

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155344	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/23/2013
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN 46360
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F0000	<p>This visit was for the Investigation of Complaint #IN00115407 and #IN00120699</p> <p>Complaint #IN00115407 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Complaint #IN00120699 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371, F441, F465.</p> <p>Survey date: January 22, 2013 to January 23, 2013</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Survey Team: Shannon Pietraszewski, RN</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census by Payor Type: Medicare: 18 Medicaid: 56 Other: 9 Total: 83</p>	F0000	<p>The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility. This provider is requesting paper compliance. Documentation to be faxed and</p>	

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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	<p>Sample: 9</p> <p>These deficiencies reflect State findings cited in accordance with 410 1AC 16.2</p> <p>Quality review completed on January 27, 2013, by Janelyn Kulik, RN.</p>		followed up with a hard copy.		

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F0371 SS=E	<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</p> <p>Based on observation, record review and interview, the facility failed to ensure the heating unit/table was preheated prior to placing food in the unit/table for 1 of 2 dining rooms observed. This had the potential to affect approximately 27 residents who ate in the dining room. (Assisted Dining Room)</p> <p>Findings include:</p> <p>On 1/22/13 at 12:00 p.m., the dietary aide was observed rolling a cart full of food to be served for lunch. The dietary aide was observed plugging in the heating unit/table and turning it on. The dietary aide began to transfer the food in the pans from the cart onto the heating unit/table.</p> <p>A Manufacturer's recommendation booklet for the heating unit, dated 5/14/04, was provided by the Administrator on 1/22/13 at 3:00 p.m. The instructions recommended to</p>			F0371	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> No residents were found to be affected by the deficient practice. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> Dietary staff have been instructed to plug in the heating unit 10 minutes prior to transferring the food pans directly into the unit as in accordance with the manufacturer instructions. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> Dietary staff were inserviced by the dietary manager on 1/24/13 on the proper operation of the heating unit in the dining rooms. Dietary staff instructed to plug in the heating unit for 10 minutes prior to inserting the food pans to ensure compliance with food temperatures. Documentation of</p>		02/08/2013

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	<p>preheat the individual heating sections for 10 to 20 minutes before inserting the food in their pans.</p> <p>Interview with the DM (Dietary Manager) on 1/23/13 at 12:30 p.m. indicated the Administrator had reviewed the preheating section of the booklet with her staff the previous day.</p> <p>3.1-21(i)(1)</p>		<p>the time the unit is turned on and time food pans were transferred into the heating unit will be placed on a tracking form. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> The Dietary Manager will audit the tracking form 5 times weekly and will conduct random observations of the heating unit prior to meal service times 3 times weekly for 12 weeks including observation at all 3 meal service times. Audit results and system components will be reviewed monthly by the Quality Assurance Committee for 6 months with subsequent plans of correction developed and implemented as deemed necessary. Date certain is February 8, 2013.</p>		

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F0441 SS=E	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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 their food, if direct contact will transmit the disease. (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>1. Based on observation, record review, and interview, the facility</p>	F0441	<b>F441 What corrective action(s) will be accomplished</b>	02/08/2013			

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	<p>failed to follow infection control guidelines, related to not washing hands in-between touching residents and themselves during a lunch meal service, which had the potential to affect 36 residents who were eating their meal in the dining room; failed to cover and store bedpans in the bathroom; and failed to cover and store resident toothbrushes for 5 of 10 resident rooms and 1 of 2 shower rooms observed. (Rooms #210, #306, #407, #505, #511 and 300 Hall Shower Room).</p> <p>2. Based on record review and interview, the facility failed to track and assess residents who developed furuncles/boils related to residents having a history of MRSA (Methicillin-resistant Staphylococcus aureus/type of infection) in the boils/furuncles for 5 of 11 residents reviewed for skin conditions. (Residents #F, #J, #O, #X, and #Y)</p> <p>Findings include:</p> <p>1a. On 1/22/13 at 11:30 a.m., an environmental tour was conducted and room 210 was observed to have a toothbrush uncovered on the bathroom shelf. Two residents share this bathroom.</p>		<p><b>for those residents found to have been affected by the deficient practice:</b> No residents' were adversely affected by the deficient practice. Residents who had developed furuncles/boils have been tracked/assessed on 1/29/13. Resident F: Area to right index finger was healed on 1/24/13. Resident J: Boil to left labia was healed on 12/22/13. Resident X: Boil to left labia was healed on 1/18/13. Resident Y: Boil to left buttock was healed on 1/28/13. Resident O: Was noted to have a boil to the right lower gluteal area on 1/10/13. The resident was assessed by the Nurse Practitioner on 1/10/13 and again on 1/14/13. Treatment included a topical Bacitracin ointment and antibiotics. The area is currently being assessed weekly. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> Hand hygiene competency/return demonstration was completed on all facility staff by the Staff Development Coordinator in order to ensure ongoing compliance and to prevent the deficient practice from affecting other residents. A full facility audit to ensure proper coverage and storage of resident personal care items was completed on 1/30/13 by Nursing Administration. Bedpans;</p>		

