

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2006
NAME OF PROVIDER OR SUPPLIER FULTON COUNTY RESIDENTIAL HCF			STREET ADDRESS, CITY, STATE, ZIP CODE 847 CO HWY 122 GLOVERSVILLE, NY 12078	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 324 SS=D	<p>483.25(h)(2) ACCIDENTS</p> <p>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record review, the facility did not ensure adequate supervision and assistance devices to prevent accidents for one (#117) of one residents observed during a stand pivot transfer. Specifically, the facility did not ensure staff, assisting the resident during transfer, were supervised for use of a gait belt during the transfer. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy. This is evidenced by the following example:</p> <p>Resident #117 The facility did not ensure staff were utilizing a gait belt during a stand pivot transfer as directed by the facility policy and procedure for residents who require extensive assist with transfers.</p> <p>The resident was admitted to the facility on 6/12/02 with diagnoses including dementia, osteoporosis, and combative behavior. The minimum data set (MDS) assessment dated 8/3/06 assesses the resident as having both short and long term memory problems, is moderately impaired in daily decision making skills, rarely/never understands, is rarely/never understood, and requires extensive assistance of two persons for transfers.</p> <p>Review of the Falls Care Plan dated 4/5/05 and</p>	F 324		10/31/06
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 324	<p>Continued From page 1</p> <p>3/6/06 revealed the resident is at risk for falls and has poor standing ability. As an approach for transfers nursing will transfer the resident with extensive assist of two persons with no mention of a gait belt to be used.</p> <p>The resident was observed to be transferred from bed to chair on 9/8/06 at 10:30 am, with the assistance of two certified nursing assistants (CNAs). During the transfer, each CNA grasped the resident's elastic waist band of her pants with one hand and held their other hand under the resident's arms while assisting the resident to a standing position. The resident stood upright and was then pivoted to the chair. Immediately following the transfer, an interview with the CNA's revealed they did not use a gait belt because it is not on the resident's care plan to use one.</p> <p>Interview with the physical therapist (PT) on 9/8/06 at 12:15 pm, revealed a gait belt should be used when transferring the resident, and this is noted in the facility policy to use a gait belt with transfers when extensive assistance of two staff members is required. The PT was asked to provide a copy of the policy indicating a gait belt is to be used. The PT provided a level of assistance form which revealed transfers with extensive assistance of two staff members requires a gait belt to be used for transfers unless otherwise specified by the therapist.</p> <p>Interview with the Registered Nurse Manager (RNM) on 9/8/06 at 12:30 pm, revealed she was not aware of the facility policy that a gait belt is to be used unless otherwise noted by the therapist. The RNM made a copy of the level of assistance form and said she will update the resident's care plan to include the use of a gait belt with</p>	F 324			

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F 324	Continued From page 2 transfers.	F 324			
F 332 SS=E	<p>10 NYCRR 415.12 (h)(2) 483.25(m)(1) MEDICATION ERRORS</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility did not administer medication with less than a 5% error rate. During the observation of the administration of forty-five medications on two units by three nurses, seven errors (15.5 % error rate) occurred. The deficient practices observed were not following the physician's order for administration of a medication prior to the breakfast meal, and not administering a medication within the standard of one hour before or after the planned time of administration. This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy for residents (# 55, 56, and 57). The findings are:</p> <p>1. Resident #55 The facility did not ensure medication was administered within the standard of one hour before or after the planned time of administration.</p> <p>Observation of the medication pass on 9/6/06 at 9:37 am the Licensed Practical Nurse (LPN) medication nurse administered Artificial Tears one drop to the left eye and Lopressor 25 milligrams (mg) by mouth.</p>	F 332		10/31/06	

