

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2013
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NAME OF PROVIDER OR SUPPLIER HEART HOMES AT LINTHICUM II	STREET ADDRESS, CITY, STATE, ZIP CODE 804 CAMP MEADE ROAD LINTHICUM, MD 21090
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E 000	Initial Comments The following deficiencies are the result of an unannounced monitoring survey conducted at Heart Homes at Linthicum on 11/13/13 for the purpose of determining the facility ' s compliance with COMAR 10.07.14, Assisted Living Program Regulations. Survey activities included an environmental tour, interviews of staff, and reviews of administrative, staffing, and eight (8) residents ' records. The facility ' s census at the time of the survey was sixteen (16) residents.	E 000		
E2370	.16 A,B,C Assisted Living Manager Training Requirements .16 Assisted Living Managers-Training Requirements. A. In addition to the requirements in Regulation .15 of this chapter, by January 1, 2006, an assisted living manager of a program that is licensed for five beds or more shall complete a manager training course that is approved by the Department. B. The completed manager's training course shall: (1) Consist of at least 80 hours of course work and include an examination; (2) Consist of training programs that include direct participation between faculty and participants; and (3) Include not more than 25 hours of training through Internet courses, correspondence courses, tapes, or other training methods that do not require direct interaction between faculty and participants. C. An assisted living manager employed in a program that is licensed for five or more beds shall complete 20 hours of Department-approved continuing education every 2 years.	E2370		

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

TITLE

(X6) DATE

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E2370	Continued From page 1 This REQUIREMENT is not met as evidenced by: 10.07.14.16. C Based on staff record review, the ALM failed to provide documentation of completion of the 20 hours of approved continuing education every 2 years. Findings include: Review of Staff member # 7 ' s (ALM) file failed to provide documentation of completion of the 20 hours of Department approved continuing education every 2 years.	E2370		
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 by: 10.07.14.19 B. 6 (a-e) Based on staff record review and staff interview, the facility failed to provide documentation of all	E2600		

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E2600	Continued From page 2 initial and annual training and training as required by Regulation .19B (6) of this chapter. Findings include: Review of Staff member #1 ' s record failed to reveal documentation of annual training in fire and life safety, emergency preparedness, food safety and infection control. Staff member #2 was hired in September 2013.Review of Staff member #2 ' s record failed to reveal orientation in fire and life safety, emergency preparedness, food safety, infection control and basic first aid, service plans, resident rights and cueing and coaching. Staff member #4 was hired on May 23, 2013. Review of Staff member #4 ' s record failed to reveal orientation in service plans, infection control, food safety, cueing and coaching and training in first aid. Review of Staff member #5 ' s record failed to reveal documentation of annual training in fire and life safety, emergency preparedness, food safety and infection control. Review of Staff member #6 ' s record failed to reveal training in first aid.	E2600		
E2630	.19 C .19 Other Staff--Qualifications C. With the exception of certified nursing assistants (CNAs) and geriatric nursing assistants (GNAs), if job duties involve the provision of personal care services as described in Regulation .28D of this chapter, an employee: (1) Shall demonstrate competence to the delegating nurse before performing these services; and (2) May work for 7 days before demonstrating to the delegating nurse that they have the competency to provide these services, if the	E2630		

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E2630	<p>Continued From page 3</p> <p>employee is performing tasks accompanied by: (a) A certified nursing assistant; (b) A geriatric nursing assistant; or (c) An individual who has been approved by the delegating nurse.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.19. C (2) Based on staff record review, staff failed to demonstrate competence in performing personal care services to the delegating nurse.</p> <p>Findings include: Staff member #5 was hired on 8/11/12. Review of staff member # 5 ' s record failed to provide documentation that staff member # 5 demonstrated competences in performing personal care services to the delegating nurse.</p>	E2630		
E2670	<p>.19 G1,2 .19 Other Staff--Qualifications</p> <p>G. Training in Cognitive Impairment and Mental Illness. (1) When job duties involve the provision of personal care services as described in Regulation .28D of this chapter, employees shall receive a minimum of 5 hours of training on cognitive impairment and mental illness within the first 90 days of employment. (2) The training shall be designed to meet the specific needs of the program's population as determined by the assisted living manager including the following as appropriate:</p> <p>(a) An overview of the following: (i) A description of normal aging and conditions causing cognitive impairment; (ii) A description of normal aging and conditions</p>	E2670		

