

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER MEADOWVALE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1529 W LANCASTER ST BLUFFTON, IN 46714
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F0000	<p>This visit was for a Recertification and State Licensure Survey</p> <p>Survey dates May 23, 24, 25, 29, 30 and 31, 2012</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Survey team: Linn Mackey, RN- TC Shelly Reed, RN Julie Call, RN Virginia Treveer, RN</p> <p>Census bed types: SNF/NF 64 Total: 64</p> <p>Census Payor Types: Medicare: 9 Medicaid:46 Other: 9 Total: 64</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 7, 2012 by Bev Faulkner, RN</p>	F0000	<p>The facility requests that this plan of correction be considered it's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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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F0161 SS=E	<p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>Based on interview and record review, the facility failed to ensure the purchased Surety bond was in an amount large enough to cover the personal fund accounts for 55 residents with personal accounts of the 64 residing in the facility.</p> <p>Findings include:</p> <p>During an interview with Business Office Manager #5 on 5/29/12 at 11:00 a.m., she indicated the facility held a Surety Bond for \$30,000.00 for the personal funds of residents who deposited funds with the facility.</p> <p>During record review with Business Office Manager #5 on 5/29/12 at 11:00 a.m., she provided a statement of the personal funds daily ending balance 5/3/12. The ending balance totaled \$33,384.85. This exceeded the Surety Bond coverage by \$3,384.85. The Surety Bond listed 55 residents who reside in the facility who had personal fund accounts.</p>	F0161	<p>F161E Security of Personal Funds1. The facility has purchased a Surety bond that assures the security of all personal funds of residents deposited with the facility.2. Residents who have funds in the facility resident fund account have the potential to be affected. Therefore, this plan of correction applies to all of those residents.3. The Business Office Manager has been re-educated relative to to securing personal funds of the residents, including but not limited to Surety bonds. The BOM, or designee, will assess the trust fund balance daily for 2 months and then weekly for 3 months to ensure that the surety bond is adequate to assure the security of resident funds.4. The Executive Director, or designee, will monitor the trust fund balance daily for 2 months and then weekly for 3 months to ensure it is of an amount large enough to cover the personal fund accounts of all residents.The Executive Director will be responsible for compliance and will report outcomes to the facility PI committee monthly for 6 months.5. Completion Date: 6/30/2012.</p>	06/30/2012			

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	3.1-6(i)				

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F0172 SS=F	<p>483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>Any representative of the Secretary;</p> <p>Any representative of the State;</p> <p>The resident's individual physician;</p> <p>The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);</p> <p>The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);</p> <p>The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);</p> <p>Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p> <p>Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.</p> <p>The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at</p>				

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	<p>any time.</p> <p>Based on observation, interview and record review, the facility failed to provide information regarding reasonable access to the Indiana State long term care ombudsman for 1 of 1 resident interviewed (Resident #55) and 3 of 3 residents during random interviews. (Resident #21, #64, #78). This had the potential to affect all residents.</p> <p>Findings include:</p> <p>1. During an interview on 5/24/12 at 10:35 a.m., the Resident Council President (# 55) indicated she has never heard the word, "ombudsman " while in the facility.</p> <p>During record review on 5/24/12 at 11:20 a.m., the Minimum Data Set (MDS), dated 5/1/12, indicated the resident had a Brief Interview Mental Status (BIMS) score 13 of 15. The BIMS score on the MDS indicated the resident was reliable and interviewable.</p> <p>During an interview on 5/24/12 at 12:44 p.m., Activity Director #7 indicated she attends all resident council meetings. Activity Director #7 indicated she provided the name of an Ombudsman to Resident #55.</p>	F0172	<p>F172F Right to Facility Provision of Visitor Access¹. Resident #55 was provided with a copy of the Indiana Long Term Care Ombudsman program flyer and a listing of State agency contact numbers. Residents #64, 21 and 78 were provided with a copy of the Indiana Long Term Care Ombudsman flyer.² All residents have the potential to be affected. Therefore, this plan of correction applies to all residents. All residents/responsible parties have been provided with a copy of the Indiana Long Term Care Ombudsman program flyer.³ Nursing Center staff will receive re-education relative to provision of visitor access, including but not limited to, information on location of State Agency contact numbers, and information about the Indiana Long Term Care Ombudsman program. Upon admission to the facility the resident/responsible party will be given Ombudsman information as part of the admission packet.⁴ Admission Coordinator, or designee, will monitor each resident, at the time of admission, for receipt of Ombudsman information. Any identified concerns will be promptly reviewed with responsible individuals and notifications made accordingly. ED, or designee will review findings monthly and report to PI committee monthly for 6 months to determine need</p>	06/30/2012			

