Department of Veterans Affairs - (Standards - Nursing Home Care)

SURVEY CLASS	SURVEY YEAR	COMPLETION_DATE
Cause Survey	2017	1/13/2017

NAME OF FACILITY	STREET ADDRESS	CITY	STATE	ZIP CODE
KingN	Wisconsin Veterans Home-King	King	WI	54946

SURVEYED BY (VHA Field Activity of Jurisdiction)

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1	§ 51.210 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practical, physical, mental, and psychological well being of each resident. A. Governing body: 1. The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility, and 2. The governing body or State official with oversight for the facility appoints the administrator who is: i. Licensed by the State where licensing is required; and ii. Responsible for operations and management of the facility.	(M) Met					

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2	b. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change: 1. The State agency and individual responsible for oversight of a State home facility. 2. The State home administrator; 3. The State employee responsible for oversight of the State home facility if a contractor operates the State home.	(M) Met					
3	C 7. Annual State Fire Marshall's report. c. State official must sign four certificates	(M) Met					
4	8. Annual certification from the responsible State agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A set forth at § 51.224);	(M) Met					
5	9. Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51.225);	(M) Met					
6	10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226);	(M) Met					
7	11. Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 27-10-0144A located at § 51.227);	(M) Met					
8	d. Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veterans residents must be spouses of veterans or parents all of whose children died while serving in the armed forces of the Unites States.	(M) Met	662 total residents, of which 545 are Veterans (82.3%)				
9	e. Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.	(NA) Not Applicable	Not a contract facility				

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10	f. Licensure. The facility and facility management must comply with applicable State and local licensure laws.	(M) Met					
11	g. Staffing qualifications: 1. The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. 2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	(M) Met					
12	h. Use of Outside Resources: 1. If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h) (2) of this section. 2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for: i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and ii. The timeliness of the service.	(M) Met					

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13	i. Medical Director: 1. The facility management must designate a primary care physician to serve as medical director. 2. The medical director is responsible for: i. Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services; ii. Directing and coordinating medical care in the facility; iii. Helping to arrange for continuous physician coverage to handle medial emergencies; iv. Reviewing the credentialing and privileging process; v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and vi. Monitoring employees' health status and advising the administrator on employee health policies.	(M) Met	This standards is met: It is recommended that the Medical Director or alternate be present for the monthly employee health meetings.				

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14	j. Credentialing and privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologist, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance. 1. The facility management must uniformly apply Credentialing criteria to licensed independent practitioners applying to provide resident care or treatment under the facility's care. 2. The facility management must verify and uniformly apply the following core criteria: Current licensures; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide. 3. The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credential's file must indicate that these criteria are uniformly and individually applied. 4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. 5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. 6. The facility management systemically must asses whether individuals with clinical privileges act within the scope of privileges granted.	(M) Met					

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15	k. Required training of nursing aides. 1. Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay. 2. The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless: i. That individual is competent to provide nursing and nursing related services; and ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State.	(M) Met					
16	3. Registry verification. Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. 4. Multi-State registry verification. Before allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.	(M) Met					

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17	5. Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monitary compensation. The individual must complete a new training and competency evaluation program. 6. Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must; i. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; ii. Address areas of weakness as determined in nurse aide's performance reviews and may address the special needs of residents as determined by the facility staff; and iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.	(M) Met					
18	I. Proficiency of nurse aides. The facility management must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	(M) Met					

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19	m. Level B Requirement Laboratory services. 1. The facility management must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services: i. If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services. ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes and regulations. iii. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialities and subspecialities of services and meet certification standards, statutes, and regulations. iv. The laboratory performing the testing must have a current, valid CLIA number (Clinical Laboratory Improvement Amendments of 1988). The facility management must provide VA surveyors with the CLIA number and a copy of the results of the last CLIA inspection. v. Such services must be available to the resident seven days a week, 24 hours a day. 2. The facility management must: i. Provide or obtain laboratory services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.	(M) Met					

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20	n. Radiology and other diagnostic services. 1. The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. i. If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations. ii. If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations. iii. Radiologic and other diagnostic services must be available 24 hours a day, seven days a week. 2. The facility management must: i. Provide or obtain radiology and other diagnostic services only when ordered by the primary physician; ii. Promptly notify the primary physician of the findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services.	(M) Met					

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21	o. Clinical Records. 1. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are: i. Complete; ii. Accurately documented; iii. Readily accessible; and iv. Systematically organized.	(M) Met					
22	2. Clinical records must be retained for: i. The period of time required by State law; or ii. Five years from the date of discharge when there is no requirement in the State law.	(M) Met					
23	3. The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	(M) Met					
24	4. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by: i. Transfer to another health care institution; ii. Law; iii. Third party payment contract; or iv. The resident.	(M) Met					
25	5. The Clinical record must contain: i. Sufficient information to identify the residents; v. Progress notes. iv. The results of any pre-admission screening conducted by the State; and iii. The plan of care and services provided; ii. A record of the resident's assessments;	(M) Met					

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26	p. Quality assessment and assurance. 1. Facility management must maintain a quality assessment and assurance committee consisting of: i. The director of nursing services; ii. A primary physician designated by the facility; and iii. At least three other members of the facility's staff.	(M) Met					
27	2. The quality assessment and assurance committee: i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and ii. Develops and implements appropriate plans of action to correct identified quality deficiencies; and	(M) Met					
28	3. Identified quality deficiencies are corrected within an established time period.	(M) Met					
29	q. Disaster and emergency preparedness. 1. The facility management must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.	(M) Met					
30	2. The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.	(M) Met					

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31	r. Transfer agreement. 1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that: i. Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and ii. Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions. 2. The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility to make transfer feasible.	(M) Met					
32	u. Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.	(M) Met					
33	51.40 Basic per diem. Except as provided in §51.41 of this part,(a) During Fiscal Year 2008 VA will pay a facility recognized as a State home for nursing home care the lesser of the following for nursing home care provided to an eligible veteran in such facility: (1) One-half of the cost of the care for each day the veteran is in the facility; or (2) $71.42 for each day the veteran is in the facility. (b) During Fiscal Year 2009 and during each subsequent Fiscal Year, VA will pay a facility recognized as a State home for nursing home care the lesser of the following for nursing home care provided to an eligible veteran in such facility: (1) One-half of the cost of the care for each day the veteran is in the facility; or (2) The basic per diem rate for the Fiscal Year established by VA in accordance with 38 U.S.C. 1741(c).	(M) Met					

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34	51.41 Contracts and provider agreements for certain veterans with service-connected disabilities. (a) Contract or VA provider agreement required. VA and State homes may enter into both contracts and provider agreements. VA will pay for each eligible veteran's care through either a contract or a provider agreement (called a "VA provider agreement"). Eligible veterans are those who: (1) Are in need of nursing home care for a VA adjudicated service-connected disability, or (2) Have a singular or combined rating of 70 percent or more based on one or more service-connected disabilities or a rating of total disability based on individual unemployability and are in need of nursing home care. (b) Payments under contracts. Contracts under this section will be subject to this part to the extent provided for in the contract and will be governed by federal acquisition law and regulation. Contracts for payment under this section will provide for payment either: (1) At a rate or rates negotiated between VA and the State home; or (2) On request from a State home that provided nursing home care on August 5, 2012, for which the State home was eligible for payment under 38 U.S.C. 1745(a)(1), at a rate that reflects the overall methodology of reimbursement for such care that was in effect for the State home on August 5, 2012. (c) Payments under VA provider agreements. (1) State homes must sign an agreement to receive payment from VA for providing care to certain eligible veterans under a VA provider agreement. VA provider agreements under this section will provide for payments at the rate determined by the following formula. For State Homes in a metropolitan statistical area, use the most recently published CMS Resource Utilization Groups (RUG) case-mix levels for the applicable metropolitan statistical area. For State Homes in a rural area, use the most recently published CMS Skilled Nursing Prospective Payment System case-mix levels for the applicable rural area. To compute the daily rate for each State home, multiply the labor component by the State home wage index for each of the applicable case-mix levels; then add to that amount the non-labor component. Divide the sum of the results of these calculations by the number of applicable case-mix levels. Finally,	(M) Met					