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	<p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 210 continued to have a toothbrush, uncovered, on the bathroom shelf.</p> <p>1b. On 1/22/13 at 11:30 a.m., an environmental tour was conducted and room 306 was observed to have a toothbrush uncovered on the bathroom shelf. Two residents share this bathroom.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 306 continued to have a toothbrush, uncovered, on the bathroom shelf.</p> <p>1c. On 1/22/13 at 11:30 a.m., an environmental tour was conducted and room 407 was observed to have a toothbrush with toothpaste uncovered on the bathroom shelf. A bath basin was observed on the floor, under the sink, uncovered. Two residents share this bathroom.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 407 continued to have a toothbrush with toothpaste uncovered on the bathroom shelf. The bath basin continued to be on the floor, under the sink uncovered.</p> <p>1d. On 1/22/13 at 11:30 a.m., an</p>		<p>toothbrushes; dentures and commode buckets are now stored in a sanitary manner in the residents rooms in accordance with facility policy. Any unlabeled resident care personal items were discarded and new items redistributed. Identified issues in the cited resident rooms were immediately addressed on 1/23/13. The SDC has been educated on the new tracking and trending policy on 1/30/13. The SDC has tracked all resident infections, including boils, for the month of January 2013. The SDC will complete an Outbreak Investigation form for each infection by February 8, 2013. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> On 1/29/13 C.N.A #3 was re-educated per the Director of Nursing on hand-washing technique and reminded not to touch other items during meal service. Employee verbalized understanding. Nursing staff and Department Managers were re-inserviced on proper hand hygiene; coverage and storage of resident's bedpans; toothbrushes; commode buckets on 1/28/13 by the SDC. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> SDC or designee to monitor hand hygiene through direct observation of 5 staff</p>				

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	<p>environmental tour was conducted and room 505 was observed to have a toothbrush uncovered on the bathroom shelf. Two residents share this bathroom.</p> <p>During an environmental tour on 1/23/13 at 10:15 a.m., room 505 continued to have a toothbrush uncovered on the bathroom shelf.</p> <p>1e. On 1/22/13 at 11:30 a.m., an environmental tour was conducted and room 511 was observed to have a toothbrush uncovered and an upper or lower denture was observed, uncovered and not secured on the bathroom shelf. A bed pan was also observed sitting on the toilet seat, uncovered. The other upper or lower denture was observed on top of the dresser, uncovered and not secured. Two residents share this bathroom.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 511 continued to have a toothbrush, uncovered, and an upper or lower denture, uncovered and not secured, observed on the bathroom shelf. A bed pan also continued to be observed, but on the floor under the sink. The other upper or lower denture continued to be observed on top of the dresser, uncovered and not</p>		<p>members on a weekly basis for 6 months and then randomly thereafter. Audits to include staff members on all 3 shifts and at all 3 meal service times. Rounds will be conducted daily M-F x 4 weeks, then 3x weekly x 4 weeks and weekly thereafter to ensure resident personal care items are covered and stored properly. The Management's weekly safety rounds audit tool will now also include observation of resident personal care items. All infections will be tracked and trended for each month. An analysis of infections and the rates will be submitted to the PI committee monthly. Results and system components will be reviewed monthly by the Quality Assurance Committee for 6 months with subsequent plans of correction developed and implemented as deemed necessary. Date certain is February 8, 2013.</p>		