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	<p>Review of the current ombudsman information indicated the name provided to Resident #55 was incorrect and not the name of the current Ombudsman.</p> <p>2. During an interview on 5/24/12 at 11:00 a.m., Resident #64 indicated she had never heard of an Ombudsman while in the facility.</p> <p>During record review on 5/31/12 at 9:49 a.m., the Minimum Data Set (MDS), dated 5/8/12, indicated the resident had a Brief Interview Mental Status (BIMS) score 13 of 15. The BIMS score on the MDS indicated the resident was reliable and interviewable.</p> <p>3. During an interview on 5/24/12 at 3:16 p.m., Resident #21 and her son, both indicated they had never heard of an Ombudsman while in the facility.</p> <p>During record review on 5/31/12 at 9:56 a.m., the Minimum Data Set (MDS), dated 4/23/12, indicated the resident had a Brief Interview Mental Status (BIMS) score 8 of 15. The BIMS score on the MDS indicated the resident was moderately impaired.</p> <p>4. During an interview on 5/30/12 at 2:30 p.m., Resident #78 indicated she</p>		for continued monitoring thereafter.5. Completion Date: 6/30/2012				

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	<p>had never heard of an Ombudsman while in the facility.</p> <p>During record review on 5/31/12 at 10:04 a.m., the Minimum Data Set (MDS), dated 4/13/12, indicated the resident had a brief interview mental status (BIMS) score 15 of 15. The BIMS score on the MDS indicated the resident was reliable and interviewable.</p> <p>3.1-8(b)(4)</p>			

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F0223 SS=A	<p>483.13(b), 483.13(b)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure residents were free from sexual abuse for 1 of 1 residents reviewed for sexual abuse in a sample of 18. (Resident #11).</p> <p>Findings include:</p> <p>1. Resident #11's clinical record was reviewed on 5/29/12 at 9:45 a.m.</p> <p>Resident #11's diagnoses include but not limited to, multiple sclerosis, hypertension, neurogenic bladder and depression.</p> <p>2. A review of a 10/19/11 facility "Fax/Incident Report" indicated the following:</p> <p>Resident #11 indicated during transfer a CNA touched her breast. She believes it may have been an accident though. She slapped the CNA's hand away. On the Minimum</p>	F0223	<p>F223 Free From Abuse/Involuntary Seclusion1. CNA was suspended at the time allegation was made. An investigation was conducted. Based on the investigation findings, the CNA was terminated from employment, and this event was reported to ISDH as a reportable unusual occurrence.2. Investigation was conducted at the time of the event. Investigation revealed two additional residents with similar concerns. These concerns were also reported to ISDH as reportable unusual occurrences. The facility will continue to ensure that all allegations of abuse are investigated and reported to the State Agency as required.3.Nursing Center Staff will continue to receive education relative to abuse prevention, investigation and reporting with initial employee orientation and periodically thereafter.4. A PI (Performance Improvement) Tool has been developed to monitor compliance with the abuse policy and procedure related to the</p>	06/30/2012	

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	<p>Data Set (MDS) assessment, dated 9/26/11, Resident #11 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). This score indicated the resident was cognitively intact.</p> <p>3. The facility followed its policy and procedure for the investigation of sexual abuse, which included but was not limited to:</p> <p>a.) Assessment of Resident #11 was completed. No injuries noted.</p> <p>b.) CNA removed from direct resident care and sent home on suspension pending investigation.</p> <p>c.) Family was notified of allegation.</p> <p>d.) Physician was notified.</p> <p>e.) Current facility personnel and residents were interviewed.</p> <p>f.) Inservice was conducted for re-education on abuse allegation</p> <p>4. During an interview on 5/29/12 at 10:32 a.m., the Director of Nursing indicated the CNA was terminated for failure to conduct himself and communicate with residents in a professional and respectful manner.</p>		<p>investigation and reporting of allegations of abuse. ED, DNS, UM, or designee will complete audit tool daily, on scheduled days of work, for 1 month. Any identified concerns will be promptly reviewed with responsible individuals and notifications made accordingly. ED, or designee will review findings weekly and report to the PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date: 6/30/2012</p>				

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	<p>5.) Review of a current facility policy, dated 10/26/11, and titled "Abuse" provided by the Director of Nursing on 5/31/12 at 12:00 p.m., indicated the following:</p> <p>"Verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of patient property are strictly prohibited."</p> <p>3.1-27(a)(1)</p>				