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	add to this quotient the amount based on the CMS payment schedule for physician services. The amount for physician services, based on information published by CMS, is the average hourly rate for all physicians, with the rate modified by the applicable urban or rural geographic index for physician work, then multiplied by 12, then divided by the number of days in the year. (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a VA provider agreement. Also, as a condition of receiving payments under paragraph (c) of this section, the State home must agree not to accept drugs and medicines from VA provided under 38 U.S.C. 1712(d) on behalf of veterans covered by this section and corresponding VA regulations (payment under paragraph (c) of this section includes payment for drugs and medicines). (3) Agreements under paragraph (c) of this section will be subject to this part, except to the extent that this part conflicts with this section. For purposes of this section, the term “per diem” in part 51 includes payments under provider agreements. (4) If a veteran receives a retroactive VA service-connected disability rating and becomes a veteran identified in paragraph (a) of this section, the State home may request payment under the VA provider agreement for nursing home care back to the retroactive effective date of the rating or February 2, 2013, whichever is later. For care provided after the effective date but before February 2, 2013, the State home may request payment at the special per diem rate that was in effect at the time that the care was rendered. (d) VA signing official. VA provider agreements must be signed by the Director of the VA medical center of jurisdiction or designee. (e) Forms. Prior to entering into a VA provider agreement, State homes must submit to the VA medical center of jurisdiction a completed VA Form 10-10EZ, Application for Medical Benefits (or VA Form 10-10EZR, Health Benefits Renewal Form, if a completed VA Form 10-10EZ is already on file at VA), and a completed VA Form 10-10SH, State Home Program Application for Care—Medical Certification, for the veterans for whom the State home will seek payment under the provider agreement. After VA and the State home have entered into a VA provider						

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	agreement, forms for payment must be submitted in accordance with paragraph (a) of this section. VA Forms 10-10EZ and 10-10EZR are set forth in full at §58.12 of this chapter and VA Form 10-10SH is set forth in full at §58.13 of this chapter. (f) Termination of VA provider agreements. (1) A State home that wishes to terminate a VA provider agreement with VA must send written notice of its intent to the Director of the VA medical center of jurisdiction at least 30 days before the effective date of termination of the agreement. The notice shall include the intended date of termination. (2) VA provider agreements will terminate on the date of a final decision that the home is no longer recognized by VA under §51.30. (g) Compliance with Federal laws. Under provider agreements entered into under this section, State homes are not required to comply with reporting and auditing requirements imposed under the Service Contract Act of 1965, as amended (41 U.S.C. 351, et seq.); however, State homes must comply with all other applicable Federal laws concerning employment and hiring practices including the Fair Labor Standards Act, National Labor Relations Act, the Civil Rights Acts, the Age Discrimination in Employment Act of 1967, the Vocational Rehabilitation Act of 1973, Worker Adjustment and Retraining Notification Act, Sarbanes-Oxley Act of 2002, Occupational Health and Safety Act of 1970, Immigration Reform and Control Act of 1986, Consolidated Omnibus Reconciliation Act, the Family and Medical Leave Act, the Americans with Disabilities Act, the Uniformed Services Employment and Reemployment Rights Act, the Immigration and Nationality Act, the Consumer Credit Protection Act, the Employee Polygraph Protection Act, and the Employee Retirement Income Security Act.						

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35	51.43 Per diem and drugs and medicines—principles. (a) As a condition for receiving payment of per diem under this part, the State home must submit to the VA medical center of jurisdiction for each veteran a completed VA Form 10-10EZ, Application for Medical Benefits (or VA Form 10-10EZR, Health Benefits Renewal Form, if a completed Form 10-10EZ is already on file at VA), and a completed VA Form 10-10SH, State Home Program Application for Care—Medical Certification. These VA Forms, which are available at any VA medical center and at http://www.va.gov/vaforms, must be submitted at the time of admission, with any request for a change in the level of care (domiciliary, hospital care or adult day health care), and any time the contact information has changed. If the facility is eligible to receive per diem payments for a veteran, VA will pay per diem under this part from the date of receipt of the completed forms required by this paragraph, except that VA will pay per diem from the day on which the veteran was admitted to the facility if the completed forms are received within 10 days after admission. (b) VA pays per diem on a monthly basis. To receive payment, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed, which is available at any VA medical center and at http://www.va.gov/vaforms. (c) Per diem will be paid under §§51.40 and 51.41 for each day that the veteran is receiving care and has an overnight stay. Per diem also will be paid when there is no overnight stay if the facility has an occupancy rate of 90 percent or greater. However, these payments will be made only for the first 10 consecutive days during which the veteran is admitted as a patient for any stay in a VA or other hospital (a hospital stay could occur more than once in a calendar year) and only for the first 12 days in a calendar year during which the veteran is absent for purposes other than receiving hospital care. Occupancy rate is calculated by dividing the total number of patients in the nursing home or domiciliary by the total recognized nursing home or domiciliary beds in that facility. (d) Initial per diem payments will not be made until the Under Secretary for Health recognizes the State home. However, per diem payments	(M) Met					

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	will be made retroactively for care that was provided on and after the date of the completion of the VA survey of the facility that provided the basis for determining that the facility met the standards of this part. (e) The daily cost of care for an eligible veteran's nursing home care for purposes of §§51.40(a)(1) and 51.41(b)(2) consists of those direct and indirect costs attributable to nursing home care at the facility divided by the total number of residents at the nursing home. Relevant cost principles are set forth in the Office of Management and Budget (OMB) Circular number A-87, dated May 4, 1995, "Cost Principles for State, Local, and Indian Tribal Governments." (f) As a condition for receiving drugs and medicines under this part, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 for each eligible veteran, which is available at any VA medical center and at http://www.va.gov/vaforms. The corresponding prescriptions described in §51.42 also should be submitted to the VA medical center of jurisdiction. ---------- ---------- 51.42 Drugs and medicines for certain veterans. (a) In addition to per diem payments under §51.40 of this part, the Secretary shall furnish drugs and medicines to a facility recognized as a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving care in a State home, if: (1) The veteran: (i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and is in need of such drugs and medicines for a service-connected disability; and (ii) Is in need of nursing home care for reasons that do not include care for a VA adjudicated service-connected disability, or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and is in need of such drugs and medicines; and (ii) Is in need of nursing home care for reasons that do not include care for a VA adjudicated service-connected disability. (b) VA may furnish a drug or medicine under						

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	paragraph (a) of this section only if the drug or medicine is included on VA's National Formulary, unless VA determines a non-Formulary drug or medicine is medically necessary. (c) VA may furnish a drug or medicine under paragraph (a) of this section by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means determined by VA.						
36	§ 51.70 Resident Rights The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights. a. Exercise of rights. 1. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. 2. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights. 3. The resident has the right to freedom from chemical or physical restraint. 4. In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. 5. In the case of a resident who has not been determined incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.	(M) Met					

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37	b. Notice of rights and services. 1. The facility management must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notifications must be made prior to or upon admission and periodically during the resident's stay. 2. The resident or his or her legal representative has the right: i. Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and ii. After receipt of his or her records for review, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management. 3. The resident has the right to be fully informed in language that he or she can understand of his or her total health status; 4. The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (b)(7) of this section; and 5. The facility management must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services to be billed to the resident. 6. The facility management must furnish a written description of legal rights which includes: i. A description of the manner of protecting personal funds, under paragraph (c) of this section; ii. A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of	(M) Met					

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	resident property in the facility, and non-compliance with the advance directives requirements. 7. The facility management must have written policies and procedures regarding advance directives (e.g., living wills). These requirements include provisions to inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. 8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.						

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38	9. Notification of changes: i. Facility management must immediately inform the resident; consult with the primary physician; and if known, notify the resident's legal representative or an interested family member when there is: A. An accident involving the resident which results in injury and has the potential for requiring physician intervention; B. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); C. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); D. A decision to transfer or discharge the resident from the facility as specified in § 51.80(a) of this part. ii. The facility management must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is: A. A change in room or roommate assignment as specified in § 51.100 (f)(2); or B. A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. iii. The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.	(M) Met					

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39	c. Protection of resident funds. 1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility. 2. Management of personal funds. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section.	(M) Met					
40	3. Deposit of funds. i. Funds in excess of $100. The facility management must deposit any resident's personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on residents funds to that account. (In pooled accounts, there must be a separate accounting for each residents share.) ii. Funds less than $100. The facility management must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.	(M) Met					
41	4. Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. i. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.	(M) Met					

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42	§ 51.70 Resident rights. (C) (5) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 90 calendar days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate; or other appropriate individual or entity, if State law allows.	(M) Met					
43	6. Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.	(M) Met					
44	d. Free Choice. The resident has the right to: 1. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and 2. Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.	(M) Met					

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45	e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. 1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. 2. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; 3. The resident's right to refuse release of personal and clinical records does not apply when: i. The resident is transferred to another health care institution; or ii. Record release is required by law.	(M) Met					
46	f. Grievances. A resident has the right to: 1. Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and 2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.	(M) Met					
47	g. Examination of survey results. A resident has the right to: 1. Examine the results of the most recent VA survey with respect to the facility. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and 2. Receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies.	(M) Met					

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48	h. Work. The resident has the right to: 1. Refuse to perform services for the facility; 2. Perform services for the facility, if he or she chooses, when: i. The facility has documented the need or desire for work in the plan of care; ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid; iii. Compensation for paid services is at or above prevailing rates; and iv. The resident agrees to the work arrangement described in the plan of care.	(M) Met					
49	i. Mail. The resident has the right to privacy in written communications, including the right to: 1. Send and promptly receive mail that is unopened; and 2. Have access to stationary, postage, and writing implements at the resident's own expense.	(M) Met					