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	<p>secured.</p> <p>1f. During the repeated environmental tour on 1/23/13 at 10:15 a.m., the shower room on the 300 hall was observed to have a bedside commode bucket on the floor next to the toilet. The bucket had a dried, yellow substance in it.</p> <p>1g. On 1/23/13 at 12:20 p.m., CNA #3 was observed washing her hands, then placed her hands on her hips. CNA #3 obtained the juice from the ice bucket, touched a resident's wheelchair, and walked to another table to pour the juice. CNA #3 returned the juice to the ice bucket and proceeded to the heating unit/table and began to pull down her shirt and pull up her pants. She walked over to the kitchen entrance and opened the door and returned to the heating unit/table, pulled her shirt down and picked up two plates of food and delivered them to the residents. CNA #3 returned to the heating unit/table, put her hands on her hips, pulled her shirt down, touched the door frame, hands back on hips and grabbed two plates of food and delivered them to the residents before washing her hands again.</p>				

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	<p>Interview with CNA #2 and the ADoN on 1/23/13 at 10:45 a.m. indicated the toothbrushes are to be stored in a zip lock bag and placed in the resident's drawer. CNA #2 indicated she will clean and store the commode bucket in the shower room and the ADoN indicated she will have her staff walk through all the resident rooms and make sure toothbrushes, buckets, bedpans and dentures and stored appropriately.</p> <p>Interview with CNA #3 at 2:30 p.m., indicated she realized what she had done and this was a bad habit of hers.</p> <p>A policy for Hand Hygiene dated 5/21/2004 was provided by the Infection Control Nurse on 1/22/13 at 4:00 p.m. The policy indicated, "...When hands are visibly dirty or contaminated...wash hands with either a non-anti-microbial soap and water or an anti-microbial soap and water...If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all clinical situations..."</p> <p>2A. During the initial tour on 1/22/13 from 10:15 a.m. to 11:30 a.m., LPN #9 indicated Resident #O had a boil on his right, lower gluteal area. The</p>						

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	<p>DoN indicated Resident #X has a boil but did not indicate location. LPN #8 indicated Resident #J had a boil by her right ear and Resident #F had a boil on her finger. RN #7 indicated Resident #Y had a boil to her left buttock.</p> <p>2B. Resident #O's record was reviewed on 1/22/13 at 2:10 p.m. Resident #O's diagnoses included, but were not limited to, Parkinson-like tremors, stroke with late effect hemiplegia (paralysis) and IDDM (Insulin Dependent Diabetes Mellitus).</p> <p>The Quarterly MDS (Minimum Data Set) Assessment dated 1/4/13, indicated Resident #O was an extensive assist of one for hygiene and bathing.</p> <p>On 1/10/13, the NP (Nurse Practitioner) note indicated the resident had a "red, hard non-mobile cyst like w/ (with) central scabbing" to the right gluteal fold. The resident was diagnosed with a Furuncle and a treatment was ordered of bacitracin daily. The note also indicated an antibiotic would be considered if no improvement and Hibiclens scrub (body soap/scrub) with showers if additional lesions occur.</p>			

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	<p>On 1/11/13 at 11:08 a.m., nursing documentation indicated a boil was found and a treatment order was obtained.</p> <p>On 1/14/13, the NP note indicated the Furuncle was worsening, larger in size than the 1/10/13 assessment, erythema and firm to touch with bloody drainage. An antibiotic of Bactrim DS was ordered for 10 days.</p> <p>On 1/16/13 at 3:54 a.m., nursing documentation indicated the furuncle had moderate amount of serosanguineous drainage and the resident had a temperature of 98.9F (Fahrenheit).</p> <p>On 1/21/13 at 7:06 a.m., nursing documentation indicated the furuncle continues to have a moderate amount of drainage of "15-20 cc (cubic centimeters) in appearance on the dressing." PRN (as needed) Tramadol (narcotic pain medication) was given for pain at the site.</p> <p>On 1/22/13 at 2:50 a.m., nursing documentation indicated the furuncle continued to have moderate reddish, brown drainage. The tylenol and tramadol was discontinued and the resident was placed on routine</p>			