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E2670	<p>Continued From page 4</p> <p>causing mental illness;</p> <p>(iii) Risk factors for cognitive impairment;</p> <p>(iv) Risk factors for mental illness;</p> <p>(v) Health conditions that affect cognitive impairment;</p> <p>(vi) Health conditions that affect mental illness;</p> <p>(vii) Early identification of and intervention for cognitive impairment;</p> <p>(viii) Early identification of and intervention for mental illness; and</p> <p>(ix) Procedures for reporting cognitive, behavioral, and mood changes;</p> <p>(b) Effective communication including:</p> <p>(i) The effect of cognitive impairment on expressive and receptive communication;</p> <p>(ii) The effect of mental illness on expressive and receptive communication;</p> <p>(iii) Effective verbal, nonverbal, tone and volume of voice, and word choice techniques; and</p> <p>(iv) Environmental stimuli and influences on communication;</p> <p>(c) Behavioral intervention including:</p> <p>(i) Identifying and interpreting behavioral symptoms;</p> <p>(ii) Problem solving for appropriate intervention;</p> <p>(iii) Risk factors and safety precautions to protect the individual and other residents; and</p> <p>(iv) De-escalation techniques;</p> <p>(d) Making activities meaningful including:</p> <p>(i) Understanding the therapeutic role of activities;</p> <p>(ii) Creating opportunities for productive, leisure, and self-care activities; and</p> <p>(iii) Structuring the day;</p> <p>(e) Staff and family interaction including:</p> <p>(i) Building a partnership for goal-directed care;</p>	E2670		

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E2670	<p>Continued From page 5</p> <p>(ii) Understanding families needs; and (iii) Effective communication between family and staff;</p> <p>(f) End of life care including: (i) Pain management; (ii) Providing comfort and dignity; and (iii) Supporting the family; and</p> <p>(g) Managing staff stress including: (i) Understanding the impact of stress on job performance, staff relations, and overall facility environment; (ii) Identification of stress triggers; (iii) Self-care skills; (iv) De-escalation techniques; and (v) Devising support systems and action plans.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.19 G. (1) (2) Based on staff record review, documentation that all staff received five hours of cognitive impairment and mental illness within 90 days of hire was not available.</p> <p>Findings include: Staff member #1 was hired on 2/15/13. Review of Staff member #1 ' s record revealed no documented evidence that Staff member #1 received the five hour training in cognitive impairment and mental illness.</p>	E2670		
E2730	<p>.19 G4 .19 Other Staff--Qualifications</p> <p>(4) Ongoing training in cognitive impairment and mental illness shall be provided annually consisting of, at a minimum:</p>	E2730		

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E2730	<p>Continued From page 6</p> <p>(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.</p> <p>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.</p> <p>Findings include: Review of Staff member #1 's file revealed that training in 2 hour cognitive impairment and mental illness was last completed on 8/18/12.</p>	E2730		
E3330	<p>.26 B1,2 .26 Service Plan</p> <p>B. Assessment of Condition.</p> <p>(1) The resident's service plan shall be based on assessments of the resident's health, function, and psychosocial status using the Resident Assessment Tool.</p> <p>(2) A full assessment of the resident shall be completed: (a) Within 48 hours but not later than required by nursing practice and the patient's condition after: (i) A significant change of condition; and (ii) Each nonroutine hospitalization; and (b) At least annually.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.26. B.2. (a) (ii)</p>	E3330		

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E3330	<p>Continued From page 7</p> <p>Based on resident record review, the facility failed to provide documentation of a completed full assessment after each hospitalization.</p> <p>Findings include: Resident #7 was sent to the emergency room as a result fall on 10/12/13 and returned to the facility the same day. Documentation that the manager ' s assessment was completed post hospitalization was not available for review at the time of this visit.</p> <p>10.07.14.26. B.2 (b) Based on resident record review, the facility failed to ensure that a full assessment of each resident is conducted at least annually.</p> <p>Findings include: Review of Resident #4 ' s record revealed that a full assessment, using the Resident Assessment tool was last completed on 9/7/12.</p>	E3330		
E3420	<p>.27 D .27 Resident Record or Log</p> <p>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</p>	E3420		

