

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155327	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2012
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227
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F0000	<p>This visit was for a Recertification and State Licensure Survey</p> <p>Survey Dates: March 12, 13, 14, 15, 16, 22 and 23, 2012</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Survey team: Diana Zgonc RN, TC Connie Landman RN Donna Smith RN (March 12, 13, 14, 15 & 16, 2012)</p> <p>Census bed type: SNF: 14 SNF/NF: 130 Total: 144</p> <p>Census payor type: Medicare: 33 Medicaid: 87 Other: 24 Total: 144</p> <p>Stage 2 sample: 38</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>This plan of correction is to serve as University Heights and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by University Heights and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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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	Quality review 3/28/12 by Suzanne Williams, RN			

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F0176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>Based on record review, interview and observation, the facility failed to ensure residents who were self-administering their own medications were assessed to do so for 2 of 2 residents observed for self-administering medications in a Stage 2 sample of 38. (Resident # 157 and Resident # 239).</p> <p>Findings include:</p> <p>1. The record for Resident # 157 was reviewed on 3/15/12 at 10:34 A.M.</p> <p>Diagnoses for Resident # 157 included but were not limited to, end stage renal disease, (hemodialysis), hypertension, hyperlipidemia, hypothyroidism, bipolar disease, anxiety, anemia, rheumatoid arthritis, coronary artery disease, and depression.</p> <p>During an observation of the resident on 3/13/12 at 9:23 A.M., the resident was lying in the bed on her right side. There were pills laying on the bedside table and the resident was scooting</p>	F0176	<p>F176 483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE I. Resident #157 has been reassessed for self administration of medications and is no longer self administering medications. Resident #239 is no longer self administering the Flonase nasal spray. II. The facility has identified residents that can self administer medication by the facility's self administration of medication assessment to determine their ability to safely self administer medications. III. The systemic change will be residents will have a self administration of medication assessment upon admission, quarterly and as needed to determine their ability to safely self administer medications. Education will be provided to licensed nurses regarding the self administration of medication policy and procedure and medication administration practices. IV. The Unit Manager or designee will review new admission/readmission assessments for completion of the self administration of</p>	04/22/2012	

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	<p>the pills off the edge of the table and taking them 1 at a time. There was no staff present in the room at that time. Resident indicated they leave her pills in the room all the time because they know her and know she will take them.</p> <p>The record lacked documentation of an assessment for self-administration of medications.</p> <p>During an interview with LPN # 11 on 3/13/12 at 2:45 P.M., she indicated the resident is non-compliant with everything, "I told her she needed to get up and take these meds."</p> <p>2. On 3/13/12 at 8:44 a.m., Resident #239 was observed to be given his Flonase nasal spray from LPN #1. No instructions were given to the resident as he was observed to spray alternate nostrils before handing the nasal spray medication back to LPN #1.</p> <p>Resident #239's record was reviewed on 3/13/12 at 4:47 p.m. No information was indicated for a self administration of medication evaluation.</p> <p>3. The "ADMINISTRATION OF NASAL MEDICATIONS" policy was provided by the Nursing Consultant</p>		<p>medications assessment daily, Monday through Friday. These audits will be completed quarterly and as needed for residents who are deemed safe to self administer medications. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>		

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	<p>on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"POLICY</p> <p>...2. All nasal medications will be instilled by a licensed nurse or approved designee unless the resident has successfully passed a self-administration of drug assessment and has demonstrated competency in instillation.</p> <p>The "Self-Administration of Drugs" policy was provided on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"Policy Statement Residents in our facility who wish to self-administer their medications may do so, if it is determined that they are capable of doing so.</p> <p>Policy Interpretation and Implementation</p> <p>1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities, to determine whether a resident is capable of self-administering medications....."</p> <p>3.1-11(a)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a physician's order was followed related to a laxative medication, for 1 of 10 residents reviewed for unnecessary medications (Resident #23).</p> <p>Findings include:</p> <p>1. Resident #23's record was reviewed on 3/15/12 at 10:37 a.m. The resident's diagnoses included, but were not limited to, diabetic mellitus, cerebrovascular accident, and hypertension. The physician order, dated 1/23/12, was Polyeth Glyc Pow (Miralax) (laxative) dissolve 17 grams in 8 ounces of water and take every 48 hours.</p> <p>The "MEDICATION RECORD" for 2/2012 and for 3/1/12 to 3/14/12 indicated the medication, Polyeth Glyc Pow (Miralax), had been given every day except for 2/9, 2/10, and 2/11. The "Nurse's Medication Notes" indicated the Polyeth Glyc Pow</p>	F0282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN I. Resident #23's Miralax order was clarified and rewritten during the survey process. II. All residents with orders for laxatives have been identified and reviewed for accuracy of following the physician's orders. III. The systemic change is all laxative orders will be reviewed by 2 nurses with all monthly rewrites and new orders for laxatives will be verified for correct transcription by the unit manager or designee. Education will be provided to licensed nurses regarding this review of monthly rewrites by 2 nurses and verification of new order transcription by the unit manager. IV. The Unit Manager or designee will review all admission orders, new orders and monthly rewrites for accuracy of transcription of laxatives. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of</p>	04/22/2012	

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	<p>(Miralax) was held on 2/9, 2/10, and 2/11 due to loose stools.</p> <p>On 3/15/12 at 1:15 p.m. during an interview, Unit Manager #10 indicated the medication (Polyeth Glyc Pow) had been given every day and was ordered for every 48 hours. He indicated he would check into the physician's order for Polyeth Glyc Pow (Miralax).</p> <p>On 3/15/12 at 4:05 p.m., the medication, Polyeth Glyc Pow (Miralax), was rewritten on the medication record and designated to be given every other day.</p> <p>3.1-35(g)(2)</p>		<p>reviews will be adjusted as needed. Completion date: April 22, 2012</p>	

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure care plan interventions for preventing falls were followed, resulting in a fall for 1 of 3 residents reviewed for falls in a sample of 4 who met the criteria for falls (Resident #147).</p> <p>Findings include:</p> <p>Resident #147's record was reviewed on 3/15/12 at 1:00 P.M.</p> <p>Current diagnoses included, but were not limited to, right intertrochanteric hip fracture, diabetes mellitus type 2, primary hypothyroidism, iron deficiency anemia, progressive dementia, chronic atrial fibrillation, and poor appetite.</p> <p>Nursing Notes dated 2/16/12 at 2:30 P.M., indicated the resident's PSA (personal safety alarm) was sounding, and a housekeeper in the hallway noted Resident #147 was on the floor and alerted the nursing staff. Nursing assessed the resident, found him on</p>	F0323	<p>F323 483,25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES I. Resident #147's fall care plan has been reviewed and updated and the interventions are being followed. II. All residents at risk for falls have been identified. These residents have had their care plan reviewed and updated as needed. Interventions for prevention of falls are being followed and are monitored by the charge nurse and Unit Manager. III. The systemic change is Charge Nurses will complete unit rounds every shift for verification that care plan interventions are in place and being followed. Education will be provided for nursing staff regarding following the care plan interventions to prevent falls and the use of unit rounds by the Charge Nurses. IV. The Unit Managers or designees will complete Unit Rounds 5 days a week for verification that care plan interventions are in place and being followed. This review will continue for 60 days, and</p>	04/22/2012

