflect current needs, interventions for behaviors, change in status and measureable goals by February 26, 2010. All facility Care Plan Teams will receive education on updating care plans on March 5, 2010. The education will include:

- Interventions to employ when the member is non-compliant;
- Implementation of monitoring systems to review compliance of interventions.

Clinical Supervisors will begin monitoring for timely and accurate review and revision of care plans on March 1, 2010.

- 100% review of members returning from hospital stays, transfers within the facility to lesser and greater levels of care delivery i.e.: from SNF Unit to SCU Unit.
- 100% review of March data will be submitted to the Quality Assurance Committee at the meeting scheduled for April 20, 2010 and monthly thereafter for a minimum of six months.
- Clinical Supervisors will continue to monitor weekly thereafter 50% of members who require revision related to hospital returns or level of care changes within facility, with reports to Quality Assurance monthly for a minimum of six months.
- Clinical Supervisors will report to Director of Nursing at the time of discovery any discrepancies in care planning during monitoring cycle starting March 1, 2010 through no less than August 2010.

Review and revision of current RAI Process Policy and Procedure will be completed by March 25, 2010. Revisions will reflect interventions for non-compliance as well as monitoring systems.

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Title 175 Chapter 12-006.12E1b

Based on observation, interview and record review: the facility failed to initial (sign) a separate medication control count sheet for Scheduled II and Scheduled III narcotics when the count was completed each shift. This has a potential to affect accountability for record keeping throughout the facility.

Policy was reviewed and revised on February 22, 2010. Separate Medication Control Count Sheets were formatted on February 22, 2010.

Nurses and Medication Aides will be educated on new policy and record sheets for Schedule II and III Narcotic Counts during the February Nursing Staff Meetings being held on February 22, 24, 25, 2010 for Medication Aides and on February 25, 2010 for Nurses.

Implementation of new Narcotic Count Sheets will be on March 1, 2010. Beginning March 1, 2010 monitoring will be completed weekly for four weeks and monthly thereafter for a minimum of six months, by Unit Directors. Unit Directors will report to the Director of Nursing, at the time of discovery, any discrepancies in completion of the new Narcotic Count Sheets.

Reports will be submitted to Quality Assurance beginning with the April 20, 2010 Quality Assurance meeting for review of March 2010 data, and monthly thereafter for a minimum of six months. Facility will be in compliance on March 18, 2010.

Title 175 Chapter 12-006.12E8

Based on observation, records review and interview; the facility failed to ensure accountability and proper disposal of Fentanyl transdermal patches, a controlled substance Scheduled II narcotic, for 1 Member (Member 21).

Policy was reviewed and revised on February 22, 2010. Nurses and Medication Aides will be educated on revised policy including need to implement missing narcotic procedure if Narcotic Transdermal Patch destruction is not entered into the record, during the February Nursing Staff Meetings being held on February 22-25, 2010 for Medication Aides and on February 25, 2010 for Nurses.

Implementation will be on March 1, 2010. Beginning March 1, 2010, monitoring will be completed weekly for four weeks and monthly thereafter for a minimum of six months by Unit Directors. Unit Directors will report to the Director of Nursing at the time of discovery, any discrepancies in documentation related to destruction of Schedule II or Schedule III Narcotics.

Reports will be submitted to Quality Assurance beginning with the April 20, 2010 Quality Assurance meeting for review of March 2010 data, and monthly thereafter for a minimum of six months. Facility will be in compliance on March 18, 2010.

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Title 175 Chapter 12-006.17

Based on observation & interview, the facility failed to ensure that 3 out of 3 sampled chairs on the 2nd & 3rd floor bath houses were cleaned (free from visible soil) after use. The facility failed to use disinfecting cleaners according to manufacturers' direction for the whirlpool tubs.

Education was provided for all bath aides and nurses regarding proper disinfecting and cleaning of shower chairs following each use was held on February 5th and 12th. Monitoring of shower chair cleanliness will take place weekly for 60 days and then monthly for a year. If issues are identified, re-education will take place in the area issue is identified.

Information to clarify correct dilution amount needed to disinfect whirlpool tub and shower chairs using disinfectant, Maxima was provided by the chemical manufacturing company. Staff education was also provided on February 5th and 12th.

Facility will monitor for correct dilution of the chemical used for disinfecting whirlpool tubs and shower chairs weekly for 60 days and then monthly for a year.

Infection Control Nurse will be responsible for completing the education and monitoring for compliance. Quality Assurance manager will monitor results. Reports will be submitted to Quality Assurance Committee monthly beginning with the April 20th Quality Assurance meeting reviewing March 2010 information. Facility will be in compliance on March 18, 2010.

Title 175 Chapter 12-007.03R

Based on observation and interview, the facility failed to ensure that curtains were available to afford visual privacy for residents residing in 7 sampled multi-resident rooms (Room 248, 240, 236, 234, 322, 329, 336).

All resident rooms that have tracking already in place have had privacy curtains hung. Tracks that were not in the correct position to provide privacy have been changed to provide privacy to the resident. Tracks that are missing in resident rooms have been placed on order and will be installed as the items are received from the company. Hardware and supplies to complete the project were ordered on February 22, 2010.

A documentation tracking form identifies which rooms are completed and which rooms are waiting the delivery and installation of additional tracking. Reports will be submitted to Quality Assurance beginning with April 20, 2010 Quality Assurance meeting for review of March 2010 data.

Project will be completed as soon as the delivery of hardware and supplies not to exceed August 31, 2010. Responsible person for completing the project is Interim Maintenance Supervisor; Monitoring will be completed by Facility Operating Officer.

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Title 175 Chapter 12-007.04D

Based on observation, interview, and record review: the facility failed to ensure that 9 out of 12 observed resident bathrooms on the Phillips and WWII units had working ventilation systems.

Exhaust fans were replaced. Circuit breaker boxes will have locking covers placed over the breaker to prevent accidental turning off. Preventive maintenance will be completed and documented weekly for 8 weeks and then done monthly for each circuit. Bathroom exhaust vents will be monitored in each of the four circuit breaker zones (two zones in Phillips building and two zones in the World War building).

Reports will be submitted to Quality Assurance beginning with the April 20, 2010 Quality Assurance meeting for review of March 2010 data. Project will be completed February 22, 2010. Responsible person for completing the project is Interim Maintenance Supervisor; Monitoring will be completed by Facility Operating Officer.

Title 175 Chapter 12-007.04E

Based on observation and interview, the facility failed to ensure that the lighting available in 11 sampled resident bathrooms was sufficient to provide care for residents. (Rooms 248, 240, 236, 234, 200, 208, 215, 221, 307, 310, 324).

Resident bathrooms in the Phillips and World War Buildings have had the 60 watt bulbs replaced with 100 watt bulbs as allowed by the fixture. Foot candle readings now meet or exceed 20 foot candle at 30 inches height. Maintenance staff will be re-educated on utilization of proper bulbs and lamination requirements according to regulation. A report that provides supporting documentation of bathroom light reading that meet standards has been prepared.

Reports will be submitted to Quality Assurance beginning with the April 20, 2010 Quality Assurance meeting for review of March 2010 data. Reporting will only be monitored for 60 days. Project will be completed by March 5, 2010. Responsible person for completing the project is Interim Maintenance Supervisor; Monitoring will be completed by Facility Operating Officer.