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50	j. Access and visitation rights. 1. The resident has the right and the facility management must provide immediate access to any resident by the following: i. Any representative of the Under Secretary for Health; ii. Any representative of the State; iii. Physicians of the resident's choice; iv. The State long-term care ombudsman; v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time .2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. 3. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.	(M) Met					
51	k. Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.	(M) Met					
52	l. Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other resident	(M) Met					
53	m. Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.	(M) Met					

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54	n. Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defines by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe.	(M) Met					
55	§ 51.80 Admission, transfer and discharge rights. a. Transfer and discharge: 1. Definition. Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same facility. 2. Transfer and discharge requirements. The facility management must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: i. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home; ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; iii. The safety of individuals in the facility is endangered; iv. The health of individuals in the facility would otherwise be endangered; v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or vi. The nursing home ceases to operate.	(M) Met					
56	3. Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (a)(2)(vi) of this section, the primary physician must document in the resident's clinical record.	(M) Met					

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57	4. Notice before transfer. Before a facility transfers or discharges a resident, the facility must: i. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. ii. Record the reasons in the resident's clinical record; and iii. Include in the notice the items described in paragraph (a)(6) of this section.	(M) Met					
58	5. Timing of the notice. i. The notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged, except when specified in paragraph (a)(5)(ii) of this section; ii. Notice may be made as soon as practicable before transfer or discharge when: A. The safety of individuals in the facility would be endangered; B. The health of individuals in the facility would be otherwise endangered; C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home; D. The resident's needs cannot be met in the nursing home.	(M) Met					

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59	6. Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the following: i. The reason for transfer or discharge; ii. The effective date of transfer or discharge; iii. The location to which the resident is transferred or discharged; iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and v. The name, address and telephone number of the State long term care ombudsman.	(M) Met					
60	7. Orientation for transfer or discharge. A facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.	(M) Met					

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61	b. Notice of bed-hold policy and readmission. 1. Notice before transfer. Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility management must provide written information to the resident and a family member or legal representative that specifies: i. The duration of the facility's bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; and ii. The facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section permitting a resident to return. 2. Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. 3. Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room. If the resident required the services provided by the facility.	(M) Met					
62	c. Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.	(M) Met					
63	d. Admissions policy. The facility management must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract to pay the facility from the resident's income or resources.	(M) Met					

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64	§ 51.90 Resident behavior and facility practices. a. Restraints. 1. The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. i. Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. ii. Physical restraint is any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. Bed rails and vest restraints are examples of physical restraints. 2. The facility management uses a system to achieve a restraint-free environment. 3. The facility management collects data about the use of restraints. 4. When alternatives to the use of restraint are ineffective, restraint is safely and appropriately used.	(M) Met					

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65	b. Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion. 1. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation. 2. Physical abuse includes hitting, slapping, pinching or kicking. Also includes controlling behavior through corporal punishment. 3. Sexual abuse includes sexual harassment, sexual coercion, and sexual assault. 4. Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include placing the individual in unsafe or unsupervised conditions. 5. Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.	(N) Not Met	Based on observation, interviews and record review, and facility policy's review, the facility neglected to provide the necessary care and services to protect one (1) of 30 sample residents from injury. Resident #18 (quadriplegic) was being provided morning care by two (2) certified nursing assistants (CNAs) when the resident fell from the bed and sustained a left parietal occipital non displaced skull fracture and a right frontal hematoma. Therefore, this deficient practice will be cited at a harm level. Findings: Review of the facility's policy on "Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injury of Unknown Source" original date 12/88 and last revision/review date 8/23/16, revealed the purpose was to protect member's right to be free from abuse, neglect, misappropriation, and mistreatment…Definition: Abuse-A significant disregard of a member's needs, dignity and interests, or of the standards of behavior, which no member has the right to expect of a staff member. The policy defined neglect as a failure of a caregiver or fiduciary to provide the goods or services (care) necessary to maintain the health or safety (avoiding physical harm, mental anguish or mental harm) of an elder or self-neglect. Review of the facility's "Member Falls" policy original date November 1990, last revision date March 2015 and last review date July 2015 revealed the purpose was to raise awareness of fall risk, prevention, member safety, and to outline the steps for drilling down to the root cause of member falls for resident-specific fall prevention care planning. Definitions: Fall. A sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object. Isolated event refers to the cause of the fall. If the circumstances surrounding the fall are not likely to recur. For example the	<insert CAP details here>			

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			member is on an outing to a place he/she will not likely go again or the fall is related to some construction which is not likely to happen again. The policy indicated that all staff shall be educated on fall safety awareness and their role in fall prevention upon hire and at least annually thereafter. Member's individualized plan of care that address fall risk shall be kept current. The policy indicated if the Minimum Data Set (MDS) triggers the Fall Care Area Assessment (CAA) is completed. As part of the CAAs summary the member's fall risk is determined based on analysis of data gathered and falls assessment score. Resident #18 was initially admitted 4/13/10 and readmitted on 08/18/16 with the following diagnoses, Quadriplegia, Autonomic Dysreflexia, Hearing Loss Right Ear, Soft Tissue Disorder, Encounter for Surgical Aftercare Following Surgery on the Skin and Subcutaneous Tissue (08/18/16), Neurogenic Bowel, Diabetes Mellitus Type 2, Seizures, Muscle Spasms, an Alcohol Dependence in Remission. Record review of Resident #18's re-admission MDS dated 08/24/16 revealed the resident had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The resident was assessed to have no sign or symptoms of inattention, disorganized thinking, altered level of consciousness, or psychomotor retardation. Continued review of the MDS revealed the resident was assessed by the facility to have symptoms of 1) little interest of pleasure in doing things 2) feeling down, depressed, or hopeless 3) trouble falling or staying asleep, or sleeping too much. The facility did not assess the resident to indicate possibility of self-harm. Resident #18 was assessed to have verbal behavioral symptoms directed toward others e.g. threatening, screaming, cursing, at others) to occur four (4) to six (6) times a day. Review of the				

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			Functional Status revealed the resident required assist of two (2) and was totally dependent with bed mobility (how resident moved to and from lying position, turning side to side and positions body while in bed), dressing, toilet use, and bathing. Continued review of the functional status revealed the resident required assist of one (1) and was totally dependent with transfers, locomotion on and off the unit, eating, and personal hygiene. The assessment revealed the activities did not occur for Resident #18 regarding balance during transition. Resident #18's range of motion was assessed to be impaired on both sides of the upper and lower extremities. Review of Resident #18's Fall Care Area Summary (CAA) associated with the 08/24/16 readmission assessment revealed the resident has a diagnosis of C4 tetraplegia (paralysis of all four limbs) with severe contractions. The resident is unable to move all four (4) limbs and depends on two (2) assist, mobility is a manual wheelchair with staff assistance. The resident had one (1) fall only 09/25/12 which was related to a transfer. The CAA did not indicate if seizures or muscle spasms could be a contributing factor to the resident's fall. The Individualized Fall Care Plan for Resident #18 revealed an initiated date 06/01/14 and a hospital return review dated 03/04/16 revealed a focus that the resident was a risk for falling because: I am unable to move my upper and lower extremities. The goal for the resident was to avoid or decrease number of falls. The fall care plan evaluation revealed no changes in reviews. Resident #18 fall interventions included the following: When you come to give care, ask me if I need help with anything. Check to see that I am comfortable Review my personalized Member Care for repositioning needs. Reposition every two (2) hours. Allow member (mbr) to refuse. Chart each				

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			refusal and inform RN. Transfer- ceiling lift with assist two (2)..do not unbuckle seat belt without having a 2nd person and ready to lift mbr up out of chair. (the member's care plan reveal no concerns with muscle contributing fall factor). Resident #18's Fall assessment dated 08/21/16 revealed the resident had no fall nor a history of falls, no change in cognition, exhibited behaviors and balance required the use of assistive devices (i.e. cane, w/c, walker, furniture). The resident scored 15 indicating a care plan was required. The fall assessment failed to include the seizures and spasms as possible contributing factors to resident's fall risk. Review of Resident's #18 August, September and October 2016 Medication Administration Record (MAR) revealed the resident received consistently Baclofen 20 milligrams (mg) three (3) times a day for muscle spasms (watch for drowsiness). Continued review of the MAR revealed in addition to Baclofen the resident was started on 08/18/16 Diazepam 2 mg every six (6) hours for muscle spasms. The MAR did not reflect any change in medication after the 10/23/16 fall. The resident received LevETIRAcetam (Keppa) 500mg once a times a day for seizures, however the MAR did not indicate any changes in medication due to possible seizure activity. Review of the Emergency Department (ED) note dated 10/23/16 revealed Resident #18 was admitted with a fall as the chief complaint. History of the present illness revealed staff were getting the resident's shoes on when they said the resident had a muscle spasm and fell out of the bed. The resident did not have a loss of conscious and was awake and alert. Continue review of the ED report revealed the findings of the Head CT revealed a left parietal occipital non displaced skull fracture without associated hemorrhage, Right frontal				

