STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025028	A. BUILDING _____ B. WING _____	12/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORDOVA COMMUNITY MED LTC	P.O. BOX 160 CORDOVA, AK 99574

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F 000	INITIAL COMMENTS . The following deficiencies were noted during an unannounced recertification Medicare/Medicaid and State licensing survey conducted on 12/10/18 through 12/14/18. The sample included 8 residents. State of Alaska Department of Health and Social Services Division of Health Care Services Health Facilities Licensing and Certification 4501 Business Park Blvd. Ste. 24, Building L Anchorage, AK 99503	F 000		
F 585 SS=F	. Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in	F 585		12/27/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/28/2018

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F 585	Continued From page 1 accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing	F 585		

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F 585	Continued From page 2 written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: .	F 585	• What corrective actions will be	

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F 585	Continued From page 3 Based on record review and interview the facility failed to ensure the grievance policy included all the required information. Specifically, the facility failed to include the name of the Grievance Officer and his/her contact information in the policy. This failed practice placed all residents (based on a census of 10) at risk for not having the information needed to file a grievance. Findings: Record review on 12/13/18 of the facility's Grievance Policy, titled "Patient or Resident Complaint and Grievance Process", last revised 7/13/18, revealed the Grievance Coordinator/Officer was not named. In addition, no contact information, such as phone number, email and mailing address, was included in the policy. During an interview on 12/14/18 at 9:15 am, the Director of Nursing acknowledged the grievance policy did not contain the required information. .	F 585	accomplished for those residents found to have been affected by the deficient practice: The Grievance policy (ADM 318 Patient or Resident Grievance) was updated on December 27, 2018, to include the name and contact information, including phone number, mailing address and email address, of the Grievance Officers. This information had been included in an attachment (ADM 318b) to the policy since it was updated on June 21, 2018, and posted for residents and their representatives throughout the facility. • How other residents having the potential to be affected by the same deficient practice will be identified: We have identified that all residents have the potential to be affected. • What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Grievance policy will be updated by the LTC Director of Nursing if there are any changes to the Grievance Officer contact information, who will then submit the policy to the Quality Management Committee for review and approval. • How the corrective actions will be monitored and evaluated for effectiveness to ensure the deficient practice does not recur, i.e., what quality assurance program will be put into place: The Grievance policy has been uploaded into the electronic policy management system	

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F 585	Continued From page 4	F 585	and set to be reviewed annually by the Long Term Care Administrator. The Grievance Officer name and contact information will be posted for residents and their representatives to access and the posting will be monitored during Environment of Care rounds to ensure the information is accurate and available to residents. The Environment of Care rounds results are reported to Quality Improvement Committee at least quarterly. • The date each corrective action will be completed: The corrective action was completed on December 27, 2018.	
F 838 SS=F	Facility Assessment CFR(s): 483.70(e)(1)-(3) §483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population	F 838		1/28/19

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F 838	Continued From page 5	F 838		

considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

§483.70(e)(2) The facility's resources, including but not limited to,
(i) All buildings and/or other physical structures and vehicles;
(ii) Equipment (medical and non- medical);
(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an

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F 838	Continued From page 6 all-hazards approach. This REQUIREMENT is not met as evidenced by: . Based on record review and interview the facility failed to ensure the facility assessment; 1) identified the clinical needs of residents in the facility to be cared for competently day to day and in the case of an emergency; 2) equipment and supplies needed for care of the resident population; 3) ethnic, cultural or religious factors that may affect care provided by the facility; 4) included personnel with documentation of education levels, trainings and any competencies related to resident care; and 5) health information technology resources used. This failed practice placed all residents (based on a census of 10) at risk for not receiving care and services per resident centered needs. Findings: Resident #1 Record review on 12/10-13/18 revealed Resident #1 was admitted to the facility with diagnosis that included quadriplegia (complete paralysis of the body from the neck down) and neurogenic bladder (inability to pass urine without use of a catheter due to loss of bladder function) and Mitrofanoff urinary conduit (surgical procedure where the appendix is used to create a conduit between the skin surface (conduit) and the urinary bladder). Resident #2 Record review on 12/10-13/18 revealed Resident #2 was admitted to the facility with diagnosis that	F 838	• What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The Facility Assessment will be updated with the clinical needs for all the residents' day to day needs as well as equipment and supplies that may be needed during an emergency situation such as an evacuation. Ethical and cultural needs, education levels and trainings of staff members and health information technology resources used here at Cordova Community Medical Center (CCMC) will also be added to the Facility Assessment. • How other residents having the potential to be affected by the same deficient practice will be identified: We have identified that all residents have the potential to be affected. • What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: • The Facility Assessment will be updated with resources needed for residents during day to day operations, as well as during emergencies. For example, resident population and disease types, physical conditions and cognitive disabilities, and overall acuity will be assessed.	

