

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: 10/20, 21, 22, 23, 24, and 27, 2014</p> <p>Facility number: 000249 Provider number: 155358 AIM number: 100267640</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN Geoff Harris RN Vickie Nearhoof RN</p> <p>Census Bed Type: SNF/NF: 64 Total: 64</p> <p>Census Payor Type Medicare: 9 Medicaid: 35 Private: 14 Other: 6 Total: 64</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/28/2014 by</p>	F000000	Please accept this plan of correction as credible compliance for survey allegations on October 27, 2014. This facility has always and will continue to give excellent care to all residents.	

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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F000242 SS=E	<p>Brenda Marshall, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure residents' preferences for customary routines for number of weekly showers/baths, were honored for 3 of 3 residents reviewed who met the criteria for choices. (Residents #97, #100, and #47)</p> <p>Findings include:</p> <p>1. Resident #100 was interviewed on 10/22/14 at 10:16 a.m. The resident indicated she had not been asked since admission how many times she preferred to be bathed weekly.</p> <p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the</p>	F000242	<p>Upon admission resident Personal Hygiene and Grooming Abilities will be assessed using the Resident-Data Collection (see form #1). All residents will be offered a shower and/or a bed bath within 24-hours of admission. After the initial bath/shower each resident will be asked his/her Personal Preferences which will include the type of bath/shower each resident prefers, time of day resident prefers bath/shower, day(s) of the week resident prefers bath/shower and the frequency the resident wishes to bathe. This will ensure each Resident's Self-Determination/Right to Make Personal Choices is honored. Each resident will have a Resident Personal Preferences form completed so that all staff are aware of personal choices/preferences. Staff will be in-serviced on 11-13-14 of the</p>	11/14/2014			

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	<p>resident preferred to have a bath.</p> <p>2. Resident #97 was interviewed on 10/20/14 at 1:45 p.m. The resident indicated he had not been asked how many times a week he preferred to bathe.</p> <p>The resident's clinical record was reviewed on 10/20/14 at 3:00 p.m. Documentation on a Social Service MDS supportive documentation tool coded the resident had no cognitive impairments.</p> <p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the resident preferred to have a bath.</p> <p>3. During interview of Resident #47 on 10/21/14 at 9:37 a.m., the resident indicated she was not given a chose of frequency of showers.</p> <p>During review of Resident #47's clinical record, on 10/27/14 at 10 a.m., the most recent annual assessment, dated 10/7/2014, indicated the resident had no cognitive impairment.</p> <p>A quarterly activity assessment, dated 10/7/14, did not identify the resident's preference for frequency of showers.</p>		<p>Resident Personal Preferences form (see form #2). QAPI Supervisor-L. Lance RN will monitor 3 times a week beginning 11-14-14. On 12-12-14 QAPI Supervisor will monitor 2 times a week for 1 week, after which she will monitor compliance monthly. (See form #3) QAPI nurse will then report compliance to QA team.</p>		

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F000371 SS=F	<p>The Administrator and Activity Director were interviewed on 10/24/14 at 2:30 p.m. The staff indicated the MDS (Minimum Data Set) assessment did not include how many times a week the resident preferred to have a bath.</p> <p>Review of a Facility policy titled "Resident Rights" received from the DON (Director of Nursing) on 10/27/14 at 11 a.m., indicated under the title of "Quality of Life" "(b) Self-determination and participation (1) Choose activities, schedules, and health care consistent with his or her interest, assessments and plans of care;..."</p> <p>3.1-3(u)(1)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure pureed food was prepared under sanitary conditions and failed to ensure adequate hand washing. This had the potential to</p>	F000371	Meadows Manor East has purchased a new Smooth Blade as well as an additional lid which will be used with the additional Robot Coupe bowl the facility had purchased on a previous date. The Smooth Blade was received	11/14/2014
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	<p>affect 62 of 64 residents who received food that was prepared in kitchen.</p> <p>Findings include:</p> <p>1. On 10/24/14 at 10:32 a.m., Dietary Aide #4 (DA#4) prepared the pureed meat for the noon meal. Afterwards, she washed and rinsed the Robot Coupe (puree machine) container in the three compartment sink containing an undissolved sanitation tablet. The Dietary Manager (DM) used a Hydrion Papers QT-44 test strip to test the water for sanitation in the third compartment of the three compartment sink. The DM stated, "The strip registered 100 orange on the test strip. The sanitized water should have been 200 to 400 on the test strip. "</p> <p>On 10/24/14 at 10:43 a.m., DA#4 proceeded to dry the Robot Coupe container with a wet cloth retrieved from a nearby red bucket that contained an undissolved sanitization tablet. The DM indicated she had written permission to use the sanitized cloths from the red buckets to wipe out the water and dry the Robot Coupe container for immediate use. The DM indicated the red buckets contained water and a Steramine tablet (sanitation tablet). The DM used a Hydrion Papers QT-44 test strip to test</p>		<p>from Direct Supply on 11-13-14. Both the blade and lid was ordered on 11-11-14 from Direct Supply order # 1052190. According to John Davis-Direct Supply Sales Manager the Robot Coupe Lid will should arrive at Meadows Manor East by 11-18-14. These purchases will ensure that the proper procedures for sanitation of Robot Coupe are followed. Facility will no longer use Steramine Tablets for sterilization of water. The facility will instead use 50-100 ppm of chlorine bleach water for sanitation of all surfaces and in the 3 compartment sink. Dietary will also use this combination to clean equipment. Dietary staff will allow all equipment and surfaces to air dry. Dietary staff will check Hydrion Paper QT-44 daily for expiration. QAPI supervisor will monitor sanitation level of water in the 3-compartment sink as well as expiration dates of Hydrion Paper strips 3 times a week for 1 month, then reduce to 2 times a week for 2 weeks and then 1 time a month on monthly basis. (See form #4.) Dietary will be in-serviced regarding the proper procedure for hand washing according to the policy and procedures of Meadows Manor East which are in accordance with the CDC guidelines for hand washing. The Dietary Manager and/or QAPI supervisor will monitor and observe dietary hand</p>				

