

DHHS Exh. F

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

PRINTED: 04/28/2016
 FORM APPROVED
 OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/05/2015 |
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| NAME OF PROVIDER OR SUPPLIER OCEANSIDE HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROSEWOOD AVENUE TYBEE ISLAND, GA 31328 |
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| F 000 | <p>INITIAL COMMENTS</p> <p>During a complaint survey to investigate complaint numbers GA00153628, GA00152984, and GA00154379, conducted November 4, 2015 through November 5, 2015, the following healthcare deficiencies were cited.</p> | F 000 | | |
| F 253 SS=E | <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to maintain an exit door so that it could be fully closed on the West wing. The facility census was seventy-five (75) residents, with forty-nine (49) residents residing on the West wing.</p> <p>Findings include:</p> <p>Review of an agreement with a pest, wildlife and animal removal specialist company revealed services for snakes, including a service on 10/12/15 for application of Snake-A-Way to the building perimeter. Review of a pest elimination services agreement revealed monthly treatments for flies.</p> <p>Observation on 11/04/15 at 5:45 p.m. of a door exiting from the West Wing nurse's station area to an enclosed courtyard revealed that there was no mechanism on the door to keep it latched shut, and the door was open approximately one inch from the top of the door to the ground. This</p> | F 253 | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/28/2016 |
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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 253 | Continued From page 1 observation was verified during interview with the Administrator at this same time. Interview on 11/05/15 at 8:10 a.m. with Licensed Practical Nurse (LPN) "BB" revealed when it rained hard, flies and other bugs came inside the building. Upon further interview, LPN "BB" stated that devices to trap flies located on the wall by the nurse's station helped a lot to decrease the number of flies, and that she had seen a snake in the West Wing hallway in the summer. Upon further interview, she stated that she had seen mice in the enclosed courtyard. Observation on 11/05/15 at 8:20 a.m. of the door exiting to the courtyard by the West wing nurse's station was noted to still be open to the outside approximately one inch. This was verified at this time by the Maintenance Director, who stated he was currently working on fixing the door. During interview with the Maintenance Director on 11/05/15 at 1:50 p.m., he stated the hinges on this exit door broke from repetitive slamming open and shut during storms. During further interview he stated that it was hard to control flies in the building, and that when the grass was cut around the building and in the courtyard, that they would see a few snakes. | F 253 | | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that 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 a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder | F 315 | | | |

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| F 315 | <p>Continued From page 2 function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, it was determined that the facility failed to maintain an indwelling urinary catheter bag in a sanitary manner for one (1) resident ("Z") from a sample of seven (7) residents.</p> <p>Findings include: Resident "Z" was admitted on 10/9/15 with diagnoses of morbid obesity, syncope, bilateral lower extremity cellulitis, gastroesophageal reflux disease (GERD), urinary tract infection (UTI) and two Stage III pressure sores. Review of the 10/16/15 Admission Minimum Data Set (MDS) revealed that the resident was totally dependent on two staff members for bed mobility, transfer and toileting, had an indwelling urinary catheter and was always incontinent of bowel. Observation on 11/4/15 at 2:15 p.m. revealed the resident's indwelling urinary catheter bag was not secured to the bed frame and was lying on the floor. On 11/5/15 at 8:20 a.m., the resident's indwelling urinary catheter bag was out of the privacy bag in view of the resident's entrance room door and lying on the base of the over-bed table. On 11/5/15 at 11:05 a.m., the resident's indwelling urinary catheter bag was out of the privacy bag in view of the resident's entrance room door and lying on the floor. On 11/5/15 at 11:10 a.m. a certified nursing assistant (CNA) obtained a privacy bag, placed the catheter bag in the privacy bag and secured the indwelling urinary catheter bag to the bed frame and off the floor. Interview on 11/5/15 at 1:10 p.m. with CNA "AA"</p> | F 315 | | | |

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| F 315 | Continued From page 3 revealed they were responsible for monitoring the resident's catheter bag for kinks. Further interview with "AA" revealed that the catheter bag was supposed to be in a privacy bag, secured to the bed frame and off the floor. Continued interview with "AA" at that time revealed that staff must have placed the catheter bag on the floor when the resident was repositioned in the bed. Interview on 11/5/15 at 4:35 p.m. with the Director of Nursing (DON) revealed the staff is expected to ensure that the resident's indwelling urinary catheter was kept in a privacy bag, secured to the bedframe and off the floor. | F 315 | | | |
| F 456 SS=E | 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to maintain one (1) of one (1) walk-in freezers in the kitchen in operating condition. In addition, the facility failed to maintain one (1) of two (2) washing machines in the laundry room in operating condition. The total resident census was one hundred (100). Seventy-five (75) residents at Oceanside and twenty-five (25) residents at Savannah Beach. Findings include: 1. Observation on 11/04/15 at 12:15 p.m. of the walk-in freezer in the kitchen revealed that it was empty. Interview conducted at the time of the | F 456 | | | |