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			hematoma, Right parietal region subtle hematoma. The report's final impression diagnosis was a fall, with skull fracture with cerebral contusion. Observation of Resident #18 on 1/10/17 at 3:20 pm revealed the resident was awake, answering questions appropriately, body pillow used to position resident on left side, there was a blue padded device behind the resident's head. This device was used as a call light which could be activated with head movement. Resident #18 had a low pressure alternating mattress for pressure for pressure relief. The resident had a urinary catheter to straight drain. An additional observation of Resident #18 on 1/11/17 at 9:50 am revealed the resident was lying in the center of the bed, lying on right side with a body pillow for positioning. The resident's head of bed was up in and positioned toward the television. The low alternating mattress setting was sit per the resident's current weight. Observation of Resident #18 during the lunch meal on 1/11/17 at 12:11 pm revealed Resident #18 sitting in a tilt space w/c, and was being fed by a CNA. Continued observation revealed Resident #18 eyes remained closed while being fed. Observation of Resident #18 on 1/12/17 at 10:15 am, revealed the resident lying on back with head of bed up. Continued observation revealed CNA #3 was wearing gloves while feeding the resident potato chips Interview during initial tour on 1/10/17 at 1 pm with the Registered Charge Nurse (RN #1) revealed Resident #18 was a quadriplegic who had sustained a fall with two (2) CNAs in the room. RN #1 revealed knowledge of Resident #18's history of muscle spasms, classified as muscle stiffness. RN #1 continued to state the resident takes medication for seizures but recalled no seizure activity. RN #1 revealed no knowledge of muscle spasm that allow the resident to have involuntary				

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			movements. Interview with Resident #18 on 1/10/17 at 3:20 pm during the observation revealed the resident remembered the fall incident on 10/23/16. The resident stated two (2) CNAs were not paying attention while performing morning care. The resident continued to state being familiar with the CNAs and has complained to nursing management regarding their inattention with his/her care. The resident recalled facing the wall and the bed was away from the wall to allow the CNAs movement. Resident #18 stated having his/her eyes closed (resident stated closing eyes when care is being provided) and fell from the bed. The resident stated the facility informed him/her that the fall was caused by a muscle spasm. The resident described muscle spasms as stiffness and not movement. However, the resident stated he/she did not feel it was spasms or seizure. The resident stated the fall was due to staff talking and not paying attention. During the 1/11/17 at 9:50 am observation Resident #18 was interviewed regarding the fall incident. The resident reiterated the same statement from the 1/10/17 at 3:20 pm interview. The resident demonstrated the inability to move any body parts except for slight movement of both feet. Interview with CNA #3 on 1/12/17 at 10:20 am, revealed being employed at the facility for 15 years. The CNA now consistently cares for Resident #18. CNA #3 stated Resident #18 was total care and required assist of two (2) for safety. CNA #3 revealed when a resident required two (2) person assist with personal care one (1) CNA will stay at the resident side while the other CNA performs the personal care. The CNA stated when Resident #18 had a muscle spasm the resident's body would become stiff, but never observed involuntary movement of limbs. CNA #3 further stated the CNAs are responsible for monitoring the appropriate setting of the				

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			alternating mattress. However, there was no system in place to ensure the accuracy of the alternating pressure mattress. Interview with 2nd floor Charge Nurse (RN#2) on 1/12/17 at 10:45 am revealed working at the facility for 42 years (only four (4) years as 2nd floor charge nurse). RN #2 was knowledgeable of Resident #18's care and services. The Charge Nurse stated the resident did have muscle spasms but had not observed the resident to have involuntary movements. The RN #2 indicated not knowing how a paralyzed resident could fall from the bed. She /he stated the CNAs were responsible for ensuring the alternating mattress setting were accurate, even though the facility had no system in place to monitor the accuracy of the setting until after the Resident #18 fall. Phone interview with CNA #1 on 1/12/17 at 11:31 am (due to schedule off day) revealed being Resident #18's caregiver for years, and was in the room at the time of the fall. The CNA stated being knowledgeable of the care and services required for Resident #18. She/he described the resident as a quadriplegic, required total care, and use of ceiling lift for transfers. The CNA recalled the day of the fall as a fluke accident. The CNA stated the resident was laying in a supine position, bed at waist high position and both CNAs were at the foot of the bed applying the resident's shoes. CNA #1described Resident #18's muscle spasm as severe and something that she/he had never witness before. The CNA revealed attempting to move toward the resident but was unable to stop the fall. She/he further stated the resident hit her/his thigh during the fall. CNA #1 revealed the resident required assist of two (2) for care and transfers. Phone interview with CNA #2 on 1/12/17 at 11:31 am (due to schedule day off) revealed being Resident				

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			#18's caregiver for years, and was in the room with CNA #1 to assist in morning care when the resident fell. The CNA stated Resident #18 was lying on his/her back, in the middle of the bed. The CNA stated she/he was putting the resident's pants on, while CNA #1 was applying the resident's shoes. Further stated when a resident requires assist of 2, one CNA should be at the center of the resident for safety. Stated the resident had muscle spasms in the past but not that severe. CNA stated being trained in care muscle spasms, which included stiffness at which the staff should stop care and stay by the resident's side for safety. She/he stated CNA #1 attempted to prevent the resident's fall but was unsuccessful. Interview with Director of Nursing (DON) and Executive Director on 1/12/17 at 2:35 pm revealed the facility reported Resident #18's incident to the State of Wisconsin as possible neglect. CNA #1 and #2 were suspended while the facility investigated Resident #18's fall. The DON stated the facility ruled the resident perhaps had a seizure, muscle spasm or the low alternating mattress; even though there were no documented evidence of seizure, muscle spasms, or improper setting of the alternating mattress. The DON stated the Resident #18 was totally dependent with care and services. She further stated the resident was unable to move upper or lower extremities. The surveyor questioned the DON and the Executive Director on was it likely or possible for a paralysis person to fall from the center of the bed in a supine position with two (2) staff members at the bedside? The Executive Director and DON responded it was possible. They indicated the resident possibly had a seizure, a muscle spasm or the low alternating pressure mattress setting were incorrect. The DON stated the CNAs were responsible to ensure the settings on the alternating mattress				

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			were accurate. However, no monitoring system was in place to ensure the accuracy of the mattress. The DON indicted when two (2) CNAs are providing the care, one CNA should be at the resident's waist for safety. The DON continued to state the staff was re-trained on alternating mattress, seizure and fall prevention safety precautions. Interview with the Medical Director on 1/13/17 11:25 am revealed being unaware of Resident #18's fall incident. Interview with the Staff Development on 1/13/17 at 11:40 am revealed CNAs are trained upon hire and annually on fall safety. The Staff Development trainer stated a resident that required assist of two (2) should have one (1) CNA providing care while the other CNA is position in the center of the resident's body to ensure safety. The facility CNAs neglected to provide the necessary care and services to prevent Resident #18 from falling while receiving morning care. S/S = G				

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66	c. Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The facility management must: i. Not employ individuals who: A. Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or B. Have had a finding entered into an applicable State registry or with the applicable licensing authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and ii. Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. 2. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with state law through established procedures. 3. The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. 4. The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.	(M) Met					

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67	§ 51.100 Quality of Life. A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. a. Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. b. Self-determination and participation. The resident has the right to: 1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care; 2. Interact with members of the community both inside and outside the facility; and 3. Make choices about aspects of his or her life in the facility that are significant to the resident.	(M) Met					
68	c. Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.	(M) Met					

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69	d. Participation in resident and family groups. 1. A resident has the right to organize and participate in resident groups in the facility; 2. A resident's family has the right to meet in the facility with the families of other residents in the facility; 3. The facility management must provide the council and any resident or family group that exists with private space; 4. Staff or visitors may attend meetings at the group's invitation; 5. The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; 6. The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility.	(M) Met					
70	e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religious counseling by clergy of various faith groups.	(M) Met					
71	f. Accommodation of needs. A resident has the right to: 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and 2. Receive notice before the resident's room or roommate in the facility is changed.	(M) Met					