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was cared for in a timely manner after having an incontinent incident and failed to ensure the resident was dressed in a timely manner in a way that enhanced and maintained dignity and respect for 1 of 1 resident who were reviewed in a sample of 18. (Resident #78).</p> <p>Findings include:</p> <p>During an interview on 5/23/12 at 1:40 p.m., Resident #78 indicated she had recently soiled herself and apologized for the odor in the room. Resident #78 indicated she had put her call light on for assistance several minutes ago and CNA #2 came into her room and indicated to the resident she would have to wait until after 2:00 p.m. for the second shift to come in and clean her up because she was really busy. Resident #78 indicated this has happened before and she often has to wait a long time before someone will come in and clean her</p>	F0241	F241D Dignity and Respect of Individuality ¹ . This event was communicated to nursing center staff during the ISDH exit conference. An investigation was initiated and the event was reported to ISDH as a reportable unusual occurrence. All CNAs who worked first shift on the days of the ISDH survey were interviewed regarding resident #78's concern. The involved CNA was not able to be identified as no staff member recalled the events stated on the 2567. All CNA's working first shift on the days of the survey were re-inserviced on timely response to toileting needs and incontinent care, and providing AM care, including dressing. ² All interviewable residents will be interviewed regarding being treated in a manner that maintains or enhances their dignity, including toileting needs and dressing. Any identified concerns/issues will be investigated with corrective action implemented. ³ Nursing Center staff will be reeducated relative to dignity and respect of individuality, including but not limited to, timely toileting and	06/30/2012

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	<p>up. During the interview at 1:51 p.m., as call lights and water temperatures were being checked, CNA #2 came into room and indicated she would return in a moment after the interview was completed.</p> <p>During an observation on 5/23/12 at 1:53 p.m., CNA #2 was observed to be sitting at the North nurses station charting. Interview with Resident #78 was completed and CNA #2 was informed that the interview was done and Resident #78 indicated she needed assistance. CNA #2 was observed to go to the door of Resident #78 and return immediately to nurses station to continue charting.</p> <p>During an observation on 5/23/12 at 2:09 p.m., CNA #2 was observed to come out of Resident #78's room, carrying a soiled linen bag.</p> <p>During an interview on 5/24/12 at 9:10 a.m., Resident #78 indicated she put her call light on at 9:00 a.m., to get assistance to get dressed from her hospital gown to clothing for lunch.</p> <p>During an observation on 5/24/12 at 10:08 a.m., Resident #78 was observed to be wearing her hospital gown.</p>		<p>incontinent care needs and dressing.DNS, or designee, will complete resident/responsible party interviews, which include questions regarding dignity and respect, monthly for 3 months, then quarterly thereafter. Any identified concerns will be promptly reviewed with responsible individuals and notifications made accordingly.4. ED, or designee will review findings weekly and report to the PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date: 6/30/2012</p>				

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	<p>During an observation on 5/29/12 at 9:20 a.m., Resident #78 was observed to be wearing her hospital gown. At 10:05 a.m., the resident was dressed and seated in her wheelchair.</p> <p>During an observation on 5/30/12 at 9:53 a.m., Resident #78 indicated to CNA # 8 she would like to get up and dressed for lunch. During the same observation at 9:56 a.m., Unit Manager # 4 went into Resident #78's room to assist the resident to dress for lunch.</p> <p>During record review on 5/29/12 at 9:00 a.m., the Minimum Data Set (MDS) assessment, dated 4/13/12, indicated Resident #78 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). Resident #78's diagnoses include but not limited to, neurogenic bladder, paralytic ileus, generalized weakness, COPD and Crohn's Disease.</p> <p>3.1-3(t)</p>			

