

Office of Health Care Quality

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0242 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 11/06/2013 |
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| NAME OF PROVIDER OR SUPPLIER HEART HOMES AT PASADENA | STREET ADDRESS, CITY, STATE, ZIP CODE 8016 RITCHIE HIGHWAY PASADENA, MD 21122 |
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| E 000 | Initial Comments The following deficiencies are the result of an unannounced monitoring survey conducted on 11/6/13 for the purpose of determining the facility ' s compliance with COMAR 10.07.14, Assisted Living Program Regulations. Survey activities included an environmental tour, review of administrative records, six (6) resident records and five (5) staff records. The facility ' s census at the time of the survey was eleven (11) residents. | E 000 | | |
| E2000 | .13 A .13 Administration .13 Administration. A. Quality Assurance. (1) The assisted living program shall develop and implement a quality assurance plan. (2) Quality Assurance Plan. (a) The assisted living manager and the delegating nurse shall meet at least every 6 months to review the: (i) Change in status of the program's residents; (ii) Outcomes of pharmacy reviews; (iii) Service plan requirements; and (iv) Written recommendations or findings of the consultant pharmacist, as required by Regulation .29I of this chapter. (b) The assisted living manager shall document the proceedings of the meeting referred to in §A(2)(a) of this regulation. This REQUIREMENT is not met as evidenced by: 10.07.14.13.A.2 (ii) Based on administrative record review, the assisted living manager (ALM) and the delegating nurse failed to meet at least every 6 months to review any status change of the program ' s | E2000 | | |

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

TITLE

(X6) DATE

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| E2000 | Continued From page 1 residents, the outcomes of the pharmacy reviews, service plan requirements and written recommendations of the consultant pharmacist as part of the quality assurance review. Findings include: Review of administrative records revealed that documentation was unable to be found that the assisted living manager (ALM) and the delegating nurse met at least every 6 months to review any status change of the program ' s residents, the outcomes of the pharmacy reviews, service plan requirements and written recommendations of the consultant pharmacist as part of the quality assurance review. Interview with the ALM revealed that the last quality assurance review was conducted on 4/22/13. | E2000 | | |
| E2600 | .19 B6,7 .19 Other Staff--Qualifications (6) Receive initial and annual training in: (a) Fire and life safety, including the use of fire extinguishers; (b) Infection control, including standard precautions, contact precautions, and hand hygiene; (c) Basic food safety; (d) Emergency disaster plans; and (e) Basic first aid by a certified first aid instructor; (7) Have training or experience in: (a) The health and psychosocial needs of the population being served as appropriate to their job responsibilities; (b) The resident assessment process; (c) The use of service plans; and (d) Resident's rights; and This REQUIREMENT is not met as evidenced | E2600 | | |

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| E2600 | Continued From page 2 by: 10.07.14.19 B. 6 (a-e) Based on staff record review and staff interview, the facility failed to provide documentation of current annual training as required by Regulation .19B (6) of this chapter. Findings include: Review of Staff members #1, #2, #3, #4 and #5 ' s records revealed that the required annual training in fire and life safety, emergency preparedness, food safety and infection control was not current. | E2600 | | |
| E2730 | .19 G4 .19 Other Staff--Qualifications (4) Ongoing training in cognitive impairment and mental illness shall be provided annually consisting of, at a minimum: (a) 2 hours for employees whose job duties involve the provision of personal care services as described in Regulation .28D of this chapter; and (b) 1 hour for employees whose job duties do not involve the provision of personal care services as described in Regulation .28D of this chapter. This REQUIREMENT is not met as evidenced by: 10.07.14.19. G.4 (a) Based on staff record review, staff failed to provide documentation of 2 hours of ongoing training in cognitive impairment and mental illness annually for employees whose job duties involve the provision of personal care services. Findings include: Review of Staff members #1, #2, #3, #4 and #5 files failed to provide documentation of 2 hours of ongoing training in cognitive impairment and | E2730 | | |

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| E2730 | Continued From page 3 mental illness annually for employees whose job duties involve the provision of personal care services. | E2730 | | |
| E3310 | .25 B .25 Resident Agreement--Financial Content B. When the resident's needs significantly change and the level of service provided needs to be increased or decreased, the resident agreement shall be amended by the parties to reflect the changes in services being provided and any applicable increase or decrease in charges. This REQUIREMENT is not met as evidenced by: 10.07.14.25.B Based on administrative record review, documentation that the resident agreement was amended by the parties after a significant change in the resident ' s condition was unable to be found. Findings include: Review of Resident # 3 ' s record revealed that Resident # 3 requires a level of care 2 based on the manager ' s assessment and scoring tool. The most current resident agreement reveals that the resident requires a level of care 1. Residents # 5 and #6 require a level of care 2 based on the manager ' s assessment and scoring tool. The most current resident agreement reveals that the resident requires a level of care 3. | E3310 | | |
| E3360 | .26 C1 .26 Service Plan C. The assisted living manager, or designee, shall ensure that: (1) A written service plan or other documentation | E3360 | | |