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72	g. Patient activities. 1. The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	(M) Met					
73	2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: - Is licensed or registered, if applicable, by the State in which practicing; and - Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body.	(M) Met					
74	h. Social Services. 1. The facility management must provide medically related social services to attain or maintain the highest practicable mental and psychosocial well being of each resident;	(M) Met					
75	2. For each 120 beds, a nursing home must employ one or more qualified social workers who work for a total period that equals at least the work time of one full-time employee (FTE). A State home that has more or less than 120 beds must provide qualified social worker services on a proportionate basis (for example, a nursing home with 60 beds must employ one or more qualified social workers who work for a total period equaling at least one-half FTE and a nursing home with 180 beds must employ qualified social workers who work for a total period equaling at least one and one-half FTE).	(M) Met					

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76	3. Qualifications of social worker. A qualified social worker is an individual with: i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and Note: A master's degree social worker with experience in long-term care is preferred. ii. A social work license from the State in which the State home is located, if offered by the State; and iii. A minimum of one year of supervised social work experience, in a health care setting working directly with individuals.	(M) Met					
77	4. The facility management must have sufficient support staff to meet patient's social services needs.	(M) Met					
78	5. Facilities for social services must ensure privacy for interviews.	(M) Met					
79	i. Environment. The facility management must provide: 1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;	(M) Met					
80	2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	(M) Met					
81	3. Clean bed and bath linens that are in good condition;	(M) Met					
82	4. Private closet space in each resident room, as specified in § 51.200 (d)(2)(iv) of this part;	(M) Met					
83	5. Adequate and comfortable lighting levels in all areas;	(M) Met					
84	6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	(M) Met					
85	7. For the maintenance of comfortable sound levels.	(M) Met					

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86	§ 51.110 Resident assessment. The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. a. Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident's immediate care and a medial assessment, including a medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.	(M) Met					
87	b. Comprehensive assessments. (1) The facility management must make a comprehensive assessment of a resident's needs: i. Using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 3.0 - - - - - - - - - - - - - - - - - - - d. Submission of assessments. Each assessment (initial, annual, change in condition, and quarterly) using the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set, Version 2.0 must be submitted electronically to VA at the IP address provided by VA to the State within 30 days after completion of the assessment document.	(M) Met					
88	2. Frequency. Assessments must be conducted: i. No later than 14 days after the date of admission; ii. Promptly after a significant change in the resident's physical, mental, or social condition; and iii. In no case less often than once every 12 months.	(M) Met					
89	3. Review of Assessments. The nursing facility management must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.	(M) Met					

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90	4. Use. The results of the assessment are used to develop, review, and revise the resident's individualized comprehensive plan of care, under paragraph (d) of this section.	(M) Met					
91	c. Accuracy of Assessments 1. Coordination. i. Each assessment must be conducted or coordinated with the appropriate participation of health professionals. ii. Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the completion of the assessment. 2. Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.	(M) Met					

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92	e. Comprehensive care plans. (1) The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following— (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §51.120; and (ii) Any services that would otherwise be required under §51.120 of this part but are not provided due to the resident's exercise of rights under §51.70, including the right to refuse treatment under §51.70(b)(4) of this part.	(N) Not Met	Based on observation, interviews and record reviews, and review of the facility's policy review the facility failed to ensure the written comprehensive care plan was developed for a resident with known muscle spasms, history of seizures and to monitor the alternating pressure mattress to prevent falls for one (1) of 30 sampled residents. Resident #18 (quadriplegic) was being provided morning care by two (2) certified nursing assistants (CNAs) when the resident fell from the bed and sustained a left parietal occipital non displaced skull fracture and a right frontal hematoma. Findings: The facility's policy "Member's Care Plan" original date, April 2011, last revision/review date June 2015, revealed the following: The Interdisciplinary Team (IDT) are accountable for the development of a comprehensive individualized member plan of care, which captures the member's potential and actual problems, strengths, weakness and identifies realistic individualized interventions to aid in the attainment of members' goals in collaboration with the member/legal representative. All members shall have interventions in place to decrease the risk of pressure sore development and falls, address routine activity of daily living and pain. Each responsible discipline shall be responsible for assessment, analysis, development, and revision of their assigned interventions. All IDT /member care plans shall be review at least quarterly. All staff responsible for interventions shall ensure that they are fully	<insert CAP details here>			

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			implemented on a consistent basis. If they cannot be implemented the care plan shall be reviewed and revised. Review of the facility's "Member Falls" policy original date November 1990, last revision date March 2015 and last review date July 2015 revealed the purpose was to raise awareness of fall risk, prevention, member safety, and to outline the steps for drilling down to the root cause of member falls for resident-specific fall prevention care planning. The policy indicated that all staff shall be educated on fall safety awareness and their role in fall prevention upon hire and at least annually thereafter. Member's individualized plan of care that address fall risk shall be kept current. The policy indicated if the Minimum Data Set (MDS) triggers the Fall Care Area Assessment (CAA) is completed. As part of the CAAs summary the member's fall risk is determined based on analysis of data gathered and falls assessment score. Resident #18 was initially admitted 4/13/10 and readmitted on 08/18/16 with the following diagnoses, Quadriplegia, Autonomic Dysreflexia, Hearing Loss Right Ear, Soft Tissue Disorder, Encounter for Surgical Aftercare Following Surgery on the Skin and Subcutaneous Tissue (08/18/16), Neurogenic Bowel, Diabetes Mellitus Type 2, Alcohol Dependence in Remission. Record review of Resident #18's re-admission MDS dated 08/24/16 revealed the resident had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. Review of the Functional Status revealed the resident required assist of two (2) and was totally dependent with bed mobility (how resident moved to and from lying position, turning side to side and positions body while in bed), dressing, toilet use, and bathing. Continued review of the functional				

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			status revealed the resident required assist of one (1) and was totally dependent with transfers, locomotion on and off the unit, eating, and personal hygiene. Resident #18's range of motion was assessed to be impaired on both sides of the upper and lower extremities. Review of Resident #18's Fall Care Area Summary (CAA) associated with the 08/24/16 readmission assessment revealed the resident has a diagnosis of C4 tetraplegia (paralysis of all four limbs) with severe contractions. The resident is unable to move all four (4) limbs and depends on two (2) assist, mobility is a manual wheelchair with staff assistance. The resident had one (1) fall only 09/25/12 which was related to a transfer. The CAA did not indicate if seizures or muscle spasms could be a contributing factor to the resident's fall. The CAA did not identify muscle spasms nor seizures as contributing factors for fall risk. The Individualized Fall Care Plan for Resident #18 revealed an initiated date 06/01/14 and a hospital return review dated 03/04/16 revealed a focus that the resident was a risk for falling because: I am unable to move my upper and lower extremities. The goal for the resident was to avoid or decrease number of falls. The fall care plan evaluation revealed no changes in reviews. Resident #18 fall interventions included the following: When you come to give care, ask me if I need help with anything Check to see that I am comfortable Review my personalized Member Care fir repositioning needs Reposition every two (2) hours. Allow member (mbr) to refuse. Chart each refusal and inform RN. Transfer- ceiling lift with assist two (2)				

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			..do not unbuckle seat belt without having a 2nd person and ready to lift mbr up out of chair (the member's care plan reveal no concerns with muscle contributing fall factor) Review of the Emergency Department (ED) note dated 10/23/16 revealed Resident #18 was admitted with a fall as the chief complaint. History of the present illness revealed staff were getting the resident's shoes on when they said the resident had a muscle spasm and fell out of the bed. The resident did not have a loss of conscious and was awake and alert. Continue review of the ED report revealed the findings of the Head CT revealed a left parietal occipital non displaced skull fracture without associated hemorrhage, Right frontal hematoma, Right parietal region subtle hematoma. The report's final impression diagnosis was a fall, with skull fracture with cerebral contusion. Review of the Personalized Member Care dated 09/08/16 revealed the resident's safety intervention was seat belt when in wheel chair. Further review of the residents personalized member care undated revealed safety interventions are: 1) body pillow to each side 2) Ensure I am in the center of the bed. 3) RN to chart each shift member refusals of safety devices. Continued review of the member care plan revealed no safety development interventions for seizure, muscle spasm precaution, or monitoring the low alternating pressure mattress Observation of Resident #18 on 1/11/17 at 9:50 am revealed the resident was lying in the center of the bed, lying on right side with a body pillow for positioning. The resident's head of bed was up in and positioned toward the television. The low alternating mattress setting was set according to the resident's weight. Interview with Resident #18 on 1/10/17 at 3:20 pm during the observation			