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	<p>the water sanitation in the red bucket. The DM indicated the strip registered less than (<) 100 orange for the red bucket of water and should have been 200 to 400 on the test strip.</p> <p>On 10/24/14 at 10:45 a.m., the DM tested water sanitation in a second red bucket containing an undissolved sanitation tablet. The DM indicated the sanitation strip measured less than (<) 100 and should have been 200 to 400 on the test strip for adequate sanitation.</p> <p>On 10/24/14 at 10:55 a.m., the DM stated, "The sanitizer was low in the two red buckets and in the three compartment sink because the Steramine tablets had not dissolved." She stated, " We did not stir the water to dissolve the Steramine tablets in the sink or the buckets."</p> <p>On 10/24/14 at 11:00 a.m., the DM stirred the water to dissolve the sanitation tablet and rechecked the sanitization level in the third compartment of the sink and in the red buckets. The Hydrion Papers QT-44 test strip registered greater than (>) 200. The DM indicated, "So, now I know to stir the water and dissolve the Steramine tablet before testing and using."</p>		washing practices 5 days per week, observations to include each meal time for one month, then reduce to one day per week again to include each meal time to ensure proper protocol. QAPI supervisor will report any improper procedure to QA team during monthly meetings.		

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	<p>On 10/24/14 at 11:45 a.m., the DM provided an undated policy, titled, "POLICY AND PROCEDURE FOR USE OF <u>STERAMINE</u> FOR SANITIZING FOOD CONTACT SURFACES." The policy indicated, "...<u>For counter tops and surfaces:</u> ...Add 1 Steramine tablet to water and stir until dissolved. Water should measure 200-400 ppm. (parts per million)...<u>For three compartment sink:</u> ...Add 12 Steramine tablets to water and stir until dissolved. Water should measure 200-400 ppm. Remove utensil/equipment to draining area and allow to air dry before storing...."</p> <p>On 10/27/2014 at 9:00 a.m., the DM provided manufacture's documentation for Steramine Tablets. The information included, but was not limited to: "...Prepare sanitizing solutions with warm water. Allow several minutes for tablets to dissolve before using. Sanitize in a solution of 1 to 2 TABLETS per 1 GALLON OF WATER (200 to 400 ppm) in third sink compartment. Place sanitized utensils on a rack or drain board to air dry...."</p> <p>At the same time, the DM provided manufacture's documentation for Hydrion Papers QT-44 test strips. The information included, but was not limited</p>						

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	<p>to: "...Expiration 10-01-14 Lot 227512...." The DM indicated she did not know the test strips had an expiration dates.</p> <p>An undated policy provided by the DM on 10/27/14 at 9:00 a.m. titled, "Cleaning Procedures-Food Processor/Blender Policy and Procedure." included, but was not limited to: "...Clean bowl, blades, lid and/or pitcher in the 3-compartment sink (according to the correct procedure) or in the dishmachine...."</p> <p>On 10/27/14 at 9:00 a.m., DM provided a policy, identified as current, dated 7/89, which addressed: "...Subject: Use of sanitary cloths on plastic dishes." The DM indicated the document was the kitchen's written permission to use the sanitized cloths from the red buckets to wipe out the water and dry the Robot Coupe container for immediate use. The documentation did not indicate to dry the stainless steel Robot Coupe container with a wet cloth.</p> <p>2. On 10/24/14 at 10:45 a.m., Dietary Aide #5 (DA#5) was observed washing her hands at the kitchen hand washing sink. DA#5 turned on the faucet, wet her hands with water, applied soap to her hands, scrubbed hands with the soap for less than five seconds, rinsed hands,</p>						