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	<p>hydrocodone (narcotic pain medication) twice a day.</p> <p>2C. Resident #Y's record was reviewed on 1/22/13 at 2:50 p.m. Resident #Y's diagnoses included, but were not limited to, dementia, urosepsis (urinary infection), and late effect hemiplegia (paralysis), and cellulitis.</p> <p>The quarterly MDS (Minimum Data Set) Assessment dated 1/16/13, indicated the resident was an extensive assist of one for bathing and hygiene and was always incontinent of urine.</p> <p>A care plan dated 6/14/11 indicated the resident had a left buttock boil that was positive for MRSA.</p> <p>On 12/12/12 at 2:49 a.m., a nursing note indicated a CNA observed a boil to Resident's #Y left lower buttock. A treatment order for bactroban to be applied daily was obtained.</p> <p>On 12/16/12 at 2:04 a.m., a nursing note indicated the resident's boil was draining purulent drainage and sensitive when the dressing was changed.</p> <p>On 12/17/12 at 12:46 a.m., a nursing</p>			

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	<p>note indicated the resident's boil was draining purulent drainage.</p> <p>On 12/18/12 at 1:08 p.m., a nursing note indicated the resident had serosanguineous drainage and was awaiting a response for an antibiotic.</p> <p>On 12/18/12 at 1:57 p.m., a nursing note indicated the resident had a large amount of purulent drainage to the left buttock boil and the doctor was informed with a request for an antibiotic.</p> <p>12/18/12 at 11:16 p.m., nursing note indicated the resident had a moderate amount of purulent drainage.</p> <p>12/21/12 at 10:01 a.m., nursing note indicated the resident had moderate amount of serosanguineous drainage.</p> <p>12/21/12 at 2:03 p.m., nursing note indicated a new order for Bactrim DS (antibiotic) was obtained.</p> <p>12/24/12 at 10:56 p.m., nursing note indicated Bactrim DS was discontinued due to an allergic reaction and Cleocin (antibiotic) was started.</p> <p>2D. Resident #X's record was reviewed on 1/22/13 at 3:20 p.m. Resident #X's diagnoses included,</p>			

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	<p>but were not limited to, cellulitis (inflammation), congestive heart failure, and chronic airway (lung disease).</p> <p>A Quarterly MDS (Minimum Data Set) Assessment dated 1/17/13, indicated the resident needs moderate assistance of 1 with bathing and hygiene.</p> <p>On 1/5/13 at 10:05 a.m., a nursing note indicated the resident complained of bleeding in the peri area. The note indicated an "old open site" was found.</p> <p>On 1/6/13 at 3:41 a.m., a nursing note indicated the resident continued to have an open area below the left labia, which was bleeding.</p> <p>On 1/6/13 at 8:32 a.m., a nursing note indicated the resident had a boil to the left labia with a small amount of bloody drainage. The resident indicated the area was tender to touch. A treatment order was obtained.</p> <p>On 1/10/13 at 9:56 p.m., a nursing note indicated the resident had a temperature of 100.4F.</p> <p>On 1/11/13 at 12:14 p.m., a nursing</p>			

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	<p>note indicated the resident had an order for Keflex for cellulitis.</p> <p>On 1/13/13 at 3:04 a.m., a nursing note indicated the area to the labia remains open and "boils to back remain."</p> <p>On 1/14/13 at 12:08 p.m., a nursing note indicated the resident had two boils to the mid and left back. Both areas closed.</p> <p>On 1/15/13 at 3:10 p.m., a nursing note indicated the resident was complaining of discomfort on her left posterior back. The boil was bright red with a hard core measuring 3cm (centimeters) by 3 cm, and a small raised area on the midline posterior back.</p> <p>On 1/16/13 at 7:11 a.m., a nursing note indicated the boil on the left side of the back opened up and drained bloody, thick drainage. A new treatment order was obtained of Hibiclens scrub (body soap/scrub) with showers twice a week.</p> <p>On 1/21/13 at 8:11 a.m., a nursing note indicated the left labia still had a very small opening and the resident continued to have an open area to the back.</p>			