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	<p>the floor in his room with his wheel chair at his feet. He had regular socks on, not gripper socks. Vital signs were done, and the physician and family were notified. The physical exam noted bruising, 2 cm (centimeters) x (by) 2 cm to his right hand, and bruising to his right elbow, 3 cm x 1.5 cm. The resident had full ROM (range of motion).</p> <p>A Fall Risk Assessment, dated 2/17/12, indicated a score of 14; a score over 10 equals high risk. A Fall Risk Assessment, dated 1/10/12, indicated a score of 16, on 12/2/11 a score of 18, on 8/10/11 a score of 14, and on 4/12/11 a score of 12.</p> <p>The Quarterly MDS (Minimum Data Set) Assessment, dated 1/11/12, indicated the resident had difficulty with recall after 5 minutes, needed extensive assistance for all of his ADLs (activities of daily living), and had experienced 1 fall since his previous Quarterly MDS, dated 10/20/11, which had been noted as "injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains, or any fall related injury that causes the resident to complain of pain."</p> <p>The Interdisciplinary Team Meeting</p>		<p>then weekly for an additional 60 days, then every other week for a duration of 12 months of total monitoring. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>				

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	<p>minutes, dated 12/2/11, noted "Fall Interventions" included: "new intervention: keep res (resident) in staff view if not in bed. alarm replaced." This was after a fall on 12/1/11 at 9:40 A.M. Additional comments included: the resident makes unsafe attempts to transfer self, has dementia, assist of 1 with transfers. The resident has alarms that didn't sound. Alarm replaced, staff will keep resident in view if not in bed.</p> <p>The IDT (Interdisciplinary Team) Fall Intervention meeting after the fall on 2/16/12 indicated: new intervention: gripper socks, and non-skid strips on the floor under the bedside mat. Additional comments indicated the resident was dependent on the staff for ADL'S (activities of daily living) and transfers, assist of 1, makes poor decisions, the resident would be toileted after lunch and was to lay down, and therapy was to screen. The therapy screen was done 2/22/12, at 1:40 P.M.</p> <p>The current care plan, updated 2/9/12, addressed the resident's risk for falling due to dementia, poor safety awareness, anemia, urinary incontinence and history of femur fracture. An intervention to the falls,</p>			

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	<p>dated 12/2/11, indicated the resident was to be in view of the staff if not in bed.</p> <p>During an interview with UM (Unit Manager) #12 on 3/16/12 at 10:45 A.M., she indicated if the resident's alarm was sounding on his wheelchair, and he was on the floor in his room, then the care plan intervention of always having the resident in view of staff when not in bed would not have been followed. UM #12 also indicated at that time "when in view of the staff" means the resident is in the hallway where he can be easily seen.</p> <p>During an interview with the DON (Director of Nursing) on 3/16/12 at 12:35 P.M., she indicated the resident had been in the hallway, and had wheeled himself back into his room, and run into the mat on the floor and fell out of his wheelchair. She also indicated the care plan interventions were to be changed as residents who propel their own wheelchairs are not able to be in view of the staff at all times.</p> <p>3.1-45(a)(2)</p>				

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F0328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, record review, and interview, the facility failed to ensure lung sounds were assessed post nebulizer treatment and the nebulizer equipment was rinsed/cleaned and stored after use, for 1 of 1 resident observed with a nebulizer treatment of 13 residents observed during medication pass. (Resident #252)</p> <p>Findings include:</p> <p>1. On 3/13/12 at 9:19 a.m., Resident #252's nebulizer machine and bag containing the resident's mask was observed located at the foot of the resident's bed. After the nebulizer treatment had been completed, LPN #4 was observed to remove the resident's mask and place it into the plastic bag. No rinsing/drying of the mask and/or medication container was observed. The resident's</p>	F0328	<p>F328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS I. Resident #252 no longer resides at the facility. II. All residents that receive nebulizer treatments have been identified. These residents have their lung sounds assessed post nebulizer treatment, and the nebulizer equipment are cleaned and stored after use. III. The systemic change is that the cleaning of the nebulizer equipment will be recorded on the MAR. The post nebulizer assessment will be recorded on the nebulizer flow sheet. Education will be provided to licensed nurses regarding assessment of the lung sounds post nebulizer treatment, and cleaning of the nebulizer equipment after giving a nebulizer treatment per facility policy. IV. The Unit Manager or designee will review the nebulizer flow sheets 5 days a</p>	04/22/2012			

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	<p>nebulizer equipment remained at the foot of the resident's bed. Next, LPN #4 then proceeded to obtain the resident's radial pulse. No reassessment of the resident's lung sounds was observed as LPN #4 left the room and indicated she had completed the nebulizer treatment.</p> <p>2. On 3/15/12 at 2:25 p.m. during an interview, LPN #4 indicated one should assess the resident's lungs and take their pulse before and after a nebulizer treatment.</p> <p>On 3/16/12 at 10:25 a.m., Resident #252's nebulizer information record was reviewed. This record did not specify if the lung sounds information was before and/or after the treatment. The nebulizer treatment, dated 3/15/12 at 9:00 a.m., indicated the resident's lung sounds were "C." At this same time during an interview, LPN #4 indicated the "C" was "clear." She also indicated Resident #252 was sent to the emergency room yesterday per his daughter's request and had been admitted to the hospital for congestive heart failure.</p> <p>3. The "Administering Medications through a Small Volume (Handheld) Nebulizer" policy was provided by the Nursing Consultant on 3/15/12 at 4:24</p>		<p>week for completion of lung sounds and cleaning of the nebulizer equipment as documented on the MAR and by viewing 2 nebulizer equipment per hallway for 60 days, then weekly for an additional 30 days, then monthly for a total of 12 months of monitoring. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>		

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	<p>p.m. This current nebulizer policy indicated the following:</p> <p>"Purpose The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the resident's airway. ...Equipment and Supplies ...4. Nebulizer kit, including nebulizer, medication cup... ...Steps in the Procedure 1. Assemble equipment and supplies on the resident's overbed table. ...26. Obtain post-treatment pulse, respiratory rate and lung sounds. 27. Rinse and disinfect the nebulizer equipment according to facility protocol, or: a. Wash pieces with warm, soapy water. b. Rinse with hot water; ...e. Allow to air dry on a paper towel. ...29. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it...."</p> <p>3.1-47(a)(6)</p>						

