

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 025031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER SOUTH PENINSULA HOSPITAL LTC		STREET ADDRESS, CITY, STATE, ZIP 4300 BARTLETT STREET HOMER, AK 99603	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0578 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure residents had the opportunity to select their code status for two residents (Resident #s 22 and 23) of 12 sampled residents. This failure could have resulted in their wishes for treatment to not be followed. Findings: a. Review of Resident #22's Face Sheet revealed he/she was admitted to the facility on [DATE]. Further review of the resident's face sheet revealed the resident had a Do Not Resuscitate (DNR). Further review of Resident #22's record revealed no documentation that had been discussed with the resident, or that the resident had opted to be a DNR. b. Review of Resident #23's Face Sheet revealed he/she was admitted to the facility on [DATE]. Further review of the resident's face sheet revealed the resident had a DNR status. Further review of Resident #23's record revealed no documentation that had been discussed with the resident, or that the resident had opted to be a DNR. An interview with the Social Worker (SW) on [DATE] at 2:06 pm revealed the facility's practice was to ensure all residents and/or their representatives had the opportunity to select a code status. The SW stated that there should be a signed document in the record as to what the resident's choice. After reviewing Resident #22 and Resident #23's records, the SW was unable to locate signed documents from either resident. Review of the facility's Advanced Directives in Long Term Care policy, dated 10/16/19, revealed, . The resident has the right to make decisions about their care and treatment. Thus, each Resident has the right to formulate . decisions about their wishes for end of life care .		
F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, resident interview, family interview, and record review, the facility failed to ensure an anticoagulant medication was coded on the Minimum Data Set assessment for one of six residents (Resident #18) reviewed for unnecessary medications. Findings: In an interview on [DATE] at 4:01 pm, Family Member (FM) #1 stated Resident #18 was on a blood thinner because of a pacemaker. Review of Resident #18's Orders tab in the electronic medical record (EMR) showed an order for [REDACTED]. #18 did not receive an anticoagulant medication on any of the seven days of the assessment. Review of the 10/18/19, 7/26/19, and 5/27/19 MDS assessments showed Resident #18 received an anticoagulant medication seven of seven days for each assessment period. In an interview on 3/11/20 at 1:30 pm, MDS Coordinator stated, I was training someone, and it was missed. I was responsible, and it was coded wrong. I'll fix it now. Review of the Resident Assessment Instrument (RAI) Manual, October 2019, page N-7 showed: Record the number of days an anticoagulant medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin/extended release, [MEDICATION NAME], or [MEDICATION NAME] here.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to identify [MEDICAL CONDITION] on the lower legs for one resident (Resident #4) of 12 sampled residents. This failure resulted lack of monitoring and treatment for [REDACTED]. #4's Face Sheet revealed he/she was admitted to the facility on [DATE]. Review of the resident's Medical [DIAGNOSES REDACTED]. Review of Resident #4's Admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/21/20 revealed the resident had no wounds, [MEDICAL CONDITION], or other skin concerns; and was receiving no skin treatment including ointments or other medications. Review of Resident #4's Weekly Skin assessment dated [DATE] revealed a negative response to the question, Does the resident have any skin issues? A corresponding diagram of the human body was blank, indicating no wounds, scratches, [MEDICAL CONDITION], or other concerns with the resident's skin. An observation of Resident #4 on 3/8/20 at 12:15 pm revealed multiple small [MEDICAL CONDITION], some of which had small open areas which had scabbed over. Three of the [MEDICAL CONDITION] had open areas in the center from which trickles of blood were running down the resident's leg. When asked about the areas, Resident #4 stated, I have liver failure, and when I was in the hospital, I had swelling really bad in my legs. They gave me medicine for that, and it helped with the swelling, but now I've got those little sores and they itch. So, I scratch them. Resident #4 stated the nursing staff knew about his [MEDICAL CONDITION] and had provided a container of lotion he/she could use. Resident #4 stated, I use it sometimes, but