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			revealed the resident remembered the fall incident on 10/23/16. The resident stated two (2) CNAs were not paying attention while performing morning care. The resident recalled facing the wall and the bed was away from the wall to allow the CNAs movement. Resident #18 stated having his/her eyes closed (resident stated closing eyes when care is being provided) and fell from the bed. The resident stated the facility informed him/her that the fall was caused by a muscle spasm. He/she stated he did not have seizure or a muscle spasm. The resident described muscle spasms as stiffness and not movement. Interview with CNA #3 on 1/12/17 at 10:20 am, revealed being employed at the facility for 15 years. The CNA stated when Resident #18 had a muscle spasm the resident's body would become stiff, but never observed involuntary movement of limbs. CNA #3 further stated the CNAs are responsible for monitoring the appropriate setting of the alternating mattress. However, there was no system in place to ensure the accuracy of the alternating pressure mattress. Furthermore, the personalize care plan did not reveal monitoring of the mattress. Interview with 2nd floor Charge Nurse (RN#2) on 1/12/17 at 10:45 am revealed working at the facility for 42 years (only four (4) years as 2nd floor charge nurse). RN #2 was knowledgeable of Resident #18's care and services. The Charge Nurse stated the resident did have muscle spasms but had not observed the resident to have involuntary movements. RN #2 revealed being responsible for developing the residents care plan. She/he stated if the fall was contributed to muscle spasms, seizure activity or the pressure alternating mattress a care plan should be developed. The Charge Nurse was query why the care plan did				

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			not include interventions for seizures or muscle spasms. Phone interview with CNA #1 on 1/12/17 at 11:31 am (due to schedule off day) revealed being Resident #18's caregiver for years, and was in the room at the time of the fall. The CNA stated being knowledgeable of the care and services required for Resident #18. CNA #1 stated a resident's personalized member care plan is located inside the closet of each resident. However, no interventions were in place for seizures or spasms. Interview with Director of Nursing (DON) and Executive Director on 1/12/17 at 2:35 pm revealed the register/charge nurse responsibility of developing the care plan. The DON stated the facility ruled the resident perhaps had a seizure, muscle spasm or the low alternating mattress. (even though there were no documented evidence of seizure, muscle spasms, or improper setting of the alternating mattress). They indicated the resident possibly had a seizure, a muscle spasm or the low alternating pressure mattress setting were incorrect. The DON stated a fall care plan should be developed with interventions for seizure, muscle spasms precaution and monitoring alternating mattress. Interview with the MDS Coordinator on 1/13/17 at 11:00 am revealed the nurses the IDT are responsible for developing the care plan. She/he stated the care plan is designed to guide care based on the resident's current care and service's needs. The facility neglected to develop a seizure, muscle spasms, and monitoring the alternating pressure mattress to prevent Resident #18 from falling while receiving morning care. S/S =G			

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93	2. A comprehensive care plan must be: i. Developed within 7 calendar days after completion of the comprehensive assessment; ii. Prepared by an interdisciplinary team, that includes the primary physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and iii. Periodically reviewed and revised by a team of qualified persons after each assessment.	(P) Provisional Met	Based on observation, interview, record review, and review of facility policy it was determined the facility failed to update a care plan for one (1) of 30 sampled residents, (Resident #12). Resident #12 was hospitalized with a diagnosis of aspiration pneumonia. During the hospitalization a speech therapy evaluation was performed with recommendation the resident have no straw for safe swallowing. Upon return to the facility the resident's care plan was not updated to reflect the measures needed for prevention of aspiration pneumonia. The findings included: Review of facility policy, " Member's Care Plan," with revision date June 2015, revealed unique member care plan is designed by the member, family , and nursing home professional staff that identifies and prioritizes the areas specific to the member that may be improved, maintained, lower risk, or provided comfort and support. The interdisciplinary team shall be accountable for the development of a comprehensive individualized plan of care, which captures potential new an actual problems. The licensed nursing staff is responsible for updating care plan when a new area of concern/care needs attention. Review of Resident #12's clinical record revealed the resident was admitted to the facility on 4/5/16. The resident's diagnosis included Metabolic Encephalopathy, Anemia, Lymphedema, Adult Failure to Thrive, Urosotomy, Hypertension, Diabetes and Pneumonia. Review of K-Death/Discharge/Furlough/Room Change –V 2 form dated 11/26/16 at 18:39, stated Resident #12 coughed on his/her drink when given medications, was able to clear airway, shortly after had emesis of undigested food. The resident's oxygen saturation was 79-84% on room air. Oxygen was administered at 4 (four)	<insert CAP details here>			

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			liters per minute and duo nebulizer treatment was administered with the resident's oxygen saturation increasing to 90-91%. Resident with chills and was shaking. The physician was contacted and resident was sent to the emergency room at 17:45 for evaluation. A Progress Note dated 11/26/16 at 22:16 documented the resident was admitted to the hospital with diagnosis of Aspiration Pneumonia. Documentation of a hospital History and Physical dated 11/26/16 revealed the resident was evaluated in the emergency room for coughing and hypoxia. A chest x ray revealed bilateral infiltrates and the resident will be admitted to the hospital for treatment of healthcare associated pneumonia. Speech Language Video Swallow Notes from the hospital dated 11/28/16 revealed Resident #12 had completed a swallow evaluation. The evaluation documented a noted delayed cough with drinks of thin liquids from straw. Recommend continue with general solid diabetic diet with thin liquids, upright position with no straws. K-Admission/Hospital Return Assessment-V 1 form dated 12/1/16, documented the resident returned to the facility from the hospital at 11:00 with discharge diagnosis of pneumonia and diabetes. According to the K-Admission/Hospital Return Assessment –V 1 the resident's care plan was not reviewed or revise upon return from the hospital, the section on the form, "care plan undated," was blank. A Significant Change Minimum Data Set Assessment (MDS) dated 12/8/16 documented the resident's cognitive status was intact, with a BIMS score of 15. The MDS indicated the resident required extensive assistance with bed mobility, transfers, dressing, toilet use, hygiene, bathing, required limited assistance with walking in room/corridor, locomotion room/corridor, and required supervision				

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			with eating. The Care Area Assessment (CAA) dated 12/5/16, ADL Functional care area documented the resident had a recent hospitalization for nursing home acquired pneumonia likely from an aspiration episode during mealtime. The resident significant change for increased dependence can be attributed to recent hospitalization and acute illness. Restorative plans are in place to work with Occupational Therapy and Physical Therapy for strengthening. Although the CAA did identify the resident's hospitalization for aspiration pneumonia the decision to address the resident's aspiration risk was not documented in the CAA assessment and thus not carried over to the care plan. Review of Resident #12's Care Plan with revision date of 12/8/16 revealed care plan interventions had been developed to address Diabetes, Nutrition, Bladder, Falls, Coping, Comfort/Pain and Skin Integrity, but no specific interventions had been developed to address the resident's aspiration risk. Observation of Resident #12 on 1/13/17 at 11:00am revealed the resident was sitting in a recliner in room at a 45 degree angle. A thermal cup with straw was sitting on the bed side table within reach of the resident. The resident said staff put a straw in the cup for him/her when the cup is refilled with ice water. An interview with the MDS nurse on 1/13/17 at 10:00am revealed the MDS nurses are responsible for ensuring the MDS assessment is completed timely. The MDS nurse stated the floor nurses are responsible for ensuring the resident's care plans are current and reflect resident care needs. During an interview with the RN floor nurse on 1/13/17 at 10:15 am he/she stated the RN floor nurses are responsible for updating care plans as resident condition changes, and it should be done right away. The RN said there are RN floor nurses on each				

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			shift and LPN's and CNA's (certified nursing assistants) verbally keep them informed on resident conditions. He/she further stated a written Early Warning Tool can be filled out by any staff member to implement a paper trail for a resident condition/concern. The RN floor nurse stated she did not re-admit Resident #12 to the facility on 12/1/16 after the hospital stay for aspiration pneumonia. He/she said upon readmission the RN floor nurse will review the discharge summary for information regarding resident care needs and indicated the RN may not review all information sent back with the resident from the hospital. The RN floor nurse acknowledged interventions needed to be in place to address the resident's risk for aspiration. On 1/13/17 at 10:45m the Director of Nursing acknowledged Resident #12's care plan should have been updated to reflect the resident's risk of aspiration pneumonia. The facility's failed to update Resident #12's care plan with interventions to address risk/prevention of aspiration pneumonia. S/S=D				

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94	3. The services provided or arranged by the facility must: i. Meet professional standards of quality; and ii. Be provided by qualified persons in accordance with each resident's written plan of care.	(P) Provisional Met	Based on observation, interview, record review and review of facility policy it was determined services provided did not always meet professional standards for one (1) of 30 sampled residents, Resident #26. Resident #26 requested a cough medication from a licensed nurse. The nurse administered a cough medication without reviewing the resident's medication administration record or physician's orders, and thus administered the incorrect physician ordered medication to the resident. The findings include: Review of the facility policy, "Medication Administration," with revision date March 2014, revealed the purpose of the policy is to identify guidelines for safe and correct administration of medications. All medications shall be administered following the 6 (six) rights: right medications, right dose, right resident, right route, right time and right documentation. A medications must have a physician's order which includes resident's name, medications ordered, dosage, route, frequency and/or time of administration and reason for the use of medication. Telephone orders shall be immediately written and signed by the receiving nurse. Medication errors must be reported and documented. When selecting medication always compare the label with the electronic Medication Administration Record. Review of Resident #26 was admitted to the facility on 1/24/12. The resident's diagnosis included Atrial Fib, Diabetes Mellitus, Anemia, Hypertension, Peripheral Vascular Disease and Vitamin D Deficiency. A Physician Telephone Order dated 1/7/17 documented Robitussin DM five (5) milliliters had been ordered to be given every six (6) hours as needed for cough, wheezing and shortness of breath. Resident #26's quarterly Minimum Data Set Assessment (MDS) dated 11/29/16 documented the resident as	<insert CAP details here>			