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	<p>2E. Resident #F's record was reviewed on 1/23/13 at 1:50 p.m. Resident #F's diagnoses included, but were not limited to, coronary artery disease, hypertension, and congestive heart failure.</p> <p>A Physician Communication note dated 1/19/13 at 9:00 a.m., indicated the resident has a raised pustule to the right index finger. A treatment order was obtained.</p> <p>On 1/20/13 at 10:51 a.m., a nursing note indicated the resident had a raised area to her right inner index finger with a white center.</p> <p>On 1/22/13 at 10:15 a.m., a nursing note indicated the right index finger remains with pustule intact. The whitehead is smaller in size.</p> <p>2F. Resident #J's record was reviewed on 1/23/13 at 2:30 p.m. Resident #J's diagnoses included, but were not limited to, end stage congestive obstructive pulmonary disease (lung disease), diabetes mellitus, itching, and MRSA.</p> <p>On 11/27/12 at 5:48 p.m., a nursing note indicated staff was performing peri-care and observed a boil to the</p>						

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	<p>left labia. The description was a small crater to center where core is partially in place. A small amount of serosanguineous drainage. The Nurse Practitioner was notified with no orders given.</p> <p>On 11/30/12 at 12:37 p.m., a nursing note indicated the resident had a swelling to the left facial area/entire lower jaw, hot to touch and painful. New orders for Keflex (antibiotic) and Vicodin for pain were received.</p> <p>On 11/30/12 at 6:02 p.m., a nursing note indicated the resident had a temperature of 101.4F. The resident was sent to the emergency room.</p> <p>On 12/4/12 at 2:53 p.m., a nursing note indicated the resident was readmitted to the facility with a diagnoses of Parotid abscess-MRSA positive and facial cellulitis. The resident was placed in droplet and contact precautions for MRSA to the nares, incision on the side of her face, and eyes.</p> <p>On 12/8/12 at 10:21 p.m., a nursing note indicated the resident continued to receive treatment to a boil on her labia.</p> <p>On 12/25/12 at 10:32 p.m., a nursing</p>			

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	<p>note indicated the resident was out of MRSA precautions due to nasal cultures x3 were negative.</p> <p>On 12/27/12 at 9:13 a.m., a nursing note indicated treatment to the left cheek wound was continued as ordered.</p> <p>On 12/31/12 at 12:56 a.m., a nursing note indicated the resident was complaining of peri-area itching.</p> <p>On 12/31/12 at 11:39 a.m., a nursing note indicated the resident was placed back in droplet isolation due to nare cultures were positive for MRSA.</p> <p>On 1/10/13 at 3:15 p.m., a nursing note indicated the resident returned from a doctor's appointment with new treatment order for the left cheek. The note also indicated while the resident was at the physician office, the physician took her mask off and threw it in the garbage. The resident was still under droplet precautions.</p> <p>On 1/14/13 at 9:45 a.m., a nursing note indicated the droplet precaution was discontinued.</p> <p>An interview with the ADoN and DoN on 1/23/13 at 4:00 p.m., indicated the contact isolation was discontinued</p>						

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	<p>when the resident's cheek was healed. A wound assessment sheet dated 12/22/12 was observed which indicated the cheek was healed. Review of nasal swab cultures dated 12/31/12 indicated the resident had normal flora in her nares.</p> <p>A policy for "Surveillance of Infections" dated 11/5/08 was provided by the DoN on 1/23/13 at 8:55 a.m. The policy indicated the purpose was to "...have knowledge of resident and associate infections so appropriate actions/follow-up may guide prevention activities...Necessary steps are taken to investigate an outbreak; Identified infections are reported to the appropriate staff within the facility..." The "Cellulitis/Soft Tissue/Wound" section has a criteria to meet. The criteria was: "Pus is present at a wound, skin, or soft tissue site" or "Four or more of: fever...heat, redness, swelling, tenderness, serous drainage."</p> <p>The CDC (Center for Disease Control and Prevention) was retrieved on 1/23/13 at <a href="http://www.cdc.gov/mrsa/symptoms/index.html">http://www.cdc.gov/mrsa/symptoms/index.html</a> and <a href="http://www.cdc.gov/mrsa/diagnoses/">http://www.cdc.gov/mrsa/diagnoses/</a>. The CDC indicated the symptoms of</p>			