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F 332	<p>Continued From page 3</p> <p>The Medication Administration Record (MAR) indicated the resident was to receive Artificial Tears one drop in the left eye three times a day (TID) at 8:00 am, 2:00 pm and 8:00 pm and Lopressor 25mg two times a day (BID) at 8:00 am and 8:00 pm.</p> <p>The physician orders dated 8/16/06 indicated the resident was to receive Artificial Tears one drop in the left eye (TID) and the physician orders dated 8/9/06 indicated the resident was to receive Lopressor 25mg by mouth (BID).</p> <p>On 9/6/06 at 9:15 am prior to the observation of the medication administration pass, the LPN medication nurse stated that "things got off to a shaky start" today. On 9/6/06 at 10:15 am the LPN medication nurse stated the medications were late because the Unit Manager was not here so she had to do rounds with the nurse practitioner.</p> <p>2. Resident #56 The facility did not ensure medications were administered within the standard of one hour before or after the planned time of administration.</p> <p>Observation of the medication pass on 9/6/06 at 9:47 am, the LPN medication nurse administered Motrin 400mg one tablet by mouth, Lopressor 50mg one tablet by mouth, Sinemet CR 50-200 one tablet by mouth and Colace 100mg capsule by mouth.</p> <p>The MAR for the date 9/6/06 indicated Motrin 400mg was to be administered by mouth BID at 8:00 am and 8:00 pm, Lopressor 50mg one tablet was to be administered by mouth BID at 8:00 am and 8:00 pm, Sinemet -CR 50-200 one tablet was</p>	F 332			

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F 332	<p>Continued From page 4</p> <p>to be administered by mouth TID at 8:00 am, 2:00 pm and 8:00 pm and Colace 100mg capsule was to be administered by mouth BID at 8:00 am and 8:00 pm.</p> <p>The physician orders dated 8/18/06 indicated the resident was to receive Motrin 400mg by mouth BID, Lopressor 50mg by mouth BID, Sinemet -CR 50-200 one tablet by mouth TID and Colace 100mg capsule BID at 8:00 am and 8:00 pm.</p> <p>On 9/6/06 at 9:15 am prior to the observation of the medication administration pass the LPN stated things got off to a shaky start today. On 9/6/06 at 10:15 am the LPN medication nurse stated the medications were late because the unit manager was not here.</p> <p>On 9/6/06 at 1:50 pm the LPN medication nurse was questioned regarding the time she would administer the resident's ordered 2:00 pm dose of Sinemet -CR 50-200. She stated she had just administered the medication.</p> <p>3. Resident #97 The facility did not ensure medication was administered prior to breakfast as ordered by the physician.</p> <p>Observation of the medication pass on 9/6/06 at 9:00 am, the LPN medication nurse administered Prevacid 30mg by mouth with two glasses of water.</p> <p>The MAR indicated the Prevacid 30mg is to be administered by mouth before breakfast at 7:30 am. The physician orders dated 8/31/06 indicated the resident was to receive Prevacid 30mg by mouth one time daily before breakfast at 7:30 am.</p>	F 332			

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F 332	Continued From page 5	F 332			
F 456 SS=E	<p>On 9/6/06 at 9:00 am The LPN medication nurse stated I am late with this medication. She stated she was ready to pass the medication at 7:30 am but was called to do something else. On 9/6/06 at 9:00 am the resident stated she had already eaten breakfast.</p> <p>10 NYCRR 415.12 (m)(l) 483.70(c)(2) SPACE AND EQUIPMENT</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility did not provide protection to prevent the potential of contamination of the water supply. There were 26 areas that were found to have hose bibbs or hoses connected to the water supply system that were lacking protection, such as vacuum breakers to prevent the potential for back siphonage (water back-up). This did not result in actual harm but had the potential for more than minimal harm and is evidenced as follows: 1. Observation on 09/06/2006 from 2:30 pm to 4:15 pm revealed that one hose bibb located in the compressor room and 18 hose bibbs located on the exterior wall of the facility building were found to lack vacuum breakers. 2. An observation was made on 09/06/2006 at 3:31 pm which revealed that the nozzle of the hose servicing the hopper utility sink could reach below the fixture floodrim and was not plumbed</p>	F 456		10/31/06	