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F0332 SS=E	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observations, record reviews, and interview, the facility failed to ensure it remained free of a medication error rate of 5 % or greater for 7 of 50 opportunities during 3 of 8 nursing staff observed and for 5 of 13 residents observed during medication pass observation. The medication error rate was 14%. (Resident #'s 239, 71, 165, 145, and 10) (LPN #'s 1, 2, and 6)</p> <p>Findings include:</p> <p>1. On 3/13/12 at 8:44 a.m., medication pass was observed. LPN #1 was observed to give Resident #239 his Flonase nasal spray. No instructions were given to the resident as he was observed to spray 1 nostril without closing the alternate nostril and continue to do the other nostril in the same way. The medication was then returned to the nurse. No rinsing of the mouth was observed as the resident's oral medications were then taken.</p> <p>On 3/13/12 at 4:47 p.m., Resident</p>	F0332	<p>F332 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE I.LPN #1 has been offered inservicing on correct medication administration technique, including administration of Flonase, eye drop administration, timing of sliding scale insulin, and medication administration. LPN #2 has been instructed on not crushing Klor Con ER. LPN #6 has been instructed on medication administration regarding Miralax and administration of the correct amount of water. Resident # 239, 71, 165, 145, and 10 are receiving medications per physician order and facility policy. II. All residents are receiving medications per physician order and facility policy. III. The Systemic change is that competency checks will be completed for all licensed nurses regarding: Administration of nasal sprays, eye drops, correct dose, timing of insulin administration, Klor Con ER administration, correct fluid amount with administration of Miralax, administration time of</p>	04/22/2012

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	<p>#239's medications were reconciled. The physician's order, dated 3/7/12, was Flonase nasal spray 1 spray bilateral nostrils every day.</p> <p>The "ADMINISTRATION OF NASAL MEDICATIONS" policy was provided by the Nursing Consultant on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"POLICY</p> <p>...2. All nasal medications will be instilled by a licensed nurse or approved designee unless the resident has successfully passed a self-administration of drug assessment and has demonstrated competency in instillation.</p> <p>...RECOMMENDED PROTOCOL ...NASAL SPRAY: ...2. To prevent air from entering the nasal cavity and to allow the medication to flow properly, occlude one nostril and insert tip of spray bottle into open nostril. 3. Instruct resident to inhale and squeeze bottle at the same time. 4. Repeat procedure in other nostril. 5. Instruct resident to keep head tilted back for 3-5 minutes and breathe slowly through nose. Do not blow nose.</p>		<p>Levothyroid. This competency check will also be completed upon hire and annually thereafter. Education will be provided for licensed nurses regarding proper medication administration per policy and procedure to include: Administration of nasal sprays, eye drops, correct dose, timing of insulin administration, Klor Con ER administration, correct fluid amount with administration of Miralax, administration time of Levothyroid. IV Unit Managers or designee will complete a medication pass observation of 2 residents per hall as assigned by the Director of Nursing or designee, 5 times a week on random shifts for 30 days, then 2 residents weekly for 60 days, then 2 residents monthly for a total of 12 months of monitoring. This medication pass observation will include nasal sprays, eye drops, correct dosing, correct timing of insulin administration, Klor Con ER administration, correct fluid amount with Miralax, administration of Levothyroid as applicable with residents. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting</p>				

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	<p>6. Rinse tip of bottle with warm water....."</p> <p>2. On 3/13/12 at 9:45 a.m., medication pass was observed. LPN #1 was observed to administer Resident #71's eye drop medication, Restasis (for dry eyes), into both eyes.</p> <p>On 3/13/12 at 10:30 a.m., LPN #1 was observed to prepare Resident #71's oral medications. The oral medications included, but were not limited to, Levothyroxin (hormone replacement) 175 mcg (microgram) 1 every day and Carbo/levo (Parkinson's disease) 25-100 mg (milligrams) three 1/2 tablets. LPN #1 was observed to obtain only 1 one half tab of the Carbo/levo medication. As she started to give the resident his medications and during an interview, LPN #1 indicated she would need to add 2 more 1/2 tablets of Carbo/levo medication as 3 one half tabs should be given, not 1, which was done.</p> <p>On 3/13/12 at 4:52 p.m., Resident #71's medications were reconciled. The physician's order, dated 1/2/12, was to begin Carbo/levo 25-100 mg give 1 1/2 tabs (three 1/2 tablets) three times a day. The physician order, dated 1/26/12, was a</p>		<p>and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>				

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	<p>clarification order to give Restasis 0.05% eye drops 1 drop into the right eye daily. The physician order, dated 3/8/12, was to increase Levothyroxin to 175 mcg 1 by mouth every day. The "MEDICATION RECORD," for 3/2012, indicated the Levothyroxin was scheduled at 7:00 a.m.</p> <p>3. On 3/13/12 at 4:17 p.m., medication pass was observed. LPN #1 was observed to prepare Resident #165's insulin coverage of Novolog (diabetes mellitus) 2 units. This insulin coverage was given at 4:39 p.m. At this same time during an interview, LPN #1 indicated the dinner meal trays should arrive from 4:45 to 5:00 p.m. The resident received his meal tray at 5:14 p.m.</p> <p>On 3/13/12 at 4:57 p.m., Resident #165's medication was reconciled. The physician order was to give 2 units of Novolog insulin for a blood sugar from 150 to 200. The resident's blood sugar was 190.</p> <p>4. On 3/14/12 at 8:56 a.m., medication pass was observed. LPN #2 was observed to prepare Resident #145's oral medications, which included, but were not limited to, Klor Con ER (extended release) (potassium replacement) 20 mEq</p>			

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	<p>(milliequivalents). This medication was crushed with the rest of the resident's oral medications with applesauce added to the mix. LPN #2 was observed to administer this medication mixture, including the crushed Klor Con ER, to the resident.</p> <p>On 3/14/12 at 9:06 a.m., Resident #145's medications were reconciled. The physician order was to give Klor Con ER 20 mEq 1 every day.</p> <p>5. On 3/15/12 at 10:13 a.m., medication pass was observed. LPN #6 was observed to prepare Resident #10's oral medications. These medications included, but were not limited to, polyethylene glycol (Miralax) (laxative) 17 gm (grams) to dissolve in 8 ounces (oz) of water. At this same time during an interview, LPN #6 indicated the plastic cup she was using was a 120 ml (milliliter) cup. She also indicated she would use 8 oz of water, but she would fill the plastic cup a little fuller for this resident. She was then observed to fill this same plastic cup 2/3rd's full of water and then, added the powder medication to it. This liquid medication was administered to the resident.</p> <p>On 3/16/12 at 9:50 a.m., Resident</p>			