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| E3360 | <p>Continued From page 4</p> <p>sufficiently recorded in the resident's record is developed by staff, which at a minimum addresses:</p> <p>(a) The services to be provided to the resident, which are based on the assessment of the resident;</p> <p>(b) When and how often the services are to be provided; and</p> <p>(c) How and by whom the services are to be provided;</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.26 C. 1 (a-c)</p> <p>Based on resident record review, the assisted living manager or designee failed to include pertinent information about each resident on the service plans and all the services to be provided to the resident which are based on an assessment of the resident.</p> <p>Findings include: Review of the service plan for Resident #3 revealed that the allergies listed on the Healthcare Practitioner Physical Assessment (HCPPA) were not all transcribed onto the service plan. Review of the most current service plan for Resident # 4 failed to include that Resident #4 is susceptible to urinary tract infections, needs to be encourage to increase fluid intake daily and receives cranberry extract 475 mg.-take 1 capsule twice daily. Review of the most current service plan for Resident #5 failed to include that Resident #5 receives physical therapy services, needs to elevate her legs, wear turbigrip stockings per the home health nurse and has a wound on the right lower extremity which requires applying ointment and covering area with a dry dressing daily until</p> | E3360 | | |

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| E3360 | Continued From page 5 healed. | E3360 | | |
| E3420 | .27 D .27 Resident Record or Log D. Resident Care Notes. (1) Appropriate staff shall write care notes for each resident: (a) On admission and at least weekly; (b) With any significant changes in the resident's condition, including when incidents occur and any follow-up action is taken; (c) When the resident is transferred from the facility to another skilled facility; (d) On return from medical appointments and when seen in home by any health care provider; (e) On return from nonroutine leaves of absence; and (f) When the resident is discharged permanently from the facility, including the location and manner of discharge. (2) Staff shall write care notes that are individualized, legible, chronological, and signed by the writer. This REQUIREMENT is not met as evidenced by: 10.07.14.27 D (1) (a) (b) Based on resident record review, the facility failed to ensure that care notes were written weekly and included significant information. Findings include: Review of the care notes for Residents #1, #2 and #3 revealed that staff last documented in the care notes on 10/27/13, more than 7 days. Review of Resident #6 ' s record revealed that staff last documented in the care notes on 10/13/13. | E3420 | | |

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| E3560 | Continued From page 6 | E3560 | | |
| E3560 | .29 E .29 Medication Management and Administration E. For a resident who is capable of self-administration or, although capable, requires a reminder or physical assistance, as stated in §D(2) of this regulation, the assisted living manager shall ensure that the resident is reassessed by the delegating nurse quarterly for the ability to safely self-administer medications with or without assistance. This REQUIREMENT is not met as evidenced by: 10.07.14.29 E. Based on resident record review, quarterly reassessments were not completed by the delegating nurse for those residents who self-medicate. Findings include: Review of the HCPPA revealed that Resident #3 is capable of administering her medications. Interview with the assisted living manager (ALM) revealed that Resident #3 continues to self administer the medication Sinemet (for Parkinson disease). Review of Resident #3 ' s record revealed that a reassessment completed by the delegating nurse verifying that Resident #3 continues to be capable of administering her medication was last completed on 4/21/13. | E3560 | | |
| E3710 | .29 O .29 Medication Management and Administration O. Accounting for Narcotic and Controlled Drugs. (1) Staff shall count and record controlled drugs, such as narcotics, before the close of every shift. (2) The daily record shall account for all | E3710 | | |

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| E3710 | <p>Continued From page 7</p> <p>controlled drugs documented as administered on the medication administration record. (3) All Schedule II and III narcotics shall be maintained under a double lock system.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.29.0 (2) Based on review of resident records, medical orders, the resident ' s medication and the controlled drug book, the daily record failed to account for all controlled drugs documented as administered on the medication administration record (MAR).</p> <p>Findings include: Review of Resident #7 ' s record, medical orders, the resident ' s medication and the controlled drug book failed to reconcile the daily record in the MAR and the controlled drug book resulting in a discrepancy. Resident # 7 has a medical order for lorazepam 0.5 mgs- take 1 tablet by mouth twice daily. The controlled drug sheet for this medication for Resident #7 listed 18 tablets. The physical count of this medication for Resident #7 was 17 tablets.</p> | E3710 | | |
| E4690 | <p>.42 C .42 Water Supply</p> <p>C. Hot Water Temperature. Hot water accessible to residents shall be blended externally to the hot water generator, by either individual point-of-use control valves of the anti-scald or thermostatic mixing valve type, to a maximum temperature of 120°F and a minimum temperature of 100°F at the fixture.</p> <p>This REQUIREMENT is not met as evidenced by:</p> | E4690 | | |

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| E4690 | <p>Continued From page 8</p> <p>10.07.14.42.C</p> <p>Based on an environmental tour, the facility failed to provide hot water accessible to residents between a minimum of 100 degrees F. and a maximum of 120 degrees F.</p> <p>Findings include: The temperature of the hot water on both hallways in the facility measured a temperature of 128 degrees F.</p> | E4690 | | |