

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2014
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NAME OF PROVIDER OR SUPPLIER KRIS-LEIGH ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 831 RITCHIE HIGHWAY SEVERNA PARK, MD 21146
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E 000	<p>Initial Comments</p> <p>On April 14 and 15, 2014 an inspection of care survey was conducted by representatives of the Office of Health Care Quality to determine whether the immediate health and safety needs of the residents are being met and to determine compliance with COMAR 10.07.14, Assisted Living Program Regulations.</p> <p>Survey activities included a review of selected administrative, staff, and resident files, interview with staff and residents, observations, and a tour of the facility.</p> <p>The facility census at the time of the survey was 53 residents.</p>	E 000		
E2600	<p>.19 B6,7 .19 Other Staff--Qualifications</p> <p>(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</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff record review and staff interview,</p>	E2600		

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

TITLE

(X6) DATE

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E2600	Continued From page 1 the facility failed to provide documentation of required staff training. Findings include: Staff record review and interview of the Assisted Living Manager (ALM) failed to reveal evidence of current certification in basic first aid for Staff #1, Staff #2, and Staff #5.	E2600		
E2780	.20 C .20 Delegating Nurse C. Duties. The delegating nurse shall: (1) Be on-site to observe each resident at least every 45 days; (2) Be available on call as required under this chapter or have a qualified alternate delegating nurse available on call; and (3) Have the overall responsibility for: (a) Managing the clinical oversight of resident care in the assisted living program; (b) Issuing nursing or clinical orders, based upon the needs of residents; (c) Reviewing the assisted living manager's assessment of residents; (d) Appropriate delegation of nursing tasks; and (e) Notifying the OHCQ: (i) If the delegating nurse's contract or employment with the assisted living program is terminated; and (ii) Of the reason why the contract or employment was terminated. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the Delegating Nurse (DN) was onsite to observe each resident at least every 45 days and	E2780		

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E2780	<p>Continued From page 2</p> <p>appropriately delegated nursing tasks. Nursing tasks can not be delegated until the DN has assessed the resident.</p> <p>Findings include: OBSERVATION EVERY 45 DAYS Resident record review and interview of the ALM failed to reveal evidence of:</p> <ol style="list-style-type: none"> 1) Resident #2 being assessed between 9-18-13 and 12-20-13 (a gap of 93 days); 2) Resident #2 being assessed between 12-20-13 and 3-25-14 (a gap of 95 days); 3) Resident #3 being assessed between 11-11-13 and 2-24-14 (a gap of 105 days); 4) Resident #3 being assessed between 4-5-13 and 8-12-13 (a gap of 129 days); 5) Resident #5 being assessed between 10-30-13 and 2-17-14 (a gap of 110 days); 6) Resident #5 being assessed between 3-29-13 and 6-14-13 (a gap of 77 days); 7) Resident #6 being assessed between 11-11-13 and 3-25-14 (a gap of 135 days); and 8) Resident #6 being assessed between 4-27-13 and 7-11-13 (a gap of 75 days). <p>DELEGATION</p> <ol style="list-style-type: none"> 1) Resident record review revealed Resident #4 was admitted 8-29-13. Further review and interview of the ALM failed to reveal evidence of the resident being assessed by the DN until 9-11-13 (13 days after admission). 2) Resident record review revealed Resident #1 was admitted 4-4-14. Further review and interview of the ALM failed to reveal evidence of the resident being assessed by the DN until 4-6-14 (2 days after admission). 	E2780		

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E3330	Continued From page 3	E3330		
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:</p> <p>(a) Within 48 hours but not later than required by nursing practice and the patient's condition after:</p> <p>(i) A significant change of condition; and</p> <p>(ii) Each nonroutine hospitalization; and</p> <p>(b) At least annually.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident record review and staff interview, the facility failed to ensure that, within 48 hours of each hospitalization, a full resident assessment was completed on the Resident Assessment Tool (RAT), which consists of the Health Care Practitioner's Physical Assessment, Manager's Assessment, and Scoring Tool.</p> <p>Findings include:</p> <p>Interview of the ALM and review of Resident #6's record failed to reveal a RAT completed within 48 hours of the resident's return from a hospitalization on 7-10-13.</p>	E3330		
E3360	<p>.26 C1 .26 Service Plan</p> <p>C. The assisted living manager, or designee, shall ensure that:</p> <p>(1) A written service plan or other documentation sufficiently recorded in the resident's record is developed by staff, which at a minimum addresses:</p>	E3360		