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	<p>#10's medications were reconciled. The physician order was to give the medication, Polyethylene glycol, 17 gms dissolve in 8 oz. (240 ml) of water every day.</p> <p>On 3/15/12 at 3:27 p.m. during an interview, the Director of Nursing (DON) indicated the plastic cup would hold 210 ml if full.</p> <p>6. On 3/16/12 at 9:22 a.m. during an interview, Unit Manager #12 indicated the drug reference book utilized for the nurses was the "Nursing 2012 Drug Handbook." In this drug reference book, the following was indicated: Flonase - rinse mouth out after inhalation and spit water out; Levothyroid - oral administration was to be at the same time each day and on an empty stomach, preferably 1/2 to 1 hour before breakfast; Novolog insulin - Administration - Give Novolog 5 to 10 minutes before start of meal; Klor Con - Administration - p.o. (by mouth) don't crush sustained-release forms; Miralax generic - Administration - p.o. - dissolve powder in 8 ounces (240 ml) of water, juice, soda, coffee or tea.</p>				

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	<p>7. The "CRUSHING MEDICATIONS" policy was provided by the DON on 3/15/12 at 3:30 p.m. This current policy indicated the following:</p> <p>"POLICY</p> <p>...Tablets and capsules listed on the following [Medication Guidelines List] may not be crushed unless a specific physician's order to crush a non-crushable medication is obtained....."</p> <p>This list indicated Klor Con was not to be crushed due to the formulation of the tablet/capsule would be rendered less effective if crushed.</p> <p>The "MEDICATION ADMINISTRATION: GENERAL POLICIES & PROCEDURES" policy was provided by the nursing consultant on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"POLICY</p> <p>...All medications are to be administered only as prescribed by a physician...</p> <p>...PROCEDURE: Preparation:</p>			

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	<p>...2. All medications will be prepared in accordance with manufacturer's guidelines such as proper amount of fluid to mix, specific warnings and cautionary instructions....."</p> <p>3.1-25(b)(9) 3.1-48(c)(1)</p>			

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F0371 SS=F	<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 observations, record review, and interview, the facility failed to ensure a clean and sanitary kitchen environment related to storage of dishes/pans, designated handwashing sink use, sanitizing of pans in the 3 compartment sink, ice build up in the walk-in freezer, condition of roller serving area, ceiling vents and floor tiles in the food service area, and handwashing for 1 of 1 kitchen observed. This had the potential to impact 142 of 143 residents residing in the facility.</p> <p>Finding include:</p> <p>1. On 3/12/12 at 10:10 a.m. during the initial tour with the Dietary Manager Assistant, the following was observed:</p> <p>In the walk-in freezer, saucer sized ice accumulation was observed on the floor on each side of the freezer in the back below the fans. At the ceiling on each side of the 3 fans,</p>	F0371	<p>F371 483.35(i)FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY I. The walk-in freezer has been de-iced. The stacked pans were cleaned and dried during the survey process. The designated hand washing sink was emptied of the ice and cartons. The saucer plates were cleaned. The floor tiles in the dishwashing area were replaced, gaps corrected and the area deep cleaned. The ceiling vents have been cleaned and are covered. Dietary Aide #17 and #18 have been offered education regarding proper handling of utensils and hand washing. Cook #16 was offered education regarding using pans that are dry after cleaning and proper hand washing. The glass on the ready to use pan storage rack was removed. The white wall behind the sinks was deep cleaned and a backsplash will be applied. The floor tiles throughout the kitchen were deep cleaned. Dietary Aid #19 was offered</p>	04/22/2012

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	<p>scattered areas of ice accumulation were observed.</p> <p>As the stacked pans, which were indicated per the Dietary Manager Assistant as ready to use, were checked, 4 of these 6 pans were wet with dripping water observed from the inside of 1 pan.</p> <p>In the dishwasher area, the sink was observed full of ice with various individual sized cartons in it. At this same time during an interview, the Dietary Manager Assistant indicated this same sink was a designated handwashing sink. She also indicated the ice and cartons were left over from breakfast and were to be trashed.</p> <p>In the designated drying shelves for the cleaned dishes per the Dietary Manager Assistant, 2 of the 3 saucer plates were observed with dried food particles on them and were returned to the dishwashing area.</p> <p>At the corner of the dishwashing area and by the 3 compartment sink, one wall tile next to the floor was missing. In the entry way from the kitchen to the dishwashing area, at the top of one of the 12 inch floor tile was observed with an irregular area of</p>		<p>education regarding proper hand washing and proper use of the 3 compartment sink for dishwashing. Dietary Aide #20 was offered education regarding how and when to wash his hands, including prior to emptying clean dishes. The soiled towel around the faucet was removed. Dietary Aide #21 was offered education on wiping spills from the food cart with a clean towel, and the correct use of the hand washing sink. The 4 pans in the ready-to-use area were returned to the dishwashing area to be rewashed. II. The walk-in freezer has been de-iced. Stacked pans are cleaned and dried prior to storage. The designated hand washing sink is being used for only hand washing. Saucer plates are cleaned and dried prior to storage. The floor tiles throughout the dietary area have been repaired and deep cleaned. Ceiling vents are clean and covered. Utensils are handled per facility policy and procedure. Dietary staff are washing hands and utilizing gloves per facility policy and procedure. No glasses are stored on the ready to use pan storage rack. The wall behind the sinks are clean and a backsplash applied. III. The systemic change is that a</p>				