sometimes it doesn't work, and I just like to scratch. An observation of Resident #4 on [DATE] at 10:07 am revealed multiple [MEDICAL CONDITION] to the lower legs, many with scabbed areas in the center. Resident #4 pointed to a container of over-the-counter lotion on his nightstand and stated, I can use that, but sometimes it doesn't help, and I just end up scratching. Review of Resident #4's record revealed no further documentation had been completed on his skin since 3/3/20. Review of Resident #4's record revealed a Weekly Skin assessment dated [DATE] and signed as complete at 2:37 pm. Review of the skin assessment revealed a negative answer to the question, Does the resident have any skin issues? A corresponding diagram of the human body was blank. An interview with Licensed Nurse (LN) #2 on [DATE] at 3:05 pm revealed he/she was the nurse who had examined Resident #4's skin and completed the Weekly Skin Assessment at 2:37 pm that day. The LN stated offhand, she was not aware of any skin concerns for Resident #4 and confirmed that based on the Weekly Skin Assessment in Resident #4's record there should be no [MEDICAL CONDITION], scabs, or other areas on his/her body. Along with the surveyor LN #2 went to Resident #4's room to look at the resident's legs, which had several [MEDICAL CONDITION] present, many with dried scabs in the center. At the time of this observation, five of the [MEDICAL CONDITION] had open areas in the center with trickles of blood running down the resident's legs. LN #2 stated, Those weren't like that before, and asked Resident #4 how the areas occurred. Resident #4 stated, They itch . so I scratched them. LN #2 handed Resident #4 the container of lotion and encouraged him/her to use the lotion. An interview with LN#2 on 3/10/10 at 3:10 pm revealed she had not documented the areas on Resident #4's legs because I only have to document new things. If I already know about them, I don't put them on the form. Review of Resident #4's Weekly Skin Assessment on 3/10/10 at 4:15 pm revealed the skin assessment had been updated at 3:19 pm. The question, Does the resident have any skin issues? was now answered in the affirmative, and the corresponding body diagram noted scratches to all aspects of both lower legs. An interview with the Director of Nursing (DON) on 3/10/10 at 4:16 revealed Resident #4 was known to have extremely dry skin related to liver failure. The DON stated her expectation for a Weekly Skin Assessment was that the nurse should note any skin issues, even those previously known, and document accordingly for accurate monitoring of healing. Review of the facility's Skin Care		
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) policy dated 2/[DATE]9 revealed. . All residents will have their skin integrity assessed and documented upon admission, weekly, and as needed .</p> <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to ensure employees practiced effective hand hygiene, effectively cleaned a glucometer after use, and transported clean linen in a manner to reduce cross contamination. These failures had the potential to affect any of the 23 people residing in the facility. Findings: 1. In an observation on [DATE] at 11:08 am in the medication room, Licensed Nurse (LN) #1 removed a glucometer from the plastic case and laid it on the counter, scanned in a strip and inserted it into the glucometer; gathered lancet, alcohol wipe and 2x2 gauze, and performed hand hygiene with hand sanitizer. LN#1 then walked to/into the resident's room, set the glucometer directly on the resident's overbed table, donned gloves, and performed the blood glucose test. At 11:11 am, LN#1 went to the sink, laid the glucometer on the sink counter, wet hands, applied soap, and performed a seven second hand scrub, rinsed and used paper towel to dry hands. LN#1 then picked up the glucometer, spoke to resident and used hand sanitizer as he/she left the room. At 11:13 am, LN#1 placed the glucometer on the counter in the medication room and used a Sani-Cloth Germicidal Disposable Wipe (which stated on the front container label Disinfects in 3 minutes,) LN1 wiped the glucometer and placed it in the container plastic case, then wiped the counter. When asked what the contact time would be for the disinfect wipe, LN#1 stated, dry for 3 - 5 minutes. At 11:14 am, LN#1 confirmed the glucometer was showing streaking (signs of drying), and LN#1 stated, Normally I don't time it, I'd be doing other stuff. At 11:15 am, LN1 confirmed the counter was streaking as it dried No, it hasn't been three to five minutes. LN#1 then looked at the glucometer in the plastic case, stated It appears to be dry, so I don't want to touch it, and closed the case lid. In an interview on 3/11/20 at 10:00 am, the Director