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F 838	Continued From page 7 included Alzheimer's disease (a degenerative brain disease that usually starts in late middle age or in old age and destroys the memory and other important mental functions. People with this disease may forget important people in their lives and undergo dramatic personality changes. It is the most common cause of dementia in the elderly but is not a normal part of aging). Resident #3 Record review on 12/10-13/18 revealed Resident #3 was admitted to the facility with diagnosis that included Lewy Body dementia (the second most common type of dementia, having visual hallucinations that may range from abstract shapes or colors to conversations with deceased persons, in addition to confusion, slowed movement, tremors and rigid muscles). Resident #4 Record review on 12/10-13/18 revealed Resident #4 was admitted to the facility with diagnosis including dementia (a decline in intellectual functioning, including problems with memory, reasoning and thinking). Resident #5 Record review on 12/10-13/18 revealed Resident #5 was admitted to the facility with diagnosis that included Alzheimer's disease and dementia. Resident #6 Record review on 12/10-13/18 revealed Resident #6 was admitted to the facility with diagnosis that	F 838	• Equipment and supplies that are needed based on the resident population will be added to the Facility Assessment. • The ethical, culture or religious factors, including activities and nutritional services which are needed for appropriate resident care will be added to the Facility Assessment. • Education level, training and competencies required by all staff for the care of the resident population will be added to the Facility Assessment. Example: Relias training for Mitrofanoff care (as well as hands on training), dementia/Alzheimer's care, and neurological disease processes (MS, seizures, anoxic brain injury, and Huntington's disease) education for all clinical staff. • Information technology resources that CCMC uses will also be added to the Facility Assessment. Currently CCMC uses the cloud based Point Click Care (PCC) for our Electronic Health Record to document resident care, with remote access available offsite in the event of an emergency. • How the corrective actions will be monitored and evaluated for effectiveness to ensure the deficient practice does not recur, i.e., what quality assurance program will be put into place: The Facility Assessment will be updated annually and as necessary when the facility plans, or resident population, have	

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F 838	Continued From page 8 included dementia. Resident #7 Record review on 12/10-13/18 revealed Resident #7 was admitted to the facility with diagnosis that included anoxic brain injury with persistent vegetative state (an injury of the brain due to a total lack of oxygen to the brain with a disorder of consciousness in which patients with severe brain damage are in a state of partial arousal rather than true awareness; unresponsive to psychological and physical stimuli with no sign of higher brain function). Resident #8 Record review on 12/10-13/18 revealed Resident # 8 was admitted to the facility with diagnosis that included Huntington's disease (a hereditary disease where brain cells degenerate and cause progressive loss of a person's functional ability usually resulting in movement, thinking and psychiatric disorders) and Multiple sclerosis (an autoimmune disease where the immune system attacks cells in the brain and spinal cord resulting in a range of signs and symptoms, including weakness in one or both limbs that usually occur one side of the body at a time, partial or complete loss of vision, prolonged double vision, tingling or pain in the body, fatigue, dizziness, bowel and bladder function problems, electric shock sensations that occur with certain neck movements). Resident #9 Record review on 12/10-13/18 revealed Resident #9 was admitted to the facility with diagnosis that	F 838	substantial changes. The LTC Director of Nursing will complete the updates as needed, and will present the updated Facility Assessment to the Quality Improvement Committee for review, on no less than an annual basis. • The date each corrective action will be completed: The Facility Assessment will be updated by January 28, 2018.	

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included Alzheimer's disease and dementia.

Resident #10

Record review on 12/10-13/18 revealed Resident #10 was admitted to the facility with diagnosis that included cerebral infarct (an area in of necrotic (dead) tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain) and seizures (a sudden uncontrolled electrical disturbance in the brain that can cause changes in your behavior, movements, and levels of alertness. Seizures can last from seconds to minutes).

Review of the facility assessment (completion date 11/20/18) on 12/12-14/18, revealed the facility assessment did not identify the following residents, the care and equipment/supplies needed for day to day care and in an emergency:

1) Resident #1's quadriplegia, neurogenic bladder with Mitrofanoff conduit;
2) Resident #'s (2, 5 and 9) Alzheimer's disease;
3) Resident #'s (3, 4, 5, 6 and 9) Lewy body dementia and dementia;
4) Resident #7's anoxic brain injury with persistent vegetative state;
5) Resident #8's Huntington's and Multiple Sclerosis diseases; and
6) Resident #10's cerebral infarct and seizure disorder.

Further review of the facility assessment revealed staff competencies and training for the needs of Resident #1's Mitrofanoff conduit was not

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addressed. As well as any needs for Residents with Alzheimer's, Multiple Sclerosis, Huntington's disease, seizures, dementia, or in a persistent vegetative state. In addition, the facility assessment did not include ethnic, cultural or religious factors that could affect the residents care by the facility.

Review of the facility assessment personnel list revealed, education levels, trainings and competencies related to resident care were left blank. In addition, health information technology resources the facility uses were not in the assessment.

During an interview on 12/14/18 when asked about the facility assessment the Director of Nursing agreed the facility assessment was missing the required information.