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	<p>MRSA (Methicillin-resistant Staphylococcus aureus) were "...skin infections that may appear as pustules or boils which often are red, swollen, painful, or have pus or other drainage..." The CDC also indicated, "skin and soft tissue infections compatible with S. aureus infections, especially those that are purulent (...palpable fluid-filled cavity, yellow or white center, central point or 'head,' draining pus..." Recent data suggest MRSA appears to be "...similar to that of Staphylococcus aureus in the community, specifically furuncles (boils), carbuncles (coalesced masses of furuncles), and abscesses, are the most frequently reported clinical manifestations..."</p> <p>Interview with the Infection Control Director on 1/22/13 at 4:00 p.m., indicated she had not been tracking the boils/furuncles and she guessed she should have been. She would track by reviewing the yellow physician orders that nursing staff gives her. Infection Control Director indicated they do have report sheets and morning report and was not aware of the amount of residents in the facility who currently had boils.</p> <p>3.1-18(a) 3.1-18(b)(1)(A)(B)(C)</p>				

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F0465 SS=E	<p>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.</p> <p>1. Based on observation, record review and interview, the facility failed to ensure a microwave was kept clean in 1 of 2 dining rooms observed. This had the potential to affect approximately 36 resident who eat in the dining room. (Main Dining Room).</p> <p>2. Based on observation and interview, the facility failed to provide a clean environment, free from cobwebs, floor debris, scuff marks, cracked and/or unpainted walls and ceilings for 7 out of 10 randomly selected rooms observed. (Rooms #210, #305, #306, #407, #501, #505, and #511)</p> <p>Findings include:</p> <p>1. On 1/23/13 at 9:30 a.m., the microwave in the Main Dining Room was observed to have had food splatter on the walls and door of the microwave. A moderate size dried, hard, black substance was stuck on the microwave plate.</p> <p>Interview with Housekeeping #4</p>	F0465	<p><b>F465 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> No residents were found to be affected by the deficient practice. The microwave was immediately cleaned on 1/24/13; the oxygen tubing and humidity bottle were immediately discarded and replaced in Room 210 by the floor around the residents living space was cleaned on 1/23/13. Housekeeping personnel also cleaned the debris around the baseboards and in between the floor mats in Room 305 on 1/23/13. The large scuff mark on the floor in Room 306 was removed on 1/29/13. The identified issues in Room 501 were cleaned and corrected on 1/24/13. The crack in the ceiling and above the window in Room 505 was repaired by the Maintenance Director on 1/31/13. The chipped tiles along the baseboard under the window and behind the bed were repaired on 1/30/13 by the Maintenance Director. The rusty color on the baseboards in Room 511 was removed on 1/23/13 by housekeeping personnel. <b>How other residents having the</b></p>	02/08/2013
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	<p>during this time indicated the dietary staff was responsible for cleaning the microwave in the Main Dining Room.</p> <p>Interview with the DM (Dietary Manager) on 1/23/13 at 12:30 p.m., indicated she and her staff were not aware that they were responsible for cleaning the microwave since housekeeping cleans the microwave in the Assisted Dining Room. DM indicated the microwave was cleaned after the housekeeper brought it to her attention this morning.</p> <p>2a. On 1/22/13 at 11:30 a.m., an environmental observation was conducted and room 210 was observed to have a humidity bottle and oxygen tubing on the floor behind a bag of the resident's belongings. The floor around the resident's living space was observed to be dirty with debris on the floor and in the bathroom that was shared with another resident in the room.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 210 continued to have the humidity bottle and oxygen tubing on the floor behind a bag of the resident's personal belongings. Interview with the resident during this time indicated the bottle and tubing was from the first</p>		<p><b>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> A full facility audit related to environmental issues was completed by the Environmental Supervisor on 1/28/13. Identified issues were resolved immediately. A full facility audit was conducted by the Maintenance Director on 1/30/13. Identified issues have been resolved. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The Environmental Supervisor provided inservice education to the housekeeping employees regarding the correct cleaning procures that includes cleaning of baseboards, removal of debris and cobwebs on 1/25/13. The Executive Director inserviced the Environmental Supervisor on her responsibilities for oversight of her staff and their job performance on 1/31/13. The Maintenance Director inserviced his staff on job related functions including painting walls requiring spackle/repair on 2/1/13. The Executive Director inserviced the Maintenance Director on his responsibilities for oversight of his staff and their job performance on 1/31/13. <b>How the corrective action(s) will be monitored to ensure the deficient practice</b></p>				