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E3360	<p>Continued From page 4</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: Based on resident record review and staff interview, the facility failed to ensure service plans address services to be provided based on resident assessments.</p> <p>Findings include: Resident record review and interview of the ALM revealed the service plans for Residents #2, #3, #4, #5, and #6 failed to address all services to be provided based on the residents' assessments.</p>	E3360		
E3400	<p>.27 B .27 Resident Record or Log</p> <p>B. Readmission of a Resident.</p> <p>(1) A resident shall be reassessed by the delegating nurse within 48 hours of readmission to the program if the following occurs:</p> <p>(a) Hospitalizations or a 15 day or greater stay in any skilled facility; or</p> <p>(b) There is a significant change in the resident's mental or physical status upon return to the program after an absence from the program.</p> <p>(2) When the delegating nurse determines in the nurse's clinical judgment that the resident does not require a full assessment within 48 hours, the delegating nurse shall:</p> <p>(a) Document the determination and the reasons for the determination in the resident's record; and</p> <p>(b) Ensure that a full assessment of the resident</p>	E3400		

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E3400	Continued From page 5 is conducted within 7 calendar days. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure residents were reassessed by the DN within 48 hours of readmission from a hospitalization. Findings include: Resident record review failed to reveal evidence that Resident #3 was reassessed by the DN after the resident's 1-7-14 return from a hospitalization until 2-24-14. Interview of the ALM failed to reveal further documentation.	E3400		
E3680	.29 M .29 Medication Management and Administration M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice. This REQUIREMENT is not met as evidenced by: Based on resident record review, observation, and staff interview, the facility failed to ensure medications were administered consistent with current signed medical orders using professional standards of practice. Findings include: AVAILABILITY Review of resident records, observation, and interview of the ALM revealed the following medications were not available on-site at the time of survey:	E3680		

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E3680	<p>Continued From page 6</p> <p>1) Resident #2's Mometasone lotion (ordered for twice daily administration), milk of magnesia, Bacitracin ointment, and triamcinolone cream (all ordered for as needed (PRN) administration);</p> <p>2) Resident #4's Dulcolax (ordered for PRN use); and</p> <p>3) Resident #5's Senna, Duoneb, and acetaminophen (all ordered for PRN use).</p> <p>THREE WAY CHECK (to ensure the medication, order, and Medication Administration Record (MAR) all match)</p> <p>1) Review of Resident #3's record revealed an order to administer Novolog insulin according to a sliding scale (a blood sugar reading taken prior to giving the insulin determines the amount of insulin to administer) for blood sugar readings of 150 or higher.</p> <p>a) Review of the MAR revealed 19 occasions in March 2014 and 3 occasions in February 2014 when the amount of insulin administered was not documented even though the blood sugar reading was 150 or greater.</p> <p>b) Review of the MAR revealed 30 occasions in February 2014 and 3 occasions in March 2014 when the blood sugar reading (and amount of insulin given, if any) were not documented.</p> <p>2) Review of Resident #2's record revealed a 4-2-14 order to apply Cerave cream twice daily. The cream was not documented on the MAR as a current treatment and was not documented as applied.</p> <p>3) Review of Resident #6's record revealed a 4-8-14 order to apply Nystop powder twice daily. Nystop was not included as a current treatment on the resident's April 2014 MAR and was not documented as applied.</p>	E3680		

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E3680	Continued From page 7 Interview of the ALM failed to reveal further documentation.	E3680		
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. This REQUIREMENT is not met as evidenced by: Based on administrative record review and staff interview, the facility failed to develop a complete emergency and disaster plan. Findings include: Administrative record review and interview of the	E4780		

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E4780	Continued From page 8 ALM failed to reveal a complete emergency and disaster plan that includes procedures to be followed before, during, and after an emergency or disaster including evacuation, transportation, or shelter-in-place of residents, notification of families and staff, staff coverage, and continuity of services.	E4780		
E4950	.46 F3 .46 Emergency Preparedness (3) Test of Emergency Power System. (a) The program shall test the emergency power system once each month. (b) During testing of the emergency power system, the generator shall be exercised for a minimum of 30 minutes under normal emergency facility connected load. (c) Results of the test shall be recorded in a permanent log book that is maintained for that purpose. (d) The licensee shall monitor the fuel level of the emergency generator after each test. This REQUIREMENT is not met as evidenced by: Based on administrative record review and staff interview, the facility failed to record evidence of the generator being tested monthly for a minimum of 30 minutes. Findings include: Administrative record review and interview of the ALM failed to reveal evidence that the generator was run monthly for a minimum of 30 minutes with the test results being recorded in a permanent log book.	E4950		