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F 456	<p>Continued From page 6 with a vacuum breaker.</p> <p>3. The hoses servicing the whirlpool tubs located in rooms #303, 504, 803, and the 400 and 600 tub rooms were observed on 09/08/2006 from 1:05 pm to 2:30 pm. The observations revealed that the nozzles of the hoses servicing the whirlpool tubs could reach below the fixtures flooddrims and were not plumbed with vacuum breakers.</p> <p>4. An observation on 09/08/2006 at 1:54 pm, revealed that the end the hose servicing the filtered water system in room #172 reached below the adjacent sink floodrim and was not plumbed with a vacuum breaker.</p> <p>5. Observation on 09/08/2006 at 2:38 pm revealed that the hose servicing the physical therapy room residential model sink was of a length that permitted the hose nozzle to submerge below the fixture floodrim and was not equipped with a device causing the hose to automatically recoil; the water lines servicing this hose were found to lack vacuum breakers.</p> <p>6. Interview on 09/06/2006 from 2:30 pm to 4:15 pm and on 09/08/2006 from 1:05 pm to 2:38 pm with the superintendent of buildings and grounds, simultaneous with the survey observations, revealed acknowledgement that the fixtures noted did not have vacuum breakers.</p> <p>10 NYCRR 415.29(b), 713-1.18 (e)(2)(iii)</p>	F 456			

New York State Department of Health

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I 000	INITIAL COMMENTS NY00035631-No deficiencies were cited during this investigation.	I 000		

Office of Health Systems Management

TITLE

(X6) DATE

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

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K 019 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Vision panels in corridor walls or doors are fixed window assemblies in approved frames. (In fully sprinklered buildings, there are no restrictions in the area and fire resistance of glass and frames.) 19.3.6.2.3, 19.3.6.3.8, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: The following requirement of the Life Safety Code has been previously waived. The results of the current survey and review of the facility's previously submitted justification reaffirm correction would pose an undue hardship. Adequate safeguards remain in place to safeguard residents, staff and visitors.</p> <p>Fixed wired glass vision panels not exceeding 1,296 square inches in size may be used in corridor enclosures.</p> <p>1967 LSC 10-1331 1997 LSC 6-2.3.2.2, 13-3.6.2.3 2000 LSC 19.3.6.2.3, 8.2.3.2.2 10 NYCRR 415.29 (a)(2), 711.2 (a)(1)</p> <p>Wire glass vision panels in the wall separating the corridor and activity room are 2100 Square inches.</p> <p>This area is separated from resident sleeping area by smoke barriers. Additional smoke compartments are accessible to the adjacent</p>	K 019			
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K 019	Continued From page 1 sleeping areas without having to traverse this area. Means of egress requirements for the adjoining residential sleeping units are met without having to traverse this area. The activity room is generally used only at times that staff supervisor is present.	K 019			

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 335091	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/31/2006
Name of Facility FULTON COUNTY RESIDENTIAL HCF	Street Address, City, State, Zip Code 847 CO HWY 122 GLOVERSVILLE, NY 12078	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

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ID Prefix <u>F0324</u> Reg. # <u>483.25(h)(2)</u> LSC _____	Correction Completed 10/31/2006	ID Prefix <u>F0332</u> Reg. # <u>483.25(m)(1)</u> LSC _____	Correction Completed 10/31/2006	ID Prefix <u>F0456</u> Reg. # <u>483.70(c)(2)</u> LSC _____	Correction Completed 10/31/2006
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date:	Signature of Surveyor:	Date:		
Reviewed By _____ CMS RO	Reviewed By _____	Date:	Signature of Surveyor:	Date:		
Followup to Survey Completed on: 9/11/2006		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					

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ID Prefix _____ Reg. # NFPA 101 LSC K0019	Correction Completed 10/31/2006	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By _____ State Agency	Reviewed By _____	Date:	Signature of Surveyor:	Date:		
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YES	NO					