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	<p>missing floor tile with an accumulation of a black substance in this gap.</p> <p>In the dishwashing area and at the end of the kitchen leading to the main dining room, the ceiling vents in these areas were observed with no covers on them. These vents were observed over the serving area, beverage area, and clean dishwashing area of the kitchen. At this same time during an interview, the Dietary Manager Assistance indicated she was unaware of any remodeling plans.</p> <p>2. On 3/13/12 at 9:40 a.m., Dietary Aide (DA) #17 and DA #18 both with gloved hands were observed preparing the silverware for the next meal. DA #18 was observed to pick up a large number of spoons by the top, not at the handles, of the spoons and place them inside the folded napkin. Next, she picked up the knives at the top, not at the handles, and placed them in the napkin. DA #17 was observed to pick up the forks by the tines followed by the top of the knives and placed them in the folded napkins.</p> <p>3. On 3/13/12 at 9:45 a.m. after completing the pureed servings, Cook #16 was observed to go to the 3 compartment sink area and obtained</p>		<p>daily check list sheet (5 days a week) will be utilized by the Dietary Manager or designee to monitor for:</p> <ul style="list-style-type: none"> o The walk in freezer is free of ice build up and is not propped open during stocking o The stacked/ready to use pans are clean and dried o The floor tiles are clean and in good repair without gaps o The ceiling vents are clean and cover o Staff is handling utensils per policy o Handwashing is occurring by dietary staff per policy o No glasses are in the ready to use pan storage rack o The back splash behind the sinks is clean and in good repair o The 3 compartment sink is being utilized per policy for pan cleaning o The food cart is cleaned after spills per policy o The hand washing sink is being utilized only for hand washing <p>In addition, the kitchen floor will be placed on a quarterly deep cleaning schedule where the floor will be stripped, waxed and sealed. Education will be provided to dietary staff regarding:</p> <ul style="list-style-type: none"> o Not propping the door of the freezer open during stocking o Policy regarding cleaning and drying pans o Proper handling of utensils o Hand washing including how long to wash, proper technique for drying, 				

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	<p>a pan. This same pan was observed with water inside the pan and was used for the pureed servings.</p> <p>4. On 3/14/12 at 10:05 a.m. during the kitchen observation, the following was observed:</p> <p>The walk -in freezer was observed with the Dietary Manager (DM). The walk-in freezer was observed with the same ice build-up on the floor and next to the fans. During an interview at this same time, the DM indicated major condensation would develop when the freezer was shut off during a delivery of supplies. She indicated the freezer would not be shut off for more than 30 minutes, but she did question a possible water leak when it was turned off and indicated the ice build up could have occurred during that time. The DM also indicated stock was received this past Friday.</p> <p>On the cleaned/ready to use pan storage rack, a glass with a small amount of yellow liquid remaining in the glass was observed laying on its side on the middle shelf.</p> <p>Under the 3 compartment sink, the area was the length of 13 twelve inch floor tiles and the width of 3 twelve inch floor tiles and was observed</p>		<p>and when to wash per policy o Proper procedure for utilizing the 3 compartment sink o Proper cleaning of the food cart when there are spills o Use of the hand washing sink for hand washing only o Cleaning schedules for the dietary department IV. The Dietary Manager, Assistant Administrator or designee will utilize the daily check list described above 5 days a week for 12 months. Any concerns will be addressed. In addition, the kitchen floor quarterly deep cleaning schedule will be monitored for completion by the Dietary Manager or Assistant Administrator quarterly. Dietary staff will complete a competency check for hand washing. This competency check will also be completed upon hire and quarterly thereafter. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>				

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	<p>discolored/stained. Around the back legs of the sink and in the middle around 2 pipe areas and another area, where a pipe had been removed, the floor tiles were observed with gray to dark gray areas around them. Gaps were observed between these floor tiles in 9 scattered areas with a dark gray to black accumulation in these gaps. In the back behind the sinks, the white wall was splattered with brownish colored substances with no backsplash present leaving a gap around the entire sink area in the back and on the side. A black substance was observed under this same 3 compartment sink in the corner of the wall along the grout of the tiles and extended up onto the top of 1 to 2 rows of the wall tiles. At this same time during an interview, the DM indicated the black substance was mold and needed to be cleaned.</p> <p>Around the different wall corners of the kitchen and around several of the wheeled equipment, a buildup of black-gray substance was observed in the gapped areas of the floor tiles.</p> <p>The serving area, where the meal trays were rolled down for the various servings, was observed full of dust and food crumbs with scattered</p>			

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	<p>pieces of paper throughout the length of the serving area.</p> <p>Above this serving area and by the beverage area of the kitchen, a large ceiling vent was missing a cover as in the initial tour. In the dishwashing area, 2 smaller ceiling vents were missing covers as in the initial tour. At this same time during an interview, the DM indicated maintenance had been working on the ceiling around the open vents. She also indicated they try to deep clean every 2 weeks, but it was done at least 1 time a month. She also indicated the floor had not been stripped and/or waxed since September of last year to her knowledge.</p> <p>The Maintenance Manager arrived in the kitchen and indicated they had been patching some of the cracks in the ceiling. He indicated he could cover the vents when no work was being done.</p> <p>As the lunch preparation continued, Dietary Aide (DA) #17 was observed to handwash, readjust the water during this handwashing, and rewashed for less than 20 seconds. She then proceeded with her next task in preparation for lunch.</p>				

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	<p>Cook #16 was observed to handwash for less than 10 seconds. He then checked the food temperatures.</p> <p>DA #19 was observed to handwash for 15 seconds. He then proceeded to prepare for the lunch meal.</p> <p>Dietary Assistant (DA) #18 was observed to wash a large pan at the 3 compartment sink. After rinsing it, she placed the pan in the sanitizing solution with only 1/2 of the pan submerged. She proceeded to splash this sanitizing solution on the upper 1/2 of the exposed area of this large pan for less than 1 minute and placed it in on the drying area of the 3 compartment sink. She was again observed to wash, rinse, and sanitize 2 more large pans in the same manner. The 3 compartment sink posted instructions indicated to soak in the sanitizing solution for 1 to 2 minutes to sanitize.</p> <p>5. On 3/14/12 at 2:10 p.m., DA #17 and DA #18 with gloved hands were sitting in the dining room. They were observed to be placing the silverware into the folded napkins for the next meal. DA #17 picked up the spoons by the top, not the handle, and placed them in the folded napkin. DA #18 was also observed to pick up the</p>						

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	<p>knives by the top, not by the handle, and placed them in the folded napkins.</p> <p>6. On 3/15/12 at 1:30 p.m. in the dishwashing area, DA #20 was observed to load a rack of soiled dishes. He then was observed to remove a rack of clean dishes putting the clean pans and plates away. No handwashing was observed between the soiled and clean dishes. The designated handwashing sink was observed with a soiled towel around the faucet. As DA #21 returned to this area with a food cart, he was observed to use this same towel to wipe off spills from the food cart and return it to the handwashing sink faucet area. After the soiled dishes were placed in the rack and ready for the dishwasher, DA #20 was observed to handwash for less than ten seconds, turned the water off with his wet hands, and then, dried his hands. He proceeded to empty the racks of cleaned dishes. After loading another rack of soiled dishes, DA #20 was observed to handwash for less than 20 seconds. He proceeded to put the cleaned dishes away. As DA #21 emptied the food cart, he was observed to place the ice and individual cartons into the designated handwashing sink.</p>			