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E3420	<p>Continued From page 8</p> <p>manner of discharge.</p> <p>(2) Staff shall write care notes that are individualized, legible, chronological, and signed by the writer.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.27. D (1) Based on resident record review, the staff failed to write care notes on admission and at least weekly.</p> <p>Findings include: Review of Resident #8 record revealed a medical order written on 10/31/13 for staff to spray a skin barrier to the right hip daily and to apply duoderm if the wound opens up again. Further review revealed a treatment order to the right hip on 9/28/13 and on 10/22/13 as well as discharge instructions from home health on 11/5/13. Review of the care notes for Resident #8 revealed no documentation of this wound and the treatments prescribed by the physician.</p>	E3420		
E3510	<p>.28 G .28 Services</p> <p>G. Social and Spiritual Activities.</p> <p>(1) The assisted living manager shall provide or arrange appropriate opportunities for socialization, social interaction, and leisure activities which promote the physical and mental well-being of each resident, including facilitating access to spiritual and religious activities consistent with the preferences and background of the resident.</p> <p>(2) To encourage resident participation in social and recreational activities, the assisted living manager shall:</p>	E3510		

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E3510	<p>Continued From page 9</p> <p>(a) Provide or arrange for transportation to these activities in accordance with the resident's service plan; and</p> <p>(b) Assist a resident with communication, interpersonal, and social skills, including managing difficult behaviors in accordance with the resident's service plan.</p> <p>This REQUIREMENT is not met as evidenced by: 10.07.14.28 G (1) Based upon a review of residents ' records, there is inadequate documentation that services relating to the facilitation of social and spiritual activities are being implemented based upon individual preferences and backgrounds of residents.</p> <p>Findings include: For residents whose records were reviewed, general comments about encouraging residents to participate in daily activities and the daily provision of spiritual reading do not clearly take into account individual background and preferences.</p>	E3510		
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: 10.07.14.42 C</p>	E4690		

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E4690	Continued From page 10 Based upon an environmental tour and assessment, hot water accessible to residents on one wing of the building was operating at an unacceptably high temperature. Findings include: The water accessible to residents in the common-use bathroom and bedrooms on the left wing (facing the building) was operating at a temperature between 130 to 132 degrees F.	E4690		
E4780	.46 C1 .46 Emergency Preparedness C. Emergency and Disaster Plan. (1) The assisted living program shall develop an emergency and disaster plan that includes procedures that shall be followed before, during, and after an emergency or disaster, including: (a) Evacuation, transportation, or shelter in-place of residents; (b) Notification of families and staff regarding the action that will be taken concerning the safety and well-being of the residents; (c) Staff coverage, organization, and assignment of responsibilities for ongoing shelter in-place or evacuation, including identification of staff members available to report to work or remain for extended periods; and (d) The continuity of services, including: (i) Operations, planning, financial, and logistical arrangements; (ii) Procuring essential goods, equipment, and services to sustain operations for at least 72 hours; (iii) Relocation to alternate facilities or other locations; and (iv) Reasonable efforts to continue care.	E4780		

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E4780	Continued From page 11 This REQUIREMENT is not met as evidenced by: 10.07.14.46 C (1) © Based upon a review of administrative records revealed that the facility Emergency Disaster Plan was not current. Findings include: Review of the Emergency Disaster Plan revealed that the staff currently listed as providing staff coverage, organization, and assignment of responsibility are no longer employed by or affiliated with the facility.	E4780		
E4910	.46 E3 .46 Emergency Preparedness (3) Semiannual Disaster Drill. (a) The assisted living program shall conduct a semiannual emergency and disaster drill on all shifts during which it practices evacuating residents or sheltering in-place so that each is practiced at least one time a year. (b) The drills may be conducted via a table-top exercise if the program can demonstrate that moving residents will be harmful to the residents. (c) Documentation. The assisted living program shall: (i) Document completion of each disaster drill or training session; (ii) Have all staff who participated in the drill or training sign the document; (iii) Document any opportunities for improvement as identified as a result of the drill; and (iv) Keep the documentation on file for a minimum of 2 years. This REQUIREMENT is not met as evidenced	E4910		

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E4910	Continued From page 12 by: 10.07.14.46 E (3) Based upon a review of administrative records, the completion of disaster drills is not being documented as required. Findings include: Although disaster drills are being completed frequently than required, e.g. 10/7/13, 11/6/13, the type of disaster drill being conducted is not being indicated, nor is there documentation of any opportunities for improvement resulting from the drill.	E4910		
E5470	.52 B .52 Heating, Ventilation, & Air Conditioning B. Minimum Temperature. The facility shall have a system that provides in areas used by residents a minimum temperature of 70°F in cold weather and a maximum temperature of 80°F in hot weather. This REQUIREMENT is not met as evidenced by: 10.07.14.52 B Based upon the results of an environmental tour, an area in use by a resident was operating at a temperature lower than is permitted. Findings include: The temperature in room #8 was measured at 65 degrees F.	E5470		