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	<p>time she had oxygen and not the last time. The resident's oxygen was discontinued on 1/19/13.</p> <p>2b. On 1/22/13 at 11:30 a.m., an environmental observation was conducted and room 305 was observed to have debris along the baseboards and in between the fall mat and the bedside dresser next to bed #1.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 305 continued to have debris along the baseboards.</p> <p>2c. On 1/22/13 at 11:30 a.m., an environmental observation was conducted and room 306 was observed to have debris in the corners, behind the toilet in the bathroom, as well as along the baseboards along the closet. A large black scuff mark was observed at the entrance of the bathroom.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 306 continued to have a large black scuff mark observed at the entrance of the bathroom.</p> <p>2d. On 1/22/13 at 11:30 a.m., an environmental observation was</p>		<p><b>will not recur:</b> The Environmental supervisor will conduct weekly rounds to validate environmental cleanliness of all resident rooms to ensure ongoing compliance. Documentation of these rounds will be placed on an audit tool and reviewed with the Executive director. Identified concerns will be immediately addressed. The Maintenance Director will also audit rooms to ensure that the rooms meet maintenance standards. Any issues as a result of these audits will be addressed/resolved in a timely manner. Audit results and system components will be reviewed monthly by the Quality Assurance Committee for 6 months with subsequent plans of correction developed and implemented as deemed necessary. Date certain is February 8, 2013.</p>		

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	<p>conducted and room 501-1 was observed to have a yellowish/orange spill and severely marred walls under the lighting. The floor was observed dirty with debris and the wall by the dresser was observed to have been spackled but no touch up paint to match the wall color. Room 501-2 was observed to have an orange splatter on the side of the dresser and a large black cobweb on the ceiling in front of the window, spreading to the window frame.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 501-1 continued to have a yellowish/orange spill and severely marred wall under the lighting. The wall by the dresser continued to have the spackle but no touch up paint to match the wall color. Room 501-2 continued to have an orange splatter on the side of the dresser and a large black cobweb on the ceiling in front of the window, spreading to the window frame.</p> <p>2e. On 1/22/13 at 11:30 a.m., an environmental observation was conducted and room 505 was observed to have cracks in the ceiling above the window.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 505</p>			

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	<p>continued to have cracks in the ceiling above the window.</p> <p>2f. On 1/22/13 at 11:30 a.m., an environmental observation was conducted and room 511 was observed to have chipped tile along the baseboard under the window and behind bed #2, as well as, a rusty color appearance was observed along the baseboards and dirt debris on the floors.</p> <p>During a repeated environmental tour on 1/23/13 at 10:15 a.m., room 511 continued to have chipped tile along the baseboard under the window and behind bed #2, as well as a rusty color appearance was observed along the baseboards and dirt debris on the floors.</p> <p>Interview with housekeeping #1 on 1/23/13 at 10:30 a.m., indicated they do move the residents personal belongings to clean the floors and walls. She also indicated that nursing should have removed the humidity bottle and oxygen tubing from the resident's room.</p> <p>Interview with the Maintenance Supervisor on 1/23/13 at 12:45 p.m., indicated that he was in the process of remodeling.</p>			

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	<p>Interview with the Administrator on 1/23/13 at 5:00 p.m. indicated they are in the process of remodeling.</p> <p>3.1-19(f)</p>			