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F0242 SS=C	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>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 record review and interview, the facility failed to assess preferences and previous customs for 1 of 40 residents interviewed for choices. (Resident # 21)</p> <p>Findings included:</p> <p>During an interview on 5/25/12 at 9:00 a.m., the resident and son indicated the resident's usual time to get up in the morning was at 8:00 a.m. The resident and son indicated the facility gets her up before breakfast at 7:00 a.m. Resident #21 indicated that this was not acceptable to her.</p> <p>Resident # 21's record was reviewed on 5/29/12 at 8:00 a.m.</p> <p>Resident # 21's current diagnoses included, but were not limited to, profound debility, weakness,</p>	F0242	F242C Self-Determination--Right to Make Choices1. Resident #21 has been assessed to determine ADL preferences. In addition, Resident #21's care plan has been reviewed and updated to reflect resident's preferences. Resident #21's CNA assignment sheet has been updated to reflect resident preferences.2. All residents have the potential to be affected. Therefore this plan of correction applies to all residents.Residents/responsible parties have been interviewed to determine ADL preferences. Care plans and CNA ssignment sheets have been updated to reflect resident preferences.3. Nursing Center staff will receive re-education relative to resident's right to make choices, including but not limited to, assessment of preferences and previous customs.4. Interdisciplinary Care Plan team will assess each resident at the time of admission and at least quarterly, to determine ADL preferences and develop an individualized plan of care. Any identified concerns will	06/30/2012			

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	<p>polymyalgia rheumatica, protein calorie malnutrition, history of cerebral vascular accident; stage 3 chronic kidney diseases, anxiety constipation, atrial fibrillation, hypertension, seizure disorder.</p> <p>Review of the clinical record indicated there was not a review of Resident 21's preferences as related to her activities of daily living, when to get up in the morning and when to go bed, whether the resident prefers a bath or shower or whether they like to take a bath or shower in the morning or evening. There was not a care plan to indicate resident preferences.</p> <p>During interview on 5/29/12 at 9:30 a.m., the Social Service Director indicated she did not assess for preferences in the activities of daily living for the residents.</p> <p>During interview on 5/29/12 9:40 a.m., the Activities Director indicated that she did not address resident preferences except for the ones that pertain to hobbies and activities of interest for the residents.</p> <p>An interview on 5/29/12 at 9:50 a.m., the Director of Nursing indicated that social services or activities assessed for the residents' preferences in</p>		<p>be promptly reviewed with responsible individuals and notifications made accordingly. DNS or designee, will review findings monthly and report to the PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date: 6/30/12</p>				

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	<p>activities of daily living.</p> <p>Review of a current policy received from the Director of Nursing on 5/30/12 at 4:10 p.m., titled "Self Determination and Participation," included, "The center creates an environment that is respectful of the right of each resident to exercise their independence. This includes actively seeking information from the resident regarding interests and preferences. Choices over schedules includes choices over schedules that are important to the resident, such as daily waking ,eating, bathing, and time for going to bed at night."</p> <p>3.1-3(u)(1)</p>			
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F0244 SS=E	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>Based on interview and record review, the facility failed to ensure grievances voiced were promptly resolved regarding passing of ice water and regarding lack of supplies in resident rooms during 3 of 10 monthly minutes reviewed. The facility also failed to ensure grievances were promptly resolved regarding short staffing issues voiced during 4 of 10 monthly minutes reviewed and failed to ensure grievances were promptly resolved regarding privacy and dignity voiced during 5 of 10 monthly minutes reviewed.</p> <p>Findings include: On 5/25/12 at 11:00 a.m., resident group concern meeting notes were reviewed back to May 18, 2011. No resolution or follow up was noted for the following months: September 2011, December 2011, January 2012 or February 2012. Grievances</p>	F0244	F244E Listen/Act on Group Grievance/Recommendation1. Resident Council minutes for the months identified, September 2011, December 2011, January 2012 and February 2012. Any concerns including those involving nursing staff were reviwed and addressed.2. All residents have the potential to be affected.Resident Council minutes will be given to department managers. Any concerns noted will be resolved within 72 hours. Department managers will follow up with Resident Council President to ensure resolution of the concern.3. Managers of all departments will be re-inserviced on importance of providing a timely response to any and all concerns raised in Resident Council meetings.4. ED, or designee, will review Resident Council minutes and concerns monthly and will ensure the responsible department manager responds to a concern within 72 hours. Issue resolution will be made accordingly. ED, or designee, will review finding weekly and report to the PI	06/30/2012			

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	<p>voiced included, but were not limited to, passing of ice water, lack of supplies in resident rooms, insufficient numbers of staff, and privacy and dignity.</p> <p>On 5/25/12 at 12:44 p.m., during an interview, Activity Director #7 indicated that she attends all resident council meetings and provides the original copy of the minutes to the Director of Nursing.</p> <p>On 5/30/12 at 11:04 a.m., the Director of Nursing indicated elder education was completed in September 2011. Resident council minutes from August 10, 2011 indicated a nursing concern regarding the staff being slow and appearing to be short with residents. An abuse inservice was completed in October 2011, stress management with communication skills was completed in January 2012 and staffing was reviewed in March 2012. The Director of Nursing indicated this is the first time she has heard of several of the concerns noted in the resident council minutes and she has not followed up monthly with the grievances from the residents.</p> <p>3.1-3(l)</p>		Committee monthly for 6 months. The need for continued monitoring will be determined at that time.5. Completion Date: 6/30/2012				