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	<p>During an interview at this same time, DM indicated she had recently inserviced concerning the handling of silverware. She also indicated the silverware should be picked up only by the handles whether gloves were worn or not.</p> <p>When questioned concerning the handwashing sink in the dishwashing area, which was full of ice and individual cartons, DM instructed the staff the sink was for handwashing only and to remove the ice and cartons.</p> <p>After checking 5 pans in the designated ready-to-use area with the DM, 2 of the pans were wet on the inside and 2 had dried food on them. These 4 pans were returned to the dishwashing area to be rewashed.</p> <p>On 3/16/12 at 2:12 p.m. during an interview, the Director of Nursing indicated only 1 resident was NPO (nothing by mouth) and did not receive any meals with the rest of the 142 residents residing in the facility receiving food from the kitchen.</p> <p>7. The following inservices/policies were indicated as the current policies and were provided by the Dietary</p>			

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	<p>Manager on 3/15/12 at 2:10 p.m.</p> <p>"Food Safety Fundamentals: Part 1 - Personal Hygiene</p> <p>Handwashing...Lather hands and wrists wit soap for at least 20 seconds....Rinse hands thoroughly with warm water. Dry hands with disposable paper towels. Turn off faucet with paper towel-not with clean hands....</p> <p>When to Wash Hands...before handling different types of food...after handling dirty equipment...."</p> <p>"Sanitation - How to Clean Up Your Act</p> <p>...General Kitchen Area</p> <p>3. Smallwares such as service utensils, dishware, glasses and cups, pots, pans, and steamtable pans must be clean, free of grease and damage and stored in a manner to prevent contamination.</p> <p>...8. The hand washing areas should include a clean hand sink...</p> <p>...Dishroom</p> <p>4. Items are to be placed on their side to drain adequately and completely dry prior to storage. No items are to be stored wet - ever!</p> <p>5. There is no cross-contamination of clean and dirty dishware caused by work routines or employee</p>				

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	<p>practices....."</p> <p>"Proper Dish Storage A Clean Storage Environment ...Always be sure to wash your hands before handling any clean dishes, flatware of pots and pan... Proper Dish Storage ...Never stack wet plates, bowls, cups, glasses or any other dishes. Let these items thoroughly air dry.... ...Handle clean dishes and cups by the outer edges. Do not touch the eating surface with your fingers or hands... ...Proper Flatware Storage * Store flatware upside down, with the handle up, so that when employees reach for them, they will not touch the eating surface. Handling flatware by the handle keeps the eating surface clean. * Make sure the flatware is clean and dry before placing in the napkin. Handle the flatware by the handles only... Proper Pot and Pan Storage ...Check pots and pans to ensure all food and other debris has been removed, being careful not to touch the food contact surface of these items. * Store pots and pans upside on clean racks or on hanging racks. Do not store pots and pans wet. Pay</p>				

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	<p>special attention to the rims of the pans making sure they are debris and/or water free...."</p> <p>"Cleaning, Sanitation and Dish Handling ...Dishes ...5. Wash hands before handling clean dishes. This is especially important to remember if one person is loading and unloading dishes... ...Utensils ...7. Always pick up clean flatware by the handle end. Never touch the tines/ eating end. Note: Always wash your hands before touching clean dishes, utensils, pots or pans. This is especially important to remember if one person is loading and unloading the dish machine (i.e. handling dirty and clean dishes.)... ...Three Compartment Sink ...Cleaning Procedure: ...6. Sink 3 = Sanitize ...for at least 1 minute.... 7. Place item on clean and sanitized drain board and allow to air-dry....."</p> <p>3.1-21(i)(3)</p>			

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F0431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observations, record review, and interview, the facility failed to ensure narcotic medications were signed out after administration</p>	F0431	<p>F431 483.60(b),(d),(e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS I.</p> <p>Narcotic counts were reconciled during the survey</p>	04/22/2012	

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	<p>and accounted for during the previous narcotic count to maintain an accurate narcotic count for 6 residents randomly reviewed during narcotic counts (Resident #157, #112, #252, #143, #156 and #151) and to ensure medications carts were maintained in a clean and sanitary manner for 5 of 8 medication carts reviewed. This would have the potential to affect the 101 residents residing on 100, 200, 300, 400 and 800 halls of 144 residents in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 3/14/12 at 1:50 p.m., the 200 hall medication cart was observed. Both sides of this medication (med) cart was observed with yellow to dark yellow dried substance scattered down the sides of the med cart. The sharps container was observed with a gray to black dust build up on the top of the med cart. On 3/14/12 at 2:00 p.m., the 100 hall med cart was observed. The sharps container on the side of this med cart was observed with the gray to black dust on top of it. The bin storage side of the med cart side was observed with orange to brown dried drippings scattered on it. 		<p>process for Resident #157, #112, #252, #143, #156 and #151 during the survey process. In addition, LPN #11, 10, 4, 13 & 15 were offered in servicing regarding facility policy for signing out and accounting for narcotics. All medication carts were thoroughly cleaned during the survey process. II. Narcotics are signed out after administration and accounted for during the previous narcotic count. All medication carts are maintained in a clean and sanitary manner. III. The systemic change includes that nurses will sign out any controlled substance at the time of administration. In addition, any discrepancy in the shift to shift controlled substance count will be immediately investigated and called to the DON or designee for further investigation. Education will be provided to all licensed nurses and QMAs regarding the facility policy for controlled substance reconciliation. This education will be offered upon hire and at least annually IV. The Unit Manager or designee will audit 5 resident medication records per hallway, 5 days a week at random times for signing out of narcotics after administration for 30 days.</p>				

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	<p>3. On 3/14/12 at 2:05 p.m., the 400 hall med cart was observed. The back of this med cart and both sides of this med cart was observed with scattered, dried brown and white spill areas scattered throughout. The sharps container was also observed with a gray dust layer on top of it. Two of the three bins observed had loose debris at the bottom of these bins.</p> <p>4. On 3/14/12 at 2:10 p.m., the 800 hall med cart was observed. A layer of brown and white debris was observed in the bottom of the top bin and also in the smaller bin below it. Spilled dried areas of brown substance was observed down the sides of the cart with a personal drink laying on its side with a lid and straw in it on top of the sharps container. The exposed area of the sharps container had a layer of gray dust on top of it. The top of the cart was observed with an irregular 2 inch long area of a dried yellow substance partially located underneath the medication book and next to the pill crusher.</p> <p>5. On 3/16/12 at 10:10 a.m., the 300 hall med cart was observed. In the side bins the bin containing the box of</p>		<p>These audits will continue for 5 resident medication records per hallway at random times 2 days a week for 60 days, then 5 resident records per hallway monthly for a total of 12 months of monitoring. In addition, narcotic count accuracy will be audited daily, 5 days a week for accuracy of the narcotic count for 30 days, then weekly thereafter. Any concern will be addressed immediately. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>		