of Nurses (DON) stated, It's a three minute dry time. When asked if the chemical was effective if dry, the DON corrected herself and stated, It has to be wet for three minutes. Review of LN#1's 2/1/19 Long Term Care Annual Skill Fair showed a slash through glucometer row (and two more lines), below that there was a row with a date and a line straight down thru a few additional training categories. The row Hand Hygiene on the first page had a line straight down through it from a category 3 rows above with the date 2-1-19. In an interview on 3/11/20 at DON stated at 10:20 AM that she thought the slashes meant the person on the top line did all those items, but confirmed the slash was different than a line straight down. Review of the facility policy Equipment & Area Cleaning, revised [DATE], showed Policy: All equipment on Long Term Care will be cleaned or replaced according to a schedule specific to the equipment, recognized standards of care, infection control practices, and manufactures recommendation. On page 3/5, the policy stated glucometers were to be cleaned by the Nurse after every use, and the cleaner was Sani-cloth HB, Sani-Cloth Plus, and Super Sani-Cloth. Review of the Sani-Cloth Germicidal Disposable Wipe back label showed: . TO DISINFECT AND DEODORIZE: Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for three (3) minutes. Let air dry, if present, remove gross filth prior to disinfecting . 2. Observation of meal service on [DATE] at 12:48 showed Certified Nurse Aide (CNA) #2, commenting about not using the alcohol-based hand sanitizer, entered kitchen to use the hand wash sink. CNA #2 turned on the water, applied soap to his/her hands, performed a six second hand scrub (the vigorous rubbing of hands together covering all surfaces), rinsed, used a paper towel to dry hands then turned the water off with a paper towel. At 12:50 pm, CNA #1 was observed to turn the water on, apply soap, perform a five second hand scrub, left water on for the next person, retrieved a paper towel and dried hands. In an interview on [DATE] at 1:50 pm regarding how to wash hands, CNA #2 stated, Turn on water, wet your hands, soap and hand scrub for two Happy Birthday or one time if it sung properly (clarified to mean slowly). In an interview on [DATE] at 2:00 pm regarding how to wash hands, CNA #1 stated, Turn on the water, make sure it's warm, wet your hands, add soap, scrub your hands for 25 seconds, rinse, get a towel to dry your hands then turn off the water. Review of the facility policy HW-136 Hand Hygiene, last revised 5/13/16, showed: . 3. Use the following procedure for hand washing: -Turn faucets on to obtain a tepid flow (knee manipulated faucet handles are best, otherwise use hands.) -Do not allow your body or clothes to touch sink -Keeping hands pointing downward, to prevent water from running up the arms, wet hands with running water. Apply soap and thoroughly distribute over hands. Vigorously rub hands together for at least 15-20 seconds, generating friction on all surfaces of the hand and fingers. -Rinse hands thoroughly under running water, keeping the hands pointing down. -If hands are grossly soiled, i.e. contact with fecal discharges, oral secretions, or wound drainage, the entire wash process should be repeated using 30 second sudsing process. -Dry hands thoroughly using a disposable towel, then discard towel -If manually operating faucets are used, turn handle off using a separate dry paper towel so as not to recontaminate the hands. 4. Hand antisepsis with an alcohol-based hand rub may be used as an alternative to hand washing in general, except when hands are obviously soiled OR in cases as noted in item 2.</p> <p>3. An observation on [DATE] at 4:40 pm revealed CNA #2 pushing a linen cart down the hallway with clean washcloths and towels. CNA #2 stopped outside of room [ROOM NUMBER], gathered some of the clean linens, and took them into the room. The remainder of the clean linen was left in the hallway without a protective cover and unattended by staff. An interview with CNA #2 on [DATE] at 4:42 pm revealed, I count out exactly the amount of clean linens I need for the residents before I load them onto my cart. I thought I didn't have to cover the linens in the hallway so long as I didn't return any of them to the clean utility room or take the cart inside a resident room. An interview with the Administrator on [DATE] at 9:15 am revealed, Yes, those linens should have been covered. We will make sure all the CNA's get that information right away. Review of the facility's Handling, Transporting, Processing and Storage of Linen policy, dated 6/30/14, revealed. . All clean linens will be transported in a clean, covered cart that has been designated for clean linens use only .</p>		