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F0253 SS=B	<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>Based on observation and interview, the facility failed to ensure 13 of 44 rooms and 1 of 1 dinning rooms observed was clean and in good repair.</p> <p>Findings include:</p> <p>During a tour of the facility on 5/22/12 and 5/23/12 and during the environmental tour on 5/30/12 at 9:00 a.m., the following was observed:</p> <p>300 halls:</p> <p>Room 307- The sink faucets were broken and thick white caulking was noted around the sink.</p> <p>Room 309 - The sink had a large amount of caulking around the back. The faucet had corrosion around it.</p> <p>Room 308- No cord was noted on the emergency call light in bathroom.</p>	F0253	<p>F253B Housekeeping and Maintenance Services1. 300 Hall-Rooms 307, 308 and 309 will be repaired. 400 Hall-Rooms 401,403,404,408 and 410 will be repaired. 500 Hall-Rooms 504 and 505 have been repaired. 600 Hall-Rooms 601 and 605 have been repaired. Door frames on the rooms on 600 Hall will be re-painted. Dining room has been cleaned and dusted. Blinds will be repaired.2. All residents have the potential to be affected. Therefore, this plan of correction applies to all residents currently residing in the nursing center.3. Housekeeping and Maintenance staff have been re-educated relative to provision of services necessary to maintain a sanitary, orderly and comfortable interior.The Executive Director, or designee, will make weekly environmental rounds for 1 month with Housekeeping and Maintenance supervisors. Thereafter, Executive Director will make monthly rounds with Housekeeping and Maintenance supervisors.4. ED, or designee will review findings monthly and report to PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date:</p>	06/30/2012	

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	<p>400 hall way:</p> <p>Room 404 - The sink was pulling away from the wall. No paint was noted above the sink.</p> <p>Room 403 - There was no paint above the sink, exposed dry wall was noted, and paint was scraped off areas in bathroom.</p> <p>Room 401- The cable cover was pulled apart from the wall.</p> <p>Room 410- Thick white caulking was noted around the sink, no cord was noted on the emergency call light in bathroom.</p> <p>Room 408 -The blind on the window was missing slats.</p> <p>500 hall:</p> <p>Room 505- No cord was noted on the emergency call light.</p> <p>Room 504- The wall behind the door had a hole approximately 2 inches in diameter.</p>		6/30/12				

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	<p>600 hall:</p> <p>Room 605- The emergency call light in the bathroom did not have a cord.</p> <p>Room 601- The blind on the window was missing slats.</p> <p>All doorways to the resident rooms on the 600 hall had chipped paint on the lower part of the door frames.</p> <p>South hall way:</p> <p>Room 4- The hot water faucet was loose- fitting.</p> <p>Room 6- Patched areas on the wall in the bathroom were not painted</p> <p>Dining room:</p> <p>Slates were missing from the blinds and dust was hanging from the ceiling in front of north heater/air conditioner.</p> <p>In interview, during the environmental tour, the administrator indicated that he did a tour last evening and is</p>			

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	<p>aware of the areas of concern.</p> <p>3.1-19(f)</p>			
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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to ensure a care plan was initiated or updated to describe specific care and interventions for Foley catheter care and removal for 1 of 18 residents reviewed for care plans. (Resident # 83)</p> <p>Findings include:</p> <p>1. On 5-23-2012 at 2:24 P.M., the Foley catheter bag was observed hanging on the side of the bed of Resident #83..</p>	F0279	F279D Develop Comprehensive Care Plans1. Resident #83's care plan has been updated to reflect current status.2. All new admissions/re-admissions within the past 30 days will be reviewed for immediate need care plans. Care plans will be reviewed, and written or updated as needed.3. IDT members and licensed nurses will be re-educated relative to comprehensive care plans, including but not limited to, initiation/updating of initial/interim plans of care.4. DNS, UM, or designee, will audit new admission and re-admission resident records for	06/30/2012	