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	<p>Kleenex, a bottle of handgel, and a roll of bags was observed with a layer of white to brown debris at the bottom. The 2 lower bins also were filled with brown and white debris. The sides of this med cart was observed with dried, spilled white to light brown scattered area. The sharps box container was observed with light to dark gray dust on top of it. The container on top of the med cart containing the med cups, regular cups, and silverware was observed with dried brown build-up in the front grooved areas of this container.</p> <p>6. On 3/14/12 at 2:25 p.m., narcotic count was completed with LPN #11 and UM (Unit Manager) #10 on the 400 hall med cart. During this narcotic count if the count was indicated initially as 1 pill off, LPN #11 would stop and sign a medication out, which occurred for 5 different residents. Then, Resident #157's med count for the medication, Clonazepam, was indicated as 34 with the record showing 35. After investigating, LPN #11 and UM #10 determined the medication was removed from a new card supply of the medication. The record of the count was then corrected. When Resident #112's Hydrocodone 5-325 mg was noted to be short, LPN #10</p>						

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	<p>signed out for the morning and afternoon doses she indicated she had given due to the order was a routine order to be given every 4 hours. Then, because the count was still short 1 pill, LPN #11 and UM #10 reviewed the medication record. At this same time during an interview, LPN #11 and UM #10 both indicated one should sign out the medication from the locked medication container right after giving the medication. Upon investigation, the UM #10 indicated the midnight nurse had not signed out for one of these routine pain med doses. The count was completed and UM #10 called the nurse in question leaving a phone message to contact the facility. Also, at this same time during an interview, LPN #11 indicated she was unsure why this discrepancy in the count was not found during the morning count.</p> <p>On 3/15/12 at 8:30 a.m., UM #10 indicated the night nurse had returned his call and came in and signed out her narcotic, which she indicated she had given.</p> <p>7. On 3/15/12 at 2:10 p.m., the narcotic count was conducted on the 100 med cart. LPN #13 was observed to count the medications as LPN #4 checked the narcotic book.</p>				

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	<p>During this count, LPN #4 was observed to sign out 2 different residents as the count was completed. As Resident #252's medication card for Dronabinol (Marinol) (antiemetic) was checked, 26 were present with the count showing 27. LPN #4 indicated there were 27 with the morning count and questioned if one fell/popped out. Unit Manager #14 was contacted.</p> <p>On 3/15/12 at 2:36 p.m., UM #14 indicated she had called the evening/night nurse who indicated she had not signed the previous evening medication out and would come in to do so. At this same time during an interview, UM #14 indicated she had no excuses why the count discrepancy was not caught this am.</p> <p>8. On 3/16/12 at 10:10 a.m., the narcotic count was completed on the 300 meds med cart. As the narcotic count was started, LPN #15 indicated she had not signed out the medications for 3 residents. At this same during an interview, she indicated she should sign the medication out after administering the medication. During this count LPN #15 proceeded to sign out 2 Hydroco/APAP 5-325 mg (milligrams) (pain med) for Resident #143; 1 of</p>			

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	<p>Resident #156's Lorazepam (Ativan) 0.5 mg (anti-anxiety), and 1 of Resident #151's Lyrica (anticonvulsant) 50 mg, which corrected the discrepancies in the count.</p> <p>On 3/16/12 at 1:10 p.m., the Director of Nursing (DON) indicated the narcotic medication should be signed right after the narcotic medication was given.</p> <p>9. The "CONTROLLED SUBSTANCE RECONCILIATION" policy was provided by the DON on 3/15/12 at 3:30 p.m. This current policy indicated the following:</p> <p>"POLICY All facilities should utilize the following procedure or a similar procedure meeting the same criteria to reconcile controlled substances at the end of each nursing shift.</p> <p>PROCEDURE 1. Each facility should verify the quantity of controlled substance(s) on hand as well as the number of accompanying [count sheets] at the end of each nursing shift. Total number of controlled substance containers and [count sheets] should match at the end of each shift....."</p>			

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	3.1-25(n)			

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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>Based on observations, interviews, and record review, the facility failed to</p>	F0441	F441 483.65 INFECTION CONTROL, PREVENT SPREAD,	04/22/2012	

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	<p>ensure infection control practices were followed related to handwashing/glove use during medication pass and narcotic count for 6 of 14 nursing staff (LPN #'s 1, 4, 5, 6, and 15, Unit Manager #14) observed and related to handwashing and linen handling for 1 of 2 observations in the dining room (CNA #3; Main Dining room), and for linen handling for 2 of 12 rooms (Room 401 and 112) during medication pass observations and for 2 of 4 nursing staff (CNA #'s 7 and 8) during 2 of 4 random observations of linen transportation. (Resident #239, #252, #71, #165, #146, #10). This had the potential to affect 58 residents of 144 residents residing in the facility.</p> <p>Findings include:</p> <p>1. On 3/12/12 at 12:26 p.m. during the dining room observation, CNA #3 was observed to handwash for less than 5 seconds. As she proceeded to pass out the cloth protectors to another table of residents, CNA #3 was observed to place several cloth protectors under her left arm next to her uniform. Then, she was observed to pass the cloth protectors from under her arm to the residents at the next table.</p>		<p>LINENS</p> <p>I. LPN #1, 4, 5, 6, and 15 and Unit Manager #14 have been offered inservicing regarding handwashing/glove use during medication pass. C.N.A. #3, 7 and 8 have been offered inservicing regarding linen handling and transportation of linen and are currently following facility policy and procedure regarding the same.</p> <p>II. All licensed nurses and QMAs are following the facility policy and procedure regarding handwashing and glove use during medication pass. Nursing staff are following the facility policy and procedure regarding linen handling and transportation of linen throughout the facility.</p> <p>III. The systemic change includes competency checks will be completed upon hire and every 6 months for nursing staff regarding handwashing, glove use, linen transportation and handling, medication administration regarding use of handwashing and gloves and hand gel use. In addition, Unit Managers or designee will complete facility rounds on their units 2 days a week to monitor compliance with the same.</p> <p>Education will be provided to all staff regarding:</p>				