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			cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 with no mood or behavior issues. Observation of Resident #26 on 1/12/17 at 10:10am revealed the resident was sitting in a chair in the unit laundry room. The resident was observed to cough intermittently. During an interview at this time, Resident #26 stated he/she liked doing his/her own laundry and generally he/she had no complaints other than the float staff have to be re-educated all time. Resident #26 stated the previous day, 1/11/17 when requesting a cough medication from a float nurse he/she was administered the incorrect cough medication. The resident stated the float nurse gave him/her a medicine cup with red liquid in the cup. The resident informed the float nurse the cough medicine should not be red, but a clear liquid. He/she continued the float nurse ignored him/her and told the resident to take the medication, that it would not hurt him/her. The resident said he/she needed cough medication and he/she took the red liquid, but the cough medication taken was not as effective as the clear liquid medication which had been ordered by the physician. Observation of the medication cart on 1/12/17 at 10:30m revealed Robitussin DM was a clear liquid medication, and Robafen syrup was a red liquid. The LPN on duty at this time said Resident #26 knows his/her medications, the resident will place oral medications on a towel on the over bed table and review the medications prior to taking them. An interview with the float nurse on 1/13/17 at 9:10am revealed he/she was in the float pool at the facility and worked throughout the campus. He/she stated Resident #26 had requested cough medication at shift change between first and second shift on 1/11/17. The float nurse said he/she was distracted and did not take the time to review Resident #26's medication administration record or the				

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			physician's orders to ensure the resident was receiving the correct physician ordered medication. The float nurse further stated most residents receive the red colored cough syrup, Robafen syrup, and he/she administered it to the resident without first checking to ensure the correct medication was being administered. The float nurse said after he/she had administered the red colored cough medication to the resident, the resident informed him/her the cough the resident should have received was a clear liquid cough medication. The float nurse concluded he/she should have checked Resident #26's medication administration record and/or physician orders prior to administering the medication and was thankful the resident was no allergic to any of the ingredients of the red liquid cough syrup, and further a medication error form should have been completed. The facility failed to administer medication to Resident #26 in a manner which meets professional standards. S/S=D				
95	f. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes— (1) A recapitulation of the resident's stay; (2) A summary of the resident's status at the time of the discharge to include items in paragraph (b)(2) of this section; and (3) A post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.	(M) Met					

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96	§ 51.120 Quality of care. Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. a. Reporting of Sentinel Events: 1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function. 2. Examples of sentinel events are as follows: i. Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; or ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or vi. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. 3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification.	(M) Met					

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97	4. The facility management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10 working days following the event. i. Goal. The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility.	(M) Met					
98	b. Activities of daily living. Based on the comprehensive assessment of a resident, the facility management must ensure that: i. Bathe, dress, and groom; 1. A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to: ii. Transfer and ambulate; iii. Toilet; iv. Eat; and v. Talk or otherwise communicate.	(M) Met					
99	2. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section; and	(M) Met					
100	3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.	(M) Met					
101	c. Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident: 1. In making appointments; and 2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.	(M) Met					

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102	d. Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and 2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	(M) Met					
103	e. Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that: 1. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and 2. A resident who is incontinent of urine receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.	(M) Met					
104	3. A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible.	(M) Met					
105	f. Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that: 1. A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 2. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion.	(M) Met					
106	g. Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident, who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and service	(M) Met					

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107	h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that: 2. A resident who is fed by enteral feedings receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers and other skin breakdowns, and to restore, if possible, normal eating skills. 1. A resident who has been able to adequately eat or take fluids alone or with assistance is not fed by enteral feedings unless the resident's clinical condition demonstrates that use of enteral feedings were unavoidable; and	(M) Met					
108	i. Accidents. The facility management must ensure that: 1. The resident environment remains as free of accident hazards as is possible; and 2. Each resident receives adequate supervision and assistance devices to prevent accidents.	(M) Met					
109	j. Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident: 1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and 2. Receives a therapeutic diet when a nutritional deficiency is identified.	(M) Met					
110	k. Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health.	(M) Met					

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111	l. Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services: 1. Injections; 2. Parenteral and enteral fluids; 3. Colostomy, ureterostomy, or ileostomy care 4. Tracheostomy care; 5. Tracheal suctioning; 6. Respiratory care; 7. Foot care; and 8. Prostheses.	(M) Met					
112	m. Unnecessary drugs: 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: i. In excessive dose (including duplicate drug therapy); or ii. For excessive duration; or iii. Without adequate monitoring; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or vi. Any combinations of the reasons above.	(M) Met					
113	2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that: ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. i. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and	(M) Met					

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114	n. Medication Errors. The facility management must ensure that: 1. Medication errors are identified and reviewed on a timely basis; and 2. Strategies for preventing medication errors and adverse reactions are implemented.	(M) Met					
115	§ 51.130 Nursing Services. The facility management must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by resident assessment and individualized comprehensive plans of care, of all patients within the facility 24 hours a day, 7 days a week. a. The nursing service must be under the direction of a full-time registered nurse who is currently licensed by the State and has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff.	(M) Met	This standard is MET; however a recommendation was made that supervisory staff review direct care staff break times to ensure adequate numbers of staff are always available to meet resident care needs.				
116	b. The facility management must provide registered nurses 24 hours per day, 7 days per week.	(M) Met					
117	c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty. 2. Based on the application and results of the case mix and staffing methodology, the evening or night supervising nurse may serve in a dual role as supervising nurse as well as provides direct patient care only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes. 1. Based on the application and results of the case mix and staffing methodology, the director of nursing may serve in a dual role as director and as an onsite-supervising nurse only when the facility has an average daily occupancy of 60 or fewer residents in nursing homes.	(M) Met					
118	d. The facility management must provide nursing services to ensure that there is a minimum direct care nurse staffing per patient per 24 hours, 7 days per week of no less than 2.5 hours.	(M) Met	The direct care nurse staffing per patient per 24 hours, 7 days per week was 3.55 hours.				

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119	e. Nurse staffing must be based on a staffing methodology that applies case mix and is adequate for meeting the standards of this part.	(M) Met					
120	§ 51.140 Dietary Services. The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. a. Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis. 1. If a qualified dietitian is not employed full-time, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian. 2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association.	(M) Met					
121	b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	(M) Met					
122	c. Menus and nutritional adequacy. Menus must: 1. Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; 2. Be prepared in advance; and 3. Be followed.	(M) Met					

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123	d. Food. Each resident receives and the facility provides: 1. Food prepared by methods that conserve nutritive value, flavor, and appearance; 2. Food that is palatable, attractive, and at the proper temperature; 3. Food prepared in a form designed to meet individual needs; and 4. Substitutes offered of similar nutritive value to residents who refuse food served.	(M) Met					
124	e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	(M) Met					
125	f. Frequency of meals. 1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in paragraph (f)(4) of this section. 3. The facility staff must offer snacks at bedtime daily. 4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day, if a resident group agrees to this meal span, and a nourishing snack is served.	(M) Met					
126	g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.	(M) Met					
127	h. Sanitary conditions. The facility must: 1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; 2. Store, prepare, distribute, and serve food under sanitary conditions; and 3. Dispose of garbage and refuse properly.	(M) Met					

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128	§ 51.150 Physician services. A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. a. Physician supervision. The facility management must ensure that: 1. The medical care of each resident is supervised by a primary care physician; 2. Each resident's medical record must list the name of the resident's primary physician; and 3. Another physician supervises the medical care of residents when their primary physician is unavailable.	(M) Met					
129	b. Physician visits. The physician must: 1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; 2. Write, sign, and date progress notes at each visit; and 3. Sign and date all orders.	(M) Met					

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130	c. Frequency of physician visits. 1. The resident must be seen by the primary physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, or more frequently based on the condition of the resident. 2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 3. Except as provided in paragraphs (c) (4) of this section, all required physician visits must be made by the physician personally. 4. At the option of the physician, required visits in the facility after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section.	(M) Met					
131	d. Availability of physicians for emergency care. The facility management must provide or arrange for the provision of physician services 24 hours a day, 7 days per week, in case of an emergency.	(M) Met					
132	e. Physician delegation of tasks. 1. Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: i. A certified physician assistant or a certified nurse practitioner; or ii. A clinical nurse specialist who: A. Is acting within the scope of practice as defined by State law; and B. Is under the supervision of the physician. Note: A certified clinical nurse specialist with experience in long term care is preferred.	(M) Met					
133	2. The primary physician may not delegate a task when the regulations specify that the primary physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.	(M) Met					