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| F 456 | <p>Continued From page 4</p> <p>observation with the Dietary Manager revealed the freezer started to go out on 11/01/15. The food was transported to a sister facility forty-five minutes away in her own unrefrigerated personal vehicle. Review of a " Freezer Temperature Log " for October 2015 revealed the temperature for the whole month did not exceed two degrees until 10/31/15, when "out of order" was written on the form.</p> <p>Interview on 11/04/15 at 12:30 p.m. with the Administrator revealed they had been having problems with the walk-in freezer for about a week. Review of e-mail correspondence from the Administrator noted that they had been having problems with the freezer since 10/27/15.</p> <p>Review of the Physician's Orders for Resident #6 revealed they were on a mechanical soft diet with ice cream at lunch and supper. An observation on 11/04/15 at 6:00 p.m. of the supper for Resident #6 and lunch on 11/05/15 at 1:22 p.m. revealed there was no ice cream on the resident's meal trays.</p> <p>Interview on 11/05/15 at 1:28 p.m. with the Dietary Manager revealed they normally gave Resident #6 a frozen Magic Cup supplement instead of ice cream at lunch and supper, and that because the walk-in freezer was broken they had no place to store the frozen supplements. Further interview revealed any resident receiving Magic Cup or Health Shakes had not received their supplements since Saturday 10/31/15.</p> <p>Review of a Resident Supplement List revealed that seven residents had an order for one of the frozen supplements (Magic Cup or Health Shake) at least one meal per day.</p> <p>2.</p> <p>Observation on 11/05/15 at 8:38 a.m. in room 228 revealed the two beds in the room were noted to</p> | F 456 | | | |

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| F 456 | Continued From page 5 have a top flat sheet and bedspread on the beds, but no fitted sheet to cover the mattresses. This was verified at the time of the observation by a Certified Nursing Assistant (CNA) "AA," who stated that night shift had already changed the sheets on the bed, and they were waiting for more linens to come so that fitted sheets could be put on the mattresses. During observations in the laundry on 11/05/15 at 9:00 a.m. an interview with laundry employee "CC" stated that only one of the two commercial washers were functional, and that one of the machines broke about two days ago. Interview on 11/05/15 at 12:40 p.m. with the Director of Laundry and Housekeeping she stated that one of the washers had been broken for a few days. Interview on 11/05/15 at 1:50 p.m. with the Maintenance Director revealed they thought the washer had been broken for a few weeks. Review of an e-mail correspondence from the Administrator dated 11/05/15 revealed that they had one working washer since June 2015. Interview on 11/05/15 at 4:36 p.m. with the Administrator confirmed the kitchen at Oceanside stored, prepared, and provided food for the Oceanside and Savannah Beach facilities. Upon further interview, the Administrator confirmed the laundry at Savannah Beach processed linens for both facilities. | F 456 | | | |
| F 465 SS=E | 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. | F 465 | | | |

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| F 465 | <p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a comfortable and sanitary environment on one (1) of two (2) nursing units (West Wing) and a common area (covered outside porch), as evidenced by a leaking roof. The facility census was seventy-five (75) residents, with forty-nine (49) residents residing on the West wing.</p> <p>Findings include:</p> <p>Observation on 11/04/15 at 2:30 p.m. of room 205 on the West Wing revealed the room was not currently occupied by a resident, and all of the furniture had been removed except a bedframe without a mattress. There were several water-stained ceiling tiles between the two windows in the room, one of which was sagging downward. There was an empty mop bucket as well as an empty trash can underneath sagging ceiling tiles, and blankets on the floor. Further observation on 11/04/15 at 5:45 p.m. revealed one (1) ceiling tile missing and three (3) stained ceiling tiles in front of a soiled utility room by the nurse's station. There was an empty trash can with a small amount of water in it under the ceiling with the missing tile, as well as a bedspread on the floor in this area.</p> <p>Interview on 11/05/15 at 8:10 a.m. with Licensed Practical Nurse (LPN) "BB" revealed when it rained hard, it leaked from the ceiling by the door that led outside to the courtyard on the West Wing. Further, during the summer there was a leak from the ceiling in room 205 and there was water all over the floor in that room.</p> <p>Interview on 11/05/15 at 1:50 p.m. with the</p> | F 465 | | | |

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| F 465 | Continued From page 7 Maintenance Director revealed there had been leaks on the West wing for almost a year. They had patched the roof over and over again on the West Wing side of the building, but the leaking had gotten out of control. Further interview, he stated that when it rained hard, it would leak in room 205 and come out as far as to the hallway. Observation on 11/05/15 at 1:50 p.m. of an outside covered patio with the Maintenance Director revealed the following concerns: An irregular triangular-shaped section in the front corner on the West wing side of the patio where the soffit was missing. An approximate five-foot section where the soffit material was either missing or hanging down just past the automatic door from the lobby leading to the patio. An approximate four-foot section where the soffit material was missing between two West wing resident room windows against the patio wall. Interview with the Maintenance Director at the time of observation revealed the damaged soffit was from water damage. | F 465 | | | |