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	<p>turned off the faucet with her hands, and grabbed a paper towel to dry hands.</p> <p>On 10/24/14 at 10:47 a.m., DA#5 indicated that she was unsure how long to scrub her hands with soap. DA#5 stated, " I think for one minute or to sing the birthday song. I did not use the song, but it was not for long. I cannot remember how long exactly that I scrubbed my hands. "</p> <p>On 10/24/14 at 10:55 a.m., the DM indicated staff are instructed to wash hands after completion of a task before moving to a clean area. The DM indicated she had observed DA#5 incorrectly wash her hands when she shut off the water faucet with her bare hands.</p> <p>On 10/24/14 at 11:20 a.m., DA#5 began preparing trays with plates of food to be distributed to residents' rooms for the noon meal.</p> <p>On 10/24/14 at 11:30 a.m., the DM provided a current policy and procedure for hand washing. The document included, but was not limited to: "...The Center for Disease Control (CDC) recommends that hands be washed routinely in the following situations: After handling contaminated</p>				

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F000441 SS=E	<p>equipment...PROCEDURE...Lather all areas of hands and wrists, rubbing vigorously for at least 20-30 seconds...Turn off faucet with clean paper towel and discard towel immediately...."</p> <p>3.1-21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility 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.</p> <p>(a) Infection Control Program The facility 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.</p> <p>(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 must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or</p>						

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	<p>their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review the facility failed to ensure proper sanitation procedures to prevent possible cross contamination for 1 of 2 observations of blood glucose monitoring. This had the potential to affect 5 residents on the unit that required accucheck monitoring. (Residents #20, #23, #30, #1, and #40)</p> <p>Finding includes:</p> <p>On 10/20/14 at 11:50 a.m., LPN #1 was observed to perform a blood glucose test for Resident #20. The nurse entered the resident's room, placed the accucheck meter on the resident's over bed table. With gloves on the nurse swabbed the resident's finger with an alcohol swab, performed the finger stick and dropped blood onto the test strip inserted into the meter. After the test the nurse removed her gloves, picked the meter up and placed on the roommate's overbed table. She then washed her hands in the</p>	F000441	All licensed nurses will be in-serviced by November 13, 2014 in the proper procedures of Blood Glucose monitoring and cleaning of equipment. QAPI Supervisor L. Lance RN will observe for compliance three (3) times weekly for two (2) weeks. She will then observe one (1) time weekly for 1 month. (See form #5). After this time period QAPI supervisor will then observe once a month and report findings during monthly QA meetings.	11/13/2014			

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	<p>bathroom, picked the meter up, exited the room and placed the meter on top of the medication cart. The nurse used hand sanitizer and prepared medications for another resident. After administering the medication the nurse wiped the meter with a sani-cloth wipe, and placed the meter on a barrier on top of the cart.</p> <p>LPN #6 was interviewed on 10/27/14 at 11:32 a.m. The nurse indicated there were five residents on the unit that required accucheck monitoring.</p> <p>Resident #20's clinical record was reviewed on 10/27/14 at 12:07 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 5/23/14, indicated the resident was to receive blood sugar checks before meals and at bedtime.</p> <p>Resident #23's clinical record was reviewed on 10/27/14 at 12:00 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 9/10/14, indicated the resident was to receive blood sugar checks before meals and at bedtime.</p> <p>Resident #30's clinical record was reviewed on 10/20/14 at 2:40 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's</p>			

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	<p>order was noted, dated 8/2/14, indicated the resident was to receive blood sugar checks per finger stick before meals and at bedtime.</p> <p>Resident #1's clinical record was reviewed on 10/27/14 at 12:10 p.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 7/11/12, indicated the resident was to receive fingerstick blood sugars before meals and at bedtime.</p> <p>Resident #40's clinical record was reviewed on 10/27/14 at 9:20 a.m. A diagnosis was noted of, but not limited to, Diabetes Mellitus. A physician's order was noted, dated 9/10/14, indicated the resident was to receive blood sugar testing before meals and at bedtime.</p> <p>On 10/27/14 at 3:01 p.m., the In-Service Coordinator indicated the supplies should have been picked up with the barrier and the meter placed on another barrier on the medication cart.</p> <p>A facility policy titled "Policy and Procedure For Glucose Checks per Finger Stick," (no date) provided by the In-Service Coordinator on 10/27/14 at 3:01 p.m., included, but was not limited to: "Procedure...E. Glucometer F. Barrier</p>			

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	<p>5. Place barrier on bed side table and place necessary items on barrier. 10. Place blood on strip. 11. Wait for reading. 12. Remove glucose strip from glucometer...13. Remove gloves 14. Wash hands 15. Obtain supplies."</p> <p>3.1-18(a)</p>			