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	<p>An interview with the ADON on 5-24-2012 at 9:22 A.M., indicated Resident #83 had a Foley catheter for urinary retention.</p> <p>The clinical record for Resident #83 was reviewed on 5-25-2012 at 8:25 A.M., and indicated the resident was admitted to the facility on 5-6-2012 with diagnoses including but not limited to colitis, colo-vesicular fistula, osteomyelitis pelvis, infected foot ulcer with MRSA (Methicillin- resistant Staphylococcus aureus), UTI (urinary tract infection) with E. (Escherichia) coli, chronic back pain, GI (gastrointestinal bleed), hematuria, thrombocytopenia, history of prostate cancer and depression.</p> <p>An interim plan of care, dated 5-6-2012, included toileting using urinal.....bladder/bowel status as self control.....</p> <p>A physician order, dated 5-7-2012, was received for placement of a Foley catheter (size) 16 Fr. (French) 30 cc (cubic centimeters).</p> <p>The resident progress notes indicated</p>		<p>implementation and or updating of interim care plans daily, on scheduled days of work, 5 days per week for 4 weeks, then 3 days per week for 2 weeks, then weekly for 2 weeks. Any identified concerns will be promptly reviewed with responsible individuals and notifications made accordingly. DNS, or designee, will review findings weekly and report to PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date: 6/30/2012</p>		

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	<p>the catheter was inserted by the nurse on 5-7-2012 at 11:00 A.M.</p> <p>The Resident was transferred to the hospital during the evening of 5-7-2012 and returned to facility on 5-15-2012. No care plan or care plan of temporary problems was initiated with the Foley catheter implementation on 5-7-2012 or when the resident returned to the facility on 5-15-2012.</p> <p>An interview with the Administrator and ADON on 5-29-2012 at 12:30 P.M., regarding care plans, indicated care plan meetings are held every 3 months for the residents and any new care plans or update in the care plans are the responsibility of the charge nurse or nurse involved in the care. The ADON indicated they are behind with the care plans.</p> <p>The record review continued on 5-29-2012, and indicated a physician order for the Foley catheter removal was received on 5-25-2012 and the resident progress notes indicated the Foley catheter was removed on 5-25-2012 at 1500 (3:00 p.m.). There was no care plan initiated for the temporary problem of the removal</p>						

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	<p>of the catheter.</p> <p>On 5-30-2012, the record review continued and the MDS (Minimum Data Set) was not in the resident chart and was obtained from the MDS Coordinator. The MDS admission assessment, dated 5-25-2012, indicated the resident had a urinary catheter.</p> <p>An interview with the RN (E#16) on 5-30-2012 at 1:40 P.M., indicated with resident changes such as a new Foley catheter placement or removal, the nurse who finds it is supposed to initiate or update the care plan temporary problems, or the DON, ADON or MDS coordinator will initiate or update the care plans.</p> <p>A review of the facility policy for the Initial Plan of Care, dated 5-28-2008, indicated the following: "An initial (interim) plan of care is initiated within 24 hours of admission that addresses the resident's initial individual and immediate needs until the interdisciplinary team finalizes the comprehensive plan of care.....". The nurse was identified as the primary</p>				

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	<p>staff to complete the Initial Plan of Care.</p> <p>3.1-35(a)</p>				

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F0353 SS=E	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, record review and interview, the facility failed to ensure there was sufficient staff to provide assistance with toileting and call lights for 2 of 2 residents interviewed in a sample of 18. (Resident #11 and #78). The facility also failed to answer call lights in a timely manner for 3 of 3 residents during random interviews. (Resident #3, #14, #21).</p> <p>Findings include:</p> <p>1. During an interview on 5/23/12 at</p>	F0353	F353E Sufficient 24 -HR Nursing Staff Per Care Plans1. Sufficient nursing staff will be available to provide assistance with toileting for residents #11 and #78. Call lights will be answered in a timely manner for resident's # 3, #14, and #21.2. All other residents in the facility have the potential to be affected by this deficient practice.3. Since May 31, 2012, the facility has hired 5 Cna's and 3 Nurses. We will continue to accept applications from CNA's and Nurses in order that we can hire and replace any of these position openings. In-services will be held for all staff	06/30/2012			