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	<p>2. On 3/12/12 at 12:19 p.m. and at 1:15 p.m., linen was observed on the floor at the doorway of Room 401. During this time, personnel was observed entering and leaving the room for medication (med) pass and delivery of the resident's room tray.</p> <p>3. On 3/13/12 at 8:50 a.m., as LPN #1 prepared Resident #239's oral medications, she was observed to drop one of the oral pills on the top of the med cart, picked it up with her bare fingers, and put it into the med cup with the rest of the oral pills. All of these oral meds were observed given to Resident #239.</p> <p>4. On 3/13/12 at 9:19 a.m., Resident #252 was observed to receive his nebulizer treatment. After LPN #4, with gloves hands, had completed the assessment of the resident's lungs and pulse, she started his nebulizer treatment. After removing her gloves, she was observed to handwash for 6 seconds. After the nebulizer treatment was completed at 9:38 a.m., LPN #4 was observed to handwash for 12 seconds, turned the water off with her wet hands, and then, dried her hands. During this same med pass observation, linen was observed on the floor in the room.</p>		<ul style="list-style-type: none"> · Hand washing · Glove use · Linen transportation and handling · Medication administration regarding use of handwashing and gloves · Hand gel use <p>This education will also be provided upon hire and every 6 months thereafter</p> <p>IV. The SDC or designee will perform handwashing competency checks on all staff. This competency evaluation will continue upon hire and at least annually thereafter. The Unit Managers or designee will view 3 staff on random shifts 5 days a week for handwashing, glove use, linen transportation and handling, medication administration regarding the use of handwashing and gloves and hand gel use for 30 days. These audits will continue for 3 staff on random shifts weekly for an additional 30 days, then monthly thereafter for a total of 12 months of monitoring. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting</p>		

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	<p>5. On 3/13/12 at 9:45 a.m., LPN #1 was observed to handwash for less than 10 seconds, turned the water off with the paper towel and used the same paper towel to dry her hands. After she completed the vital signs and neurochecks on Resident #71, LPN #1 was observed to handwash for 5 seconds. and again turned the water off with the same paper towel she used to dry her hand. Next, LPN #1 donned a pair of gloves and administered Resident #71's eye medication. After removing her gloves, she was observed to handwash for less than 5 seconds. After donning a second pair of gloves, Resident #71's rectal suppository was given. She again removed her gloves and used handgel. After she repositioned the resident in bed, she was observed to handwash for 6 seconds, turned the water off with her wet hands, and then, dried her hands. After LPN #1 gave the resident his oral medications, she again was observed to handwash for 8 seconds, turned the water off with her wet hands, and then, dried her hands.</p> <p>On 3/13/12 at 10:44 a.m., LPN #1 indicated one should handwash for 30 seconds, rinse one's hands off, use</p>		<p>and frequency and duration of reviews will be adjusted as needed. Completion date: April 22, 2012</p>		

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	<p>the paper towel to dry one's hands, and another paper towel to turn the water off.</p> <p>6. On 3/14/12 at 10:35 a.m., CNA #7 was observed carrying towels and washcloths under her arm next to uniform as she was walking with an unidentified resident down the hallway. She indicated to the resident they were on their way to the shower room for her shower.</p> <p>7. On 3/14/12 at 2:30 p.m., CNA #8 was observed to remove linen from the linen cart in the hallway and placed it under her arm next to her uniform as she moved the linen cart further down the hallway. She was then observed to stop and enter a resident's room where she had left the linen from under her arm.</p> <p>8. On 3/13/12 at 4:20 p.m., Resident #165's blood sugar check was observed. After completing the procedure, LPN #1 was observed to handwash for 10 seconds. After preparing and administering the resident's insulin, LPN #1 was observed to handwash, turned the water off with a paper towel and dried her hands with this same paper towel.</p> <p>9. On 3/14/12 at 8:11 a.m. after LPN</p>						

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	<p>#4 sneezed into her hands, she was observed to handwash for less than 5 seconds, turn the water off with a paper towel and then, dried her hands with this same paper towel. LPN #4 then proceeded to assist to pass room meal trays from the food cart.</p> <p>10. On 3/14/12 at 1:39 p.m., medication pass was observed. LPN #5 was observed to handwash for less than 5 seconds. After administering Resident #146's eye drops with gloved hands, she removed her gloves and was observed to handwash for less than 5 seconds.</p> <p>11. On 3/15/12 at 10:01 a.m. after LPN #6 was observed to prepare and administer Resident #54's medications, she was observed to handwash for less than 15 seconds. Next, after she prepared and administered Resident #10's medications, she was observed to handwash for less than 5 seconds.</p> <p>12. On 3/15/12 at 1:12 p.m., linen was observed on the floor in Room #401's doorway. On this same day at 1:16 p.m., CNA #9 was observed to stop at Room #401's room and bagged the linen on the floor. At this same time during an interview, CNA</p>			

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	<p>#9 indicated linen should not be on the floor.</p> <p>13. On 3/16/12 at 8:42 a.m. during the narcotic count, as Unit Manager #14 was observed to count the number of pills from a medication bottle, one of the pills dropped on the top of the medication cart. She was observed to pick this pill up with her bare fingers and return it to the bottle putting it back into the narcotic locked box.</p> <p>14. On 3/16/12 at 10:10 a.m. during the narcotic count, as LPN #15 was observed to count the number of pills from a medication bottle, one of the pills dropped on top of the medications cart. LPN #15 was observed to pick up this pill with her bare fingers and returned it to the medications bottle putting the bottle back into the narcotic lock up.</p> <p>15. The "MEDICATION ADMINISTRATION: GENERAL POLICIES & PROCEDURES" policy was provided by the nursing consultant on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"...Administration ...15. Hands shall be washed after a</p>						

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	<p>med pass is completed with one resident and before commencing a med pass with the next resident.</p> <p>...c) In all cases when gloves are used in the process of administering medications, hands should be washed with soap and water prior to and after the gloving....."</p> <p>The "Personal Protective Equipment - Using Gloves" policy was provided by the Nursing Consultant on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"...Objectives</p> <ol style="list-style-type: none"> To prevent the spread of infection; 3. To protect hands from potentially infectious material... <p>...Miscellaneous</p> <ol style="list-style-type: none"> 4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces. 5. Wash hands after removing gloves. (Note: Gloves do not replace handwashing.) <p>...When to Use Gloves</p> <ol style="list-style-type: none"> When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact 						

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	<p>skin...."</p> <p>The "Departmental [Environmental Services] - Laundry and Linen" policy was provided by the Nursing Consultant on 3/15/12 at 4:35 p.m. This current policy indicated the following:</p> <p>"Purpose The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen.</p> <p>...General Guidelines ...5. All soiled linen must be placed directly into a covered laundry hamper...."</p> <p>16. A current facility policy dated 2001 and revised October 2009, titled "Handwashing/Hand Hygiene" and provided by the Nurse Consultant on 3/23/12 at 12:52 P.M. indicated, "Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation ... 5. Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water</p>						

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	<p>under the following conditions:</p> <p>a. Before and after direct contact with residents;</p> <p>... e. After handling items potentially contaminated with blood, body fluids or secretions ...</p> <p>3.1-18(l) 3.1-19(g)</p>			