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134	§ 51.160 Specialized rehabilitative services. a. Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the resident's comprehensive plan of care, facility management must: 1. Provide the required services; or 2. Obtain the required services from an outside resource, in accordance with § 51.210(h) of this part, from a provider of specialized rehabilitative services.	(M) Met					
135	b. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.	(M) Met					
136	§ 51.170 Dental Services. A facility: a. Must provide or obtain from an outside resource, in accordance with § 51.210 (h) of this part, routine and emergency dental services to meet the needs of each resident; b. May charge a resident an additional amount for routine and emergency dental services; c. Must, if necessary, assist the resident: 1. In making appointments; and 2. By arranging for transportation to and from the dental services; and 3. Promptly refer residents with lost or damaged dentures to a dentist.	(M) Met					
137	§ 51.180 Pharmacy services. The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff.	(M) Met					

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138	a. Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	(M) Met					
139	b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	(M) Met					
140	c. Drug regimen review. 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. 2. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon.	(M) Met					

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141	d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the e	(M) Met					
142	e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	(M) Met					
143	2. The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.	(M) Met					
144	§ 51.190 Infection Control. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. a. Infection control program. The facility management must establish an infection control program under which it: 1. Investigates, controls, and prevents infections in the facility; 2. Decides what procedures, such as isolation, should be applied to an individual resident; and 3. Maintains a record of incidents and corrective actions related to infections.	(M) Met					

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145	b. Preventing spread of infection: 1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. 2. The facility management must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. 3. The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	(M) Met					
146	c. Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	(M) Met					

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147	The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.	(N) Not Met	Based on record review and interview, the facility failed to provide documentation of all the required monthly fire service tests on the facility's passenger car elevators. The deficient practice affected 82 of 82 smoke compartments, staff and all residents. The facility has the capacity for 721 beds with a census of 662 on the day of survey. The findings include: 1. Review of the facility's elevator testing records for the 12 month period prior to the day of survey on 01/10/17 at 10:55 a.m. revealed the facility's fire service tests for MacArthur Hall elevator 1 and 2 consisted of two monthly tests conducted on 06/16/16 and 09/16/16, and an annual test conducted on 12/15/16. The facility failed to perform and document fire service tests for the other nine (9) months of 2016 for MacArthur Hall elevator 1 and 2. Interview, on 01/10/17 at 10:55 a.m. with the Physical Plant Director and the Safety/Fire Chief revealed the facility's elevator contractor was performing quarterly fire service tests in accordance with less stringent requirements adopted by the State of Wisconsin. 2. Review of the facility's elevator testing records for the 12 month period prior to the day of survey on 01/10/17 at 11:15 a.m. revealed the facility's fire service tests for Stordock Hall elevator 1 and 2 consisted of three monthly tests conducted on 02/17/16, 06/16/16 and 09/16/16, and an annual test conducted on 12/09/16. The facility failed to perform and document fire service tests for the other eight (8) months of 2016 for Stordock Hall elevator 1 and 2. Interview, on 01/10/17 at 11:15 a.m. with the Physical Plant Director and the Safety/Fire Chief revealed the facility's elevator contractor was performing quarterly fire service tests	<insert CAP details here>			

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			in accordance with less stringent requirements adopted by the State of Wisconsin. 3. Review of the facility's elevator testing records for the 12 month period prior to the day of survey on 01/12/17 at 8:20 a.m. revealed the facility's fire service tests for Ainsworth Hall elevator 2 and 3 consisted of three monthly tests conducted on 02/17/16, 06/16/16 and 09/21/16, and an annual test conducted on 12/09/16. The facility failed to perform and document fire service tests for the other eight (8) months of 2016 for Ainsworth Hall elevator 2 and 4. Review of the facility's elevator testing records for the 12 month period prior to the day of survey on 01/12/17 at 11:30 a.m. revealed the facility's fire service tests for Olson Hall elevator 1, 2 and 3 consisted of three monthly tests conducted on 02/17/16, 06/16/16 and 09/21/16, and an annual test conducted on 12/09/16. The facility failed to perform and document fire service tests for the other eight (8) months of 2016 for Olson Hall elevator 1, 2 and 3. Interview, on 01/12/17 at 11:30 a.m. with the Physical Plant Director and the Safety/Fire Chief revealed the facility's elevator contractor was performing quarterly fire service tests in accordance with less stringent requirements adopted by the State of Wisconsin. The census of 662 was verified by the Administrator on 01/10/17. The finding was acknowledged by the Administrator and verified by the Physical Plant Director and the Safety/Fire Chief at the exit interview on 01/10/17 and again at the final exit interview 01/12/17. Code of Federal Regulations §59.130 General requirements for all State home facilities. As a condition for receiving a grant				

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			and grant funds under this part, States must comply with the requirements of this section. (a) The physical environment of a State home must be designed, constructed, equipped, and maintained to protect the health and safety of participants, personnel and the public. (b) A State home must meet the general conditions of the American Institute of Architects, or other general conditions required by the State, for awarding contracts for State home grant projects. Facilities must meet all Federal, State, and local requirements, including the Uniform Federal Accessibility Standards (UFAS) (24 CFR part 40, appendix A), during the design and construction of projects subject to this part. If the State or local requirements are different from the Federal requirements, compliance with the most stringent provisions is required. A State must design and construct the project to provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by this part and as identified in each resident's plan of care. (c) State homes should be planned to approximate the home atmosphere as closely as possible. The interior and exterior should provide an attractive and home-like environment for elderly residents. The site will be located in a safe, secure, residential-type area that is accessible to acute medical care facilities, community activities and amenities, and transportation facilities typical of the area. (d)(1) State homes must meet the applicable provisions of NFPA 101, Life Safety Code, except that the NFPA requirement in paragraph 19.3.5.1 for all buildings containing nursing homes to have an automatic sprinkler system is not applicable until February 24, 2016 for “existing buildings” with nursing home facilities as of June 25, 2001 (paragraph				

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			3.3.36.5 in the NFPA 101 defines an "[e]xisting [b]uilding" as "[a] building erected or officially authorized prior to the effective date of the adoption of this edition of the Code by the agency or jurisdiction"), and NFPA 99, Heath Care Facilities Code. S/S=F				
148	(b) Emergency power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code. (4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.	(M) Met					
149	c. Space and equipment. Facility management must: 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	(M) Met					

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150	d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents: 1. Bedrooms must: i. Accommodates no more than four residents; ii. Measure at least 115 net square feet per resident in multiple resident bedrooms; iii. Measure at least 150 net square feet in single resident bedrooms; iv. Measure at least 245 net square feet in small double resident bedrooms; and v. Measure at least 305 net square feet in large double resident bedrooms used for spinal cord injury residents. It is recommended that the facility have one large double resident bedroom for every 30 resident bedrooms. vi. Have direct access to an exit corridor; vii. Be designed or equipped to assure full visual privacy for each resident; viii. Except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains; ix. Have at least one window to the outside; and x. Have a floor at or above grade level.	(M) Met					
151	2. The facility management must provide each resident with: i. A separate bed of proper size and height for the safety of the resident; ii. A clean, comfortable mattress; iii. Bedding appropriate to the weather and climate; and iv. Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.	(M) Met					

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152	e. Toilet facilities. Each resident room must be equipped with or located near toilet and bathing facilities. It is recommended that public toilet facilities be also located near the resident's dining and recreational areas.	(M) Met					
153	f. Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from: 1. Resident rooms; and 2. Toilet and bathing facilities.	(M) Met					
154	g. Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must: 1. Be well lighted; 2. Be well ventilated; 3. Be adequately furnished; and 4. Have sufficient space to accommodate all activities.	(M) Met					
155	h. Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must: 1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;	(M) Met					
156	2. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;	(M) Met					
157	3. Equip corridors with firmly secured handrails on each side; and	(M) Met					
158	4. Maintain an effective pest control program so that the facility is free of pests and rodents.	(M) Met					

SURVEY CLASS	SURVEY YEAR	COMPLETION_DATE
Cause Survey	2017	1/13/2017

NAME OF FACILITY	STREET ADDRESS	CITY	STATE	ZIP CODE
KingN	Wisconsin Veterans Home-King	King	WI	54946

Carrie.Storms_KIN1 _____

Daniel.Wojtanowski _____

Erik.Wilhelm_KIN1 _____

Jacqueline.Muir_KIN1 _____

Kathy.Cummins_KIN1 _____

Levetta.Perry_KIN1 _____

Marilyn.Klotz_KIN1 _____

Timothy Klecker _____

Timothy Latimer _____