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	<p>1:40 p.m., Resident #78 indicated she had recently soiled herself and apologized for the odor in the room. Resident #78 indicated she had put her call light on for assistance several minutes ago and CNA #2 came into her room and indicated to the resident she would have to wait until after 2:00 p.m. for the second shift to come in and clean her up because she was really busy. Resident #78 indicated this has happened before and she often has to wait a long time before someone will come in and clean her up. During the interview at 1:51 p.m., as call lights and water temperatures were being checked, CNA #2 came into room and indicated she would return in a moment after the interview was completed.</p> <p>During an observation on 5/23/12 at 1:53 p.m., CNA #2 was sitting at the North nurses station charting. Interview with Resident #78 was completed and CNA #2 was informed that the interview was done and Resident #78 indicated she needed assistance. CNA #2 was observed to go to the door of Resident #78 and return immediately to nurses station to continue charting.</p> <p>During record review 5/29/12 at 9:00 a.m., the Minimum Data Set (MDS)</p>		<p>about the importance of answering call lights in a timely manner. Every employee in the facility will be asked to read and sign a copy of the facility's "Call Light Pledge." The facility scheduler is to place a copy of the "next day" schedule in the ED and DNS's mail box. These schedules are to be reviewed and approved prior to the scheduled work day. Any needed changes to the schedule will be made immediately by the facility scheduler. The ED and DNS will be made aware of any call-ins during the day in order to ensure that a replacement is found for that day and shift. All call-ins are to be documented on the absentee tracking form. 4. ED and DNS will monitor nursing schedules on a daily basis for the next 6 months. They will also monitor the daily labor log that is provided by the Payroll Benefits Coordinator (PBC) to ensure adequate staff is consistently scheduled. 5. Completion Date: 6/30/2012</p>		

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	<p>assessment, dated 4/13/12, indicated Resident #78 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). Resident #78's diagnoses include but not limited to, neurogenic bladder, paralytic ileus, generalized weakness, COPD and Crohn's Disease.</p> <p>2. During an interview on 5/23/12 at 11:03 a.m., Resident #11 indicated the facility needs more staff and often has to wait long periods of time for call lights to be answered.</p> <p>During record review on 5/23/12 at 11:50 a.m., the Minimum Data Set (MDS) dated 9/26/11, indicated Resident #11 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). The BIMS indicated the resident was reliable and interviewable.</p> <p>3. During a random resident interview on 5/29/12 at 10:05 a.m., Resident #14 indicated she has to wait for long periods of time for the call light to be answered.</p> <p>During review of Resident #14's clinical record on 5/29/12 at 11:00 a.m., the Minimum Data set (MDS), dated 5/9/12, indicated Resident #14 had a Brief Interview Mental Status</p>			

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	<p>(BIMS) score 15 of 15. The BIMS score indicated the resident was reliable and interviewable.</p> <p>4. During a random resident interview on 5/29/12 at 2:30 p.m., Resident #3 indicated she has to wait for long periods of time for call lights to be answered and the facility needs more staff.</p> <p>During review of Resident #3's clinical record on 5/29/12 at 3:15 p.m., the Minimum Data Set (MDS), dated 4/23/12, indicated a Brief Interview Mental Status (BIMS) score 11 of 15. the BIMS score indicated the resident was moderately impaired.</p> <p>5. During a random family and resident interview on 5/24/12 at 3:16 p.m., Resident #21 and her son, both indicated the facility is short staffed, especially from 5:00 p.m. to 9:00 p.m.</p> <p>During record review on 5/31/12 at 9:56 a.m., the Minimum Data Set (MDS), dated 4/23/12, indicated the resident had a Brief Interview Mental Status (BIMS) score 8 of 15. The BIMS score on the MDS indicated the resident was moderately impaired.</p> <p>6. During two confidential staff interviews on 5/30/12 at 2:29 p.m.</p>				

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	<p>and 2:30 p.m., one CNA indicated that she gets her work done but at times it does seem like other CNA's take a lot of breaks and do not get their work done. The second CNA indicated that they are understaffed, but she just has to work longer hours to get her work done.</p> <p>During an interview on 5/30/12 at 9:30 a.m., the Director of Nursing indicated she had recently hired approximately 10 CNA's in the past couple of months and still has six openings for weekend help.</p> <p>During record review on 5/30/12 at 3:15 p.m., the CNA Assignment Sheet, received from the DON, indicated there are a total of 64 residents and 22 of the 64 residents required two or more persons for assistance with transferring, while 28 residents required assistance from one person for transferring.</p> <p>The facility schedules from 5/23/12 through 5/31/12, received from the Unit Manager #4, indicated one LPN/RN was on each of 3 halls and two CNA's per hall were scheduled for both 1st and 2nd shift. One LPN/RN was scheduled for 2 of 3 halls on 3rd shift with one CNA per hall. The South hall did not have a</p>						

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	LPN/RN scheduled on 3rd shift and only one CNA was assigned to the South hall. 3.1-17(a)				

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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 and interview, the facility failed to ensure the pureed food was prepared and served under sanitary conditions for 4 of 4 residents requiring pureed food and for 10 of 10 trays (observed) with food not covered to the point of service for residents requiring meal trays delivered to their rooms. This deficiency practice had the potential to affect 14 of 64 residents who received meals prepared in the kitchen.</p> <p>Findings include:</p> <p>1. On 5-23-12 at 8:40 A.M., a bag of cubed chicken was observed on the bottom shelf of a cart. The Cook #E12 (Employee number) indicated the bagged chicken was thawing and had been out of the freezer for 1/2 hour in order to prepare the pureed chicken.</p> <p>On 5-25-2012 at 11:00 A.M., an</p>	F0371	<p>F371E Food Procure-Store/Prepare/Serve-Sanitary1. 1. and 2. Cook #E12 was counseled regarding proper thawing techniques and proper food preparation techniques. 3. All CNA's have inserviced relative to proper transporting of meal trays.2. All residents have the potential to be affected, therefore, this plan of correction applies to all residents.3. Nutrition services staff have been re-educated relative to storing/preparing/serving food in a sanitary way, including but not limited to, proper thawing techniques and sanitary food preparation. Nursing Center staff who are responsible for assisting with meal delivery have been re-educated relative to preparing/serving food in a sanitary way, including but not limited to, proper meal tray delivery.4. Dietary manager/designee will observe and monitor preparation, serving and transporting of food daily for 2 weeks, across all 3 meals, and then weekly for 2 months across all 3 meals, and then periodically thereafter.Any concerns or</p>	06/30/2012			

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	<p>interview with Cook #E12 indicated meat is removed from the freezer around 8:30 A.M., and placed on a cart to thaw in order to prepare the pureed dish around 9:45 A.M.</p> <p>Review of the facility's policy on Food Production, dated 4/28/2011, indicated the following: "Thaw frozen items using one of the following methods....(Preferred) Thaw in the refrigerator that has an interior temperature of 34-38 degrees Fahrenheit.....(Preferred) Thaw as part of the cooking process for smaller items.....Thaw by completely submerging the frozen product in a clean and sanitized sink under potable water of 70 degrees Fahrenheit or lower that is running fast enough to agitate and float off loose ice particles....Thaw in the microwave only if the item will be cooked immediately....."</p> <p>2. On 5-25-2012 at 9:45 A.M., Cook #E12 was observed preparing a pureed main dish (fish) for lunch. Cook E#12 completed hand washing prior to preparation. The fish squares, food thickener and milk were added to the blender. When the milk was measured, the bottom of the measuring cup leaked milk out and down Cook E#12's hand. The milk</p>		<p>discrepancies in these procedures will be addressed and corrected immediately by the Nutrition Services Manager and /or designee. Nutrition Services manager, or designee, will review findings monthly and report to PI Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion Date: 6/30/2012.</p>		

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	<p>dripped from Cook E#12's hand into the blender of fish and thickener.</p> <p>3. On 5-25-2012 at 11:50 A.M., CNA #15 carried a resident lunch tray from the kitchen through the facility hallways to Center hall without any covers on any of the food on the tray. The tray was placed in the warmer cart in Center hall before it was delivered to the resident at the end of the hall.</p> <p>The Hallways in the facility are used by the residents, visitors, staff, and are used to transport medication carts, treatment carts, cleaning carts and Hoyer lifts.</p> <p>On 5-30-2012 at 11:45 A.M., an enclosed food cart was transported from the kitchen to the South hall and contained 4 trays for residents dining in their rooms. CNA #14 placed the cart outside the rooms of three residents. The main plate was covered with a dome lid, while the containers of juice, soup, apple salad and dessert plates were uncovered. One tray was carried down to the end of the hall for delivery to the resident. The main plate was covered and the containers of juice, apple salad and soup were not covered. At 12:00 P.M., CNA #15</p>						

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	<p>delivered five trays to residents' rooms. The cart was parked outside each resident's room for delivery. The trays had the main dish covered on each, but the juice, soup, dessert, and apple salad were not covered.</p> <p>An interview with CNA #15 on 5-30-2012 at 12:05 p.m., indicated the kitchen prepares the trays and the trays are placed in the enclosed carts. CNA#15 delivered the trays to the residents' rooms. CNA #15 indicated the side dishes, soup bowls, dessert plates and drinks have never been individually covered.</p> <p>A review of the facility's policy, Dining Standards, dated 1-5-2012, indicated for In-Room Dining, "Foods transported to patient rooms are appropriately covered...."</p> <p>3.